

Advocate Health - Midwest

## SHARE @ Advocate Health - Midwest

---

Historical Documents - Combined

Advocate Health - Midwest History

---

### e-Ethics, 1999 December

Advocate Aurora Health

Follow this and additional works at: <https://institutionalrepository.aah.org/alldocuments>

---

# e-Ethics

## *I Heard it through the Grapevine — Patient Confidentiality*

**R**eading an interesting newspaper article about breast cancer in her local newspaper, Elsa Ross is shocked to see her name and hospital code on an x-ray used to illustrate mammography.

After visiting his nephew at Hope Hospital, George Carter opts for a quick lunch in the cafeteria. At the next table two residents are discussing a patient admitted the previous evening. After summarizing the patient's cardiac tests, one resident says, "We barely got his girlfriend out the back door when his wife came in the front. She thought he was in Michigan on business." Earlier that morning George had heard that his supervisor was rushed to Hope the night before with chest pain.

Both of these incidents, based on actual occurrences, illustrate a breach of patient confidentiality. Most serious breaches are not committed by malicious personnel, but by decent people acting carelessly.

What is confidential information? A legal definition refers to "information the patient finds harmful, shameful, or embarrassing." Of course, it is impossible to know the mind of each patient. We should consider the entire medical record to be confidential. This includes not only medical information, but psychosocial reports, marital history, and other data.

What does confidentiality

**This newsletter is available  
 on the cc:Mail system  
 as a bulletin board called  
 e-ethics. Watch for monthly  
 postings.**

entail? Keeping information within proper bounds. In other words, when there is a *legitimate need to know* some or all of the medical record, it should be accessible. Overly rigid criteria may impede patient care. In an emergency, for example, electronic records provide immediate access to important information such as medical history, primary physician, and next of kin.

However, errors occur by confusing legitimate need to know with ability to access records. The fact that a clerk, technician, nurse, or physician can access a patient database, for instance, does not justify browsing the records of family, friends, or VIP patients. Unless one is directly involved in the care of a particular patient, it is unethical to read or release patient records or information to unauthorized third parties without permission or as required by law.

While the motivation for reproducing Ms. Ross's mammogram in the newspaper was a worthy one, it was wrong for the hos-

pital to release her x-rays without consent. Additionally, the newspaper should have removed identifiers from the image. Personnel at teaching hospitals should be particularly vigilant about protecting patients' confidentiality by changing the facts of case reports and masking names on test results, films, and other hard copy.

Location, tone, and manner also pertain to protecting confidentiality. In the case Mr. Carter overheard, both residents may be directly involved in the patient's care. Nevertheless, it is inappropriate to discuss patient information (medical or personal) in public spaces such as elevators and cafeterias. Also, the fact that a patient's name is not used does not insure confidentiality.

A moment's carelessness can seriously damage the trust patients place in health care professionals and institutions. Remembering the requirement "legitimate need to know" and attentiveness to place and manner of conversations are important habits to cultivate in daily practice.



**H**ospital administration implements a computerized approach to patient medical records and the guiding committee recommends a date/time stamp that automatically logs the time of entries into the chart. A recommended feature is an option to set the clock back up to eight hours to permit late entries. This raises a number of concerns: the purpose of data entry into patient records, current practices of caregivers, and the desired best practice demonstrating desired institutional values. The purpose of data entry in patient records is to provide accurate and honest documentation of treatment and the context in which it took place. Charts are the basis for confirmation of care and medical billing. The patient, all caregivers, the hospital, and third-party payers are vitally concerned with the information the chart provides.

During a shift, time may not permit immediate and complete data entry. How do we document care, in a timely manner that provides all caregivers, supervisors and billing an accurate, honest picture of the care?

If we value accuracy, entries must be factually correct: the chart must contain all pertinent information, entered on designated forms and in proper order for the right patient. What data entry behaviors produce the common mix-ups in

charting? How is error related to the time of entry?

Honesty requires that the context of care be stated truthfully. Unanticipated consequences result from less than factual entries. Oral reports are insufficient.

Best practices aim to increase patient safety through prompt charting of accurate data. In this way the document provides the foundation for further decisions without delay. The integrity of the chart is not compromised when used in treatment decisions, in assigning costs in billing, and in continuous quality improvement reviews by supervisors.

What about the late entry window for the date/time stamp? Rather than institute a system that does not promote the values and virtues of best practice, the hospital might consider a standard that patients' charts are considered to be incomplete until one hour following the end of the shifts, thus recognizing that data entry does not supercede actual patient care. The standard removes individual discretion to self-determine the parameters of post-shift charting up to eight hours. It gives supervisors a consistent management approach and it does not withhold the document from review for billing.

### Calendar

all events take place  
at the Park Ridge Center except where  
noted

January 21

#### **Ethics for Lunch**

at Christ Hospital  
Percy Hopkins Auditorium

January 25

#### **Retrieving the Spiritual**

**Traditions:** Training the  
Trainers  
Mary Ann Clemens  
9A.M.-4P.M.  
Cost: \$150

January 18

#### **Breakfast Series**

Spirituality and Health Care  
John Shea  
8A.M.  
Cost: \$25.00

February 15

#### **Catholicism and Healthcare Ethics**

Myles Sheehan, MD, SJ  
8A.M.  
Cost: \$25.00

◆ Advocate Associates receive a  
40% discount on all activities and  
products.

**To register** for events at the  
Park Ridge Center call toll free  
(877) 944-4401 and ask for Bernice

**To obtain** more information  
about Park Ridge Center events,  
call Bernice Chantos at (312) 266-  
2222 ext. 255, or fax (312) 266-6086,  
or e-mail [bmc@prchfe.org](mailto:bmc@prchfe.org)

**To list** an event in this calen-  
dar, contact Mary Ann Clemens at  
ext.240 or [mac@prchfe.org](mailto:mac@prchfe.org)