



## **Administrative Medicine Part II Fellowship Examination 2014**

### **Case Study 3**

Q.5

You are the Chief of Service of the Department of Surgery of a major acute public hospital. You are approached by a distressed female House Officer (Intern). She is in last month of the third rotation of her internship, and has expressed keen interest to join your department after the completion of her internship. She has been considered by your colleagues as a conscientious and diligent doctor, and is good candidate for a trainee post in your department. She expressed her worry to you about the possible medico-legal consequences of an incident that had taken place two weeks previously.

One of her patients is an obese 57 year-old diabetic woman who had undergone surgery for a large buttock abscess one month ago. The surgical wound fails to heal and there is also concern about secondary infection of the wound. On the evening in question, the Intern noticed the patient have a kick up of body temperature. So she opened the dressings of the wound for examination, and reported her findings to the on-call surgeon who has been engaged in the operating theatre for a couple of urgent operations for advice.

The ward surgeon sounded rather tired in the phone, but was not happy with the Intern's description of the wound. He then asked her to take a photograph of the wound and surrounding area and send it via the mobile phone apps to his phone as he was unable to come to the ward personally in the next couple of hours. The Intern objected to doing this as she had recently read an article in the Hong Kong Medical Journal regarding the medico-legal implications of the spread of clinical photography using smart phones. The surgeon insisted and told her that verbal permission from the patient would be fine. He hinted to the Intern that he did not appreciate her attitude which would be noted on her end-of-term report.



Reluctantly, the Intern agreed. She spoke with the patient whom she describes as “passive and disempowered” and obtained verbal consent. She then sent the photograph via the apps on her mobile phone and instantly deleted the photo from her phone. She does not know what the ward surgeon has done with the photograph and, in fact, the ward surgeon did not provide any feedback or instructions to her after the photo was sent.

The Intern just wanted to bring the matter to your attention and did not want to complain about the ward surgeon, and she mentioned that she still had strong interest in joining your department after her internship. She also mentioned that the concerned surgeon has once invited her for dinner but she declined the invitation.

**What are the issues here and what will you do?**



## Key Points

### Three (3) core requirements for this question

1. Ethical issues around the use of modern electronic devices in clinical care. Clinical record management and the inclusion of clinical photographs in the clinical record.
2. Patient consent issues
3. Workplace bullying and harassment

### Question writer's notes (these are not meant to be an exhaustive check-list but as prompts for Examiners)

#### Ethical issues around use of electronic devices

Consent for clinical photography and risk analysis. Clinical photographs as part of the patient record. Security of clinical photographs and potential for breach of privacy / confidentiality

Candidate should highlight that most likely the camera phones were most likely personally owned by the Intern and the surgeon, therefore outside the security of clinical record.

#### Consent issues

Candidate should say they would establish what consent was obtained. However, is consent valid if there is no effective protection of confidentiality through the transmission of clinical images particularly through privately owned electronic devices. Education of medical staff about patient privacy and confidentiality and use of electronic devices should be emphasized.

It could be an interesting angle to consider if the patient had recently been given adequate information about the condition of her wound, and the impact on the validity of her consent. That would be something a good candidate might raise and a good point for questions.



### Workplace bullying and harassment

Any need to involve the Directors of Internship Training? Candidate should highlight that the behaviour of the surgeon needs investigation. Why couldn't he come to the ward to examine the wound himself after finishing his urgent procedures? Is there an issue of sex harassment in this case? Interview the surgeon is needed.

Performance management of the surgeon who seems to be less than effective in supervisory role and support of interns – is this a possible risk for accreditation for intern allocation to the Surgical Department in the future?

Where were the nursing staff in this incident? The nurse caring for this patient could have supported the intern, and advocated for the patient's rights - one would need to follow this