COMMENTARY

Sir Denis is quite right in saying that confidentiality is the cornerstone of general practice. General practice is still a relationship-based profession and confidentiality allows patients to say things they would not, could not say anywhere else. The idea that these deep secrets may be available on Facebook would ruin the doctor–patient relationship instantly. He is also quite right in saying that 'We will allow only those involved in your care to access your records unless you give your consent'. So what is the problem?

The problem is outlined by Professors Pattison and Marshall in their *RCGP News* article.[1] We GPs are sharing more and more patient data with more and more people. One of the great complaints about the NHS is the lack of communication between different carers, especially primary and secondary care. General practice is highly computerised, secondary care is catching up and we now have the technology to share as much data as we care to store electronically.

The problem is that we have decided that presumed consent is the same as consent and that you have to opt out of having your data shared rather than opt in. As a GP I regularly send a computer summary print out when sending patients into hospital; my electronic referrals automatically carry the patient summary with them; the Emergency Care Summary (Summary Care Record in England) is regularly shared with out-of-hours doctors and nurses as well as A&E staff and pharmacists and many more people are applying for access to that data. All this is done in the name of patient protection and better communication. It is possible to access 100 000s of patients' lab and X-ray records from nearly every ward in my health board via a system called Sci Store. This data is less and less secure, the potential for a breach of confidentiality rising exponentially. The Professors would appear to have a point.

However Sir Denis may not have to worry too much. Even though we have the technology and we are not afraid to use it, the information which really matters, those deep secrets, those consultations which cannot be measured, but are the essence of our work, these consultations are rarely recorded. We use coded language or simply do not record them. We may record everything we need for the QOF, but the really important stuff is stored in our heads not on hard discs.

So although our profession is changing with the new technology and it will throw up a lot of new problems as well as solutions, it will rarely touch the most important part. There is no computer programme yet which can replace the human, humane relationship which powers our consultations. That relationship gives a depth of trust which allows our patients to let themselves be healed. That personal interaction is not programmable and will always be confidential between a patient and their doctor.

Chris Johnstone

REFERENCE

1. Pattison S, Marshall M. Is Confidentiality a Con? *RCGP News* 2010; **July:** 4. http://www.rcgp.org.uk/pdf/RCGP_News_July10.pdf (accessed 13 Sep 2010).

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laws, for example, the Venereal Disease Acts of 1917 and 1974 cover doctors in both general and hospital practice, and require confidentiality. Staff of NHS trusts, including staff of primary care trusts, are also covered by this law. The Human Fertilisation and Embryology Act 2008 also covers some identifiable information.

POTENTIALLY HARMFUL TO PATIENTS

One of the core ethical principles is non-maleficence, that is, not to do harm to patients. This doctor-centred article,[1] published in the medical press from two prestigious authors may mislead and worry patients, especially those who read it via one of the approximately 2000 patient groups now associated with British general practices.

Repeatedly stating that they consider confidentiality of information in general practice is now a 'delusion', may worry the thousands of people who have already disclosed sensitive information to their personal doctors believing it to be in confidence. It may also act to deter other patients from speaking frankly to their doctors.

Patients often come to GPs in distress, and unburdening themselves can be, and often is, therapeutic. This response seeks to support such patients and to assure them that their legal, ethical, and ministerial safeguards remain in place.

WIDER ASPECTS OF CONFIDENTIALITY — HISTORY, INTERNATIONAL, AND COLLEAGUES

Pattison and Marshall write from a narrow viewpoint. They may find it helpful to reflect on the history of medical confidentiality which goes back at least to Hippocrates. A principle which has survived 2000 years and been added to over time by legislation in numerous countries is not to be taken lightly.

Nor is this just a GP or a British issue. The Human Rights Act of 1998 brought into UK law the principles of the European Convention on Human Rights, some of which, such as the Right to Privacy (Article 8) are directly relevant. Confidentiality of medical information is accepted not just across Europe, but around the free world.

Thirdly, the legal and ethical principles on the confidentiality of medical information do not just apply to doctors. They cover nurses, dentists, and all health professionals too. A dentist has been struck off the Dental Register for a breach of confidential medical information.