



Administrative Medicine Part II Fellowship Examination 2012

Case Study 3

5. You are the chief medical advisor of a large general hospital. The regional tertiary services on your main campus include the specialist management of HIV/AIDS patients and an inpatient mental health unit, which includes the regional forensic mental health service.

Over the years with consumer input from your mental health service users, your organisation has recognised the powerful negative effect of stigmatisation of those who experience mental ill health, and many years ago you acceded to consumer requests that medical records should not be available to clinicians outside the mental health service. However, the introduction of new psychotherapeutic agents, some with significant adverse effects and drug interactions has generated calls for mental health clients' records to be made available to all clinicians, and Departments such as the Emergency Department and Obstetrics, have made special arrangements with appropriate controls and consents.

The matter was raised again via a heated discussion at your Clinical Directors' Forum when your Director of Public Health wanted to have mental health records made available to public health practitioners who may need to prescribe medication for prophylaxis in the event of public outbreaks of disease.

You stopped the discussion by agreeing to set up a formal process to review this process fully. Later that day you received an angry phone call from the president of your very active mental health patient support group who is outraged about the possible increased clinician access to mental health client records, and the following morning, your lead HIV clinician expressed concern that a loosening of the confidentiality provisions for all patients may put at risk the privacy of his patients as well. Yesterday you



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received a message from your personal secretary that a high profile television reporter is trying to contact you about this matter but that she has managed to fend him off for now.

How will you conduct your formal process of seeking a hospital wide solution to the issues of privacy and confidentiality vs patient safety?



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Key Points for Examiners

Privacy

Provided to assist Censors in their own consistency of marking.

Notes are neither 'model' answers, nor are they exhaustive in content.

Dimension	Important points
Issues	Privacy, confidentiality in the context of public health Law vs ethical practice Patient safety Potentially ethical principles autonomy vs distributive justice IT code of practice? Medical records management
Approach to answer	Immediate consultations and longer term actions
Immediate consultations	<ul style="list-style-type: none"> • Patient safety prime concern • Check the law in your jurisdiction • Seek advice from your communications staff on how best to temporise – this issue has potential to support a healthy public dialogue on discrimination but you know that you owe it to involve consumers and clinicians to have the dialogue in private and have some indication of a way forward before involving the media • Brief your CEO, and ensure he briefs your Board chairperson • Seek legal advice, and contact the Human Rights Commission, Mental Health Commission, Privacy Commissioner and Health and Disability Commissioner to seek their guidance. They are all likely to have considered this issue already. • Search the literature, and contact your colleagues looking for evidence of what constitutes best practice, and for examples of how other DHBs manage this dilemma. • If you have a clinical ethics committee or equivalent, seek their advice. • Canvass the views of a more representative range of mental health services clinicians (not just doctors) and your HIV service



	<p>providers. Seek their advice about how to obtain a wider range of consumer views and follow this up.</p> <ul style="list-style-type: none"> • With your media advisors, call up favours with your most constructive reporters and do your best to support them to provide a setting for thoughtful debate in the media, and plan carefully how you respond to the more sensationalist news outlets • Consult with Medical Records Administrators • Consult with IT director if electronic records are available • Is there a regional/national Code of Practice covering the issue?
Actions	<ul style="list-style-type: none"> • Organise a discussion with your service user representatives within parameters which can be agreed by both • Organise a managed discussion between mental health and HIV services and other clinicians who are requesting wider access. If you are uneasy about managing the friction that may ensue, consider an independent chair external chairing or mediation (recognising that this would widen the number of people who may become aware of your dilemma). Involve service users as early as possible, protecting their privacy in the process • Whatever the outcome, monitor its impact on clinicians and service users, and seek agreement to review it within an agreed time period.
Long term implementation	<ul style="list-style-type: none"> • When you have more clarity on the problems and possible solutions, review your current organisational policies regarding privacy and avoidance of any form discrimination, active or passive. Involve service users in training wherever possible. • Stressing patient safety is a prime motivator for this request
<p><i>Whilst the candidate is providing her/his answer Censors will consider the depth of demonstration of the RACMA competencies:</i></p>	
Medical expert	<p>Candidate should be able to demonstrate knowledge of local/national laws and issues relating to patient privacy and the need to provide safe patient care.</p> <p>Able to demonstrate an ability to ‘defuse’ a contentious topic and manage potential fallout</p> <p>Able to demonstrate a managed way in which a relevant group of stakeholders can contribute to developing a solution</p>
Communicator	<p>Ability to talk to various levels of staff and community stakeholders.</p> <p>Ability to preempt possible media implications and manage media releases and</p>



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	discussion with the media and senior staff who need to be briefed accordingly
Collaborator	Demonstrate an ability to work with numerous professional colleagues and community stakeholder groups to broker a solution
Manager	Ability to demonstrate how irate staff and consumers can be managed.
Professional	Demonstrating leadership during a 'blow up' situation and ensuring a common sense pathway forward is maintained. At all times ensuring participants understand the issues of safe patient care and relevant privacy issues.
Advocate	Ability to understand all views in a complex situation but at the same time advocate for safe patient care and relevant privacy of medical information.
Scholar	Understanding of relevant privacy and public health legislation/codes of practice. Depending upon the jurisdiction, an understanding of relevant case law.