

SPECIAL ARTICLE**The Confidentiality of «Medical Secrets" of Patients by the Nursing Staff****Ouzounakis Petros RGN**

"ST. LOUKAS" Hospital, Thessaloniki, Greece

Chalkias Theodoros RGN

«SOTIRIA» Hospital, Athens, Greece

Corresponding authorOuzounakis Petros, RGN, Agnostou Stratioti 18, New Krini, 55132, Thessaloniki, Greece
Tel.: 302313050236, 6946345457

Abstract: In this article you will find a critical discussion about the significance of confidentiality of "medical secrets" (keeping the secrets) of ill people by nurses. Special cases are mentioned regarding the need to keep, or reveal the secret.

Key-Words: Confidentiality, patient, nursing staff

The Confidentiality of "Medical Secrets" of Patients by the Nursing Staff

Two thousand five hundred years ago, it was pointed out, in the famous Hippocratic oath, that there is a need for the health attendants to keep secrets, an idea which has remain unchanged until now (Kourkouta, 1997).

In applying the oath about keeping the secrets of ill people, doctors, pharmacists, other clinical staff, administrative employees, students of medicine, and all others qualified to be informed about patients' secrets are obliged not to reveal them. Exceptions to this rule occur in cases requiring prevention from criminal actions or for safekeeping of public health (Kourkouta, 2001).

The principal not only concerns doctors, but also nurses. In Greece, the Law Decree 683/1948, article 3, Duties and Obligations, paragraph 1, states the following:(Paraskevaidis, 1996).

"Sisters and visiting nurses... are bound to secrecy about everything they have seen they hade heard, they were informed of or have noticed during their work, which is the patient's secret or a secret of his relatives. The cases where special Laws apply for disclosing this secrets are expected" (Ragia, 1972).

Furthermore, the oath of nurses upholds the principle of confidentiality of medical secrets of ill people. Florence Nightingale's oath states that nurses

are bound to secrecy for all personal matters and family matters, which may become known to them, during exercising their work (Kelly, 1986).

The International Code of Moral Duties of nurses points out that nurses are bound to secrecy, about personal information and must use their judgement when transferring this information (Giannopoulou, 1990).

In Greece, the oath of the students of the former Higher Nursing Schools such as the Nursing School of Evangelismos Hospital, included the obligation of confidentiality regarding medical secrets of ill people (Kourkouta, 2001).

Confidentiality means respecting other people's secrets, which they would not want to become further known without their consent. As outlined, there is no strict moral obligation for us to respect other people's secrets. Gillon R. (1986) asks us to "imagine a thief telling us not to disclose to the Police, that at this moment he is robbing something because this is a secret".

But it is obvious that the health professionals undertake the moral obligation to keep their patients' secrets (Edelstein, 1987. The Hippocratic oath expresses the principles of Pythagorus, one of which is to keep secrets (Kourkouta, 2004).

It is a mistake to follow the confidentiality principle without any questions. We have to know that conditions may force us to change or to ignore this principle.

According to the British Medical Society (Lean, Maher, 1983): the five cases where doctors are released from maintaining confidentiality of medical secrets are the following:

1. When they have the patient's consent to reveal information.
2. When it is undesirable, because of medical reasons, to ask for the patient's consent.
3. When the doctor's obligation towards society prevails.
4. When he/she is required to disclose information to courts of law.
5. In cases of medical research approved by the president of the Central Committee of Ethics, of the British Medical Society.

About these principles there is no unanimity. In France and Belgium, for instance, confidentiality of medical secrets is almost absolute. If the patient's consent about disclosing secrets is available, the doctor is still not released from the need for secrecy (Gillon, 1986).

Concerning the 3rd and 4th principles on the British Medical Society List, there is no unanimity. For instance, if a criminal visits the doctor at his office, with wounds, and discloses that these sustained made during the murder of a person, many accept that this is also a case for the confidentiality principle. The state, they say, has the qualified institutions to solve a case and must not require information from the health professionals. According to Gardikas G. (1992) the healer is a "Good Samaritan" and offers his or her services to all, without checking their criminal records.

In any case, the privilege of confidentiality is given to confessors of the Catholic Church and to lawyers. At this point, we should mention that, when a criminal says to his healer that he is going to murder somebody, he is obliged to inform the Police about this, because the value of human life is higher than the principle of confidentiality.

Unfortunately, in Greece, the tax office has the right to check the files of patients in a private doctor's office, in order to reveal potential tax evasion. One wonders then what would happen if, in the doctor's files, there is the file of the under age daughter of the tax inspector, who visited the doctor in order to acquire contraceptive pills (Kourkouta, 1997).

The examples where nurses have to deal with the dilemma of keeping or not keeping the secret are endless. The danger of not keeping secrets have increased significantly, because we now have computers to deal with. Patients' records at hospitals reach not only the hands of doctors and nurses, but also those of secretaries, radiology lab developers, and perhaps even cleaning staff and others (Gardikas, 1992). Discussion about the trend among doctors to conceal secrets about health of political leaders is news worthy. Some would say that confidentiality

about medical secrets of patients should not apply in case of political leaders, because citizens are entitled to be informed about the health in power believing that sick leaders may be dangerous (Kourkouta, 2001).

There is also the question of whether confidentiality of medical secrets of patients applies after the patient's death. According to the Code of Medical Ethics, of the Global Medical Association, confidentiality -even after death- must be absolute (Lock, 1984). Today, dealing with patients is not only the doctors responsibility but also the responsibility of a whole group, of which the primary role is given to the nursing staff (Ellos, 1990).

It's evident that confidentiality of "medical secrets" is consolidated not only legally but morally as well. From the above it is evident that nurses are bound to secrecy not only legally, but morally as well.

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