

## Possible Stations

- A patient with a blood-borne disease does not want it disclosed in a referral letter to the hospital because they know people who work there
  - You do not have to disclose it (because every patient should be treated as if they have a blood-borne illness)
  - However, you must explain why it is in their best interests to tell the hospital and how you can help ensure confidentiality
    - Your illness may mean certain drugs will be handled differently by your body and may be dangerous
    - You may be given drugs which interact with your current medications
    - It is possible to use a code in the letter so that only the doctors will know
    - Highlight every medical professional has a duty to confidentiality and will not abuse it
    - Only those directly involved in your care will know
- One partner in a relationship thinks their partner (another one of your patients) has an STI and wants to know why they came to see you last week
  - You cannot give them any information about their partner
  - You can give them a full STI check
- A patient wants to be treated for an STI in the GP surgery but does not want it to be on the records because their partner knows the other GP
  - If a treatment is prescribed in the GP surgery, it must be put on the records
  - Reassure them that the GP their partner knows has a duty to confidentiality and is a medical professional
  - Advise them they can go to the sexual health clinic confidentially and the records are separate from the GP records
- A patient has an STI from a prostitute and does not want to tell their partner who they have had unprotected intercourse with since
  - As a doctor you can only break confidentiality if the patient has a blood-borne STI and continues to have unprotected sex with their partner. You cannot break confidentiality for non-blood-borne STIs ever.
  - You have a duty to persuade the patient to tell their partner
    - Their partner is at risk
    - If their partner is not treated early, they may have irreversible complications (such as infertility for chlamydia)
    - It is better if you tell them now than them finding out later
  - Help with possible ways to tell them
    - They could both come in together and talk to you
    - The sexual-health clinic can send an anonymous letter
  - If asked, you can never treat a patient without their consent!
- An inpatient has become unconscious and unresponsive. The relatives have been told and come in to see you. They did not know their relative was in hospital and want to know what happened.
  - If a patient lacks capacity, you can speak to relatives with regards to their health unless you strongly suspect the patient would object
  - Keep disclosures to minimum necessary
  - You must be sensitive to the relatives

## Aims of the Station

- Empathise and be non-judgemental
- Address the patients concerns and pick up on their cues
- Address confidentiality
  - What is it?
  - Why it is in place?
  - Explain why it is in the patients best interests
- Offer solutions to the patients problems
- Do not breach confidentiality and know the rules!

## The Rules

- You can only breach confidentiality when “another person is at significant risk of harm” (GMC) (not black and white)
  - You can break confidentiality for blood-borne STIs but not other STIs
- If a patients partner is at significant risk, you must take all measures to persuade patients to tell their partner before breaching confidentiality (and have multiple consults to do so)
- “You must respect the wishes of any patient who objects to any information being shared with others providing care, except where they would put others at risk of death or significant harm” (GMC)
- You have a duty to advise the patient their behaviour is putting others at risk and the implications for someone remaining untreated
- If a patient lacks capacity, you can speak to relatives with regards to their health unless you strongly suspect the patient would object