Confidentiality in Medical Practice

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To assess physicians' attitudes toward confidentiality, a questionnaire was mailed to general practitioners and family physicians in New Jersey. The questionnaire was designed to measure their attitudes regarding confidentiality as well as what course of action they believed should be pursued in specific situations involving confidentiality. Data regarding personal and practice characteristics were also collected. One hundred twenty (50%) of the physicians responded. A particularly strong reluctance was found among physicians to divulge information to other physicians. More physicians appeared willing to disclose information to relatives of the patient without their consent. The argument for disclosure among physicians to family members may flow from their belief that they should care for the health of the whole family, and not only that of the patient. **J Fam Pract 1990; 31:167-170.**

The preservation of confidences entrusted is a long-standing obligation of physicians. There are situations, however, in which information involving patients must be disclosed. Those circumstances that include infectious diseases are most properly prescribed by law. Other conditions under which confidences should be divulged are not always clear to physicians. Some[1] view medical confidentiality as an absolute rule, while others[2] consider it a very strong, though not absolute, obligation. In earlier studies among psychiatrists, psychologists, internists,[3] and social workers,[4] it was found that most of the respondents did not consider medical confidentiality to be absolute. These studies also showed important differences in the management of confidentiality among the aforementioned professionals. Less is known about the management of confidentiality in general medical practice. Weiss[5] reports data from a study among physicians and patients suggesting that patients have a stricter definition of confidentiality than do their physicians. Data from a recent publication regarding the use of deception in general medical practice suggest that only a minority of the interviewed physicians would break confidentiality in a case involving gonorrhea by reporting the disease to the partner of the patient.[6] They also suggest that most professionals in this field apply the rule of medical confidentiality very strictly.

This paper reports the findings of a study designed to shed light on this important area by examining the attitudes toward confidentiality in general practice and family practice. The following questions were addressed: (1) What are some of the beliefs of physicians working in general medical practice toward confidentiality? (2) What do physicians in general medical practice believe should be done in specific instances involving confidentiality?

METHODS

General practitioners as well as family physicians in New Jersey were mailed a questionnaire designed to assess their beliefs and attitudes regarding confidentiality. Data pertaining to personal and practice characteristics were also collected.

Ten vignettes that had been earlier employed in a similar study among family practitioners (N = 272) in the Netherlands were used to measure attitudes toward confidentiality.[7] The vignettes included the following response categories:

1. Never divulge information
2. Divulge information after the patient's written consent
3. Divulge information after the patient's verbal consent

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TABLE 1. DISCLOSURE OF INFORMATION BY PHYSICIANS TO INSURANCE PHYSICIAN (N = 120)

Course of Action	Number	Percent
Never divulge information	2	2
Divulge information after written consent	105	87
Divulge information after verbal consent	10	8
Divulge information without consent if advantageous to the patient	—	—
Divulge information without consent	1	1
Unknown	2	2

4. Divulge information without the patient's consent if advantageous to the patient
5. Divulge information without the patient's consent
6. Other, namely, _____

Responses were later recorded and divided into two categories: (1) never divulge information without the patient's consent to third parties, and (2) divulge information without consent to third parties.

Five vignettes involving confidentiality were derived from the above-mentioned study of psychiatrists, psychologists, and internists[3] and slightly modified to measure the attitudes of the family physicians regarding what should be done in situations involving confidentiality.

RESULTS

Questionnaires were received from 120 physicians, representing 50% of the total population surveyed. Their mean age is 51.7 years, they have on average 26.0 years in practice, and 93.0% of them are male. The sample thus represents older, predominantly male physicians. Findings from several vignettes that reflect those in the entire series will be discussed.

Table 1 gives the findings of a vignette involving an insurance physician. This first vignette was formulated as follows:

> An insurance physician calls you and asks for information about one of your patients. He thinks this patient is no longer ill and can begin to work again. He wants your opinion. You agree with the insurance physician but you know the patient does not. What course of action would you undertake?

Of the 120 interviewees, 87% responded that they would divulge information after the patient's written consent, whereas 8% would ask for the patient's verbal consent. Only one of the interviewees replied that he would supply information without the patient's consent.

A similar response was encountered in vignette 2, involving an occupational health physician.

TABLE 2. DISCLOSURE OF INFORMATION BY PHYSICIANS TO OCCUPATIONAL HEALTH PHYSICIAN (N = 120)

Course of Action	Number	Percent
Never divulge information	1	1
Divulge information after written consent	84	70
Divulge information after verbal consent	21	17
Divulge information without consent if advantageous to the patient	7	6
Divulge information without consent	1	1
Unknown	6	5

> An occupational health physician calls and asks for information regarding one of your patients. He thinks the patient would be better off not working for a time, but wants your opinion. You don't agree with this physician and suspect the patient may also wish to work. What course of action would you undertake?

Seven of every 10 physicians replied that they would divulge information after the patient's written consent, whereas 17% would ask for the patient's verbal consent (Table 2). Again only one of the physicians would divulge information without the patient's consent, whereas 6% would if to do so would be advantageous to the patient.

A greater willingness exists among the physicians to relay information to relatives of the patient. Table 3 gives the results involving vignette 3 of a colon cancer patient, formulated in the following way:

> One of your patients has colon cancer with metastasis. His wife asks you to tell her what is going on with her husband. You have clearly told the husband what the diagnosis and prognosis are, but you must conclude that he has not informed his wife. What course of action would you undertake?

Twelve percent of the interviewees would inform the wife without the patent's consent, while an almost equal proportion (13%) would if to do so would be advantageous to the patient. Sixty-one percent would divulge information only after the patient's consent, a majority of them after verbal consent (47%). A similar pattern was found in a case regarding a depressed patient in a situation involving divorce. Fifteen percent of the physicians would tell the

TABLE 3. DISCLOSURE OF INFORMATION BY PHYSICIANS TO THE PARTNER OF THE PATIENT (N = 120)

Course of Action	Number	Percent
Never divulge information	10	8
Divulge information after written consent	17	14
Divulge information after verbal consent	56	47
Divulge information without consent if advantageous to the patient	16	13
Divulge information without consent	14	12
Meeting with both partners	6	5
Unknown	1	1

TABLE 4. DISCLOSURE OF INFORMATION BY PHYSICIANS TO A POLICEMAN (N = 120)

Course of Action	Number	Percent
Never divulge information	24	20
Divulge information after written consent	78	65
Divulge information after verbal consent	9	7
Divulge information without consent if advantageous to the patient	5	4
Divulge information without consent	2	2
Other	1	1
Unknown	1	1

wife of the patient that the cause of the patient's depression was the feeling that she would like to divorce him.

The situation is somewhat different in cases in which nonmedical professionals were involved. Vignette 4 involving a policeman was formulated in this way:

> One of your patients has caused a car accident. The policeman tells you that this patient has driven under the influence of alcohol. The policeman asks you whether you know the patient is a problem drinker. What would you do at this moment?

Results are shown in Table 4. Only 2% of the sample would disclose information to the police without the patient's consent, while 4% would if to do so would be advantageous to the patient. Almost two of every three would divulge information only after the patient's written consent. Twenty percent said that they would never disclose information to the police.

For the second question of the study, five vignettes involving what should be done by physicians in situations involving confidentiality were presented to the physicians. Two were selected that represent the entire series of the attitudes of the respondents. Vignette 5 concerns abortion and was formulated in this way:

> A man comes to the physician for advice because his 14-year-old-daughter is pregnant. He thinks she should have an abortion. During the interview he relates his belief that the pregnancy resulted from his own sexual relations with his daughter. He also relates that he has been having sexual relations with her for several months. He has compelled her to sexual contacts and suspects his wife does not know anything, but he is not sure. What should the physician do?

TABLE 5. DISCLOSURE OF INFORMATION BY PHYSICIANS IN AN ABORTION CASE (N = 120)

Course of Action	Number	Percent
Only discuss the abortion and the sexual relation	20	17
Inform the man's wife	6	5
Inform a social service agency	46	38
Inform the legal authorities	39	32
Press the man to inform his wife	1	1
Other	2	2
Unknown	6	5

TABLE 6. DISCLOSURE OF INFORMATION BY PHYSICIANS IN A CASE ABOUT A BUS DRIVER WITH ALCOHOL PROBLEMS (N = 120)

Course of Action	Number	Percent
Only refer the man to Alcoholics Anonymous	22	18
Inform the occupational health physician	40	34
Inform the man's employer	25	21
Inform the state police	11	9
Press the man to stop drinking	10	8
Call the colleague	1	1
Other	5	4
Unknown	6	5

Results are presented in Table 5. The surveyed physicians believed that in this case, information should be disclosed to a social service agency (38%) or the legal authorities (32%).

A comparable pattern was found in vignette 6 involving a bus driver with alcohol problems, formulated as follows:

> A man comes to the physician because he has complaints about memory loss that he experiences during periods of heavy drinking. He relates taking only a few drinks before going to work, but drinks heavily after work and on days off. When the general practitioner asks what kind of work he has, he replies that he is a bus driver. He says he is worried that this condition affects his driving but that he cannot stop drinking or find another job. What should the physician do?

Results are presented in Table 6. Again, a majority believed that information should be disclosed to the occupational health physician (34%), the man's employer (21%), or the state police, including the Motor Vehicle Agency (9%). A clear minority suggested that the man be referred to Alcoholics Anonymous.

No differences between family physicians and general practitioners could be recovered from the sample. For further analysis the response categories of the vignettes were divided into two categories: (1) never divulge information without the patient's consent to third parties, and (2) divulge information without consent to third parties. No relationships between the disclosure of information by physicians and factors including sex, age, years in practice, however, were found.

DISCUSSION

Data derived in this study suggest an important concern about confidentiality among the physicians surveyed and

follow along the lines of a recent study showing a great willingness among them to deceive and not disclose information.[6] The findings in this study are, however, in contrast with results of a study by Weiss[5] showing more readiness among physicians to disclose information about their patients to third parties. This contrast may be because the vignettes in the Weiss study have a more general formulation and present fewer barriers to disclosure than the vignettes in this paper.

A particularly strong reluctance was found among physicians to divulge confidences in their contacts with other physicians. This reluctance is noteworthy in view of a study among general practitioners in the Netherlands that found the respondents showing a strong willingness to disclose information to colleagues in similar circumstances.[7]

More physicians appeared to be willing to disclose information to relatives of the patient without the latter's consent. The proportions correspond with the outcomes of the study among general practitioners in the Netherlands.[7] The predilection for disclosing information to other family members among the physicians may flow from the belief that family physicians and general practitioners should care for the health of the entire family, and not only that of the patient himself. This result corresponds to findings among general practitioners in Britain.[8] Very few physicians appeared willing to inform the police in the described situation without the patient's consent, a finding that reflects those of the Dutch study.

In the vignettes in which the surveyed physicians were asked what a physician should do, they showed a stronger tendency to disclose information than in the vignettes where they were forced to decide what they would do themselves. There can be several reasons for this discrepancy.

First, vignettes 5 and 6 represent attitudes regarding what should be done by a physician. They do not necessarily reflect what the surveyed physician would actually do in practice. Second, in vignettes 5 and 6 regarding what a physician should do, New Jersey State laws specifically prescribe disclosure of information, whereas in vignettes 1 through 4 regarding what the physician himself would do, it is a matter of common law whether disclosure of information is allowed. In such cases penalties for violation of confidentiality or failure of disclosure is dependent, not on a statutory scheme, but upon proof of damage. New Jersey law prescribes that in the vignette involving the bus driver with alcohol problems, the Motor Vehicle Agency must be notified. In the child abuse situation the New Jersey Division of Youth and Family Services (DYFS) must be notified. Finally, vignettes 5 and 6 were designed to portray relatively more threatening situations, forcing the respondents to consider their replies very carefully.

It should be borne in mind that the responses to the cases reflect what physicians say they would do and do not necessarily reflect what they would do in practice. There is a need for prospective studies examining the actual course of action taken by physicians with respect to the management of confidentiality. The physicians might accordingly be asked to record their thoughts and behavior during a certain period and have the outcome of their decision making investigated.

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