

## COMMENTARY

# Patient confidentiality

Why should your health issues be an open book for corporate America?

By Marc Siegel

A new patient, before revealing intimate details of his life to me, says, "This is confidential, isn't it Doc?" I assure him that I am bound by the implicit confidentiality of the doctor/patient relationship, that I will not reveal medical or personal secrets either to intrusive agencies or nosy family members. Nor will life insurance underwriters have access to his chart without his permission.

But what is not often told to such a patient is that health maintenance organizations and other insurance companies he has contracted have the right to seize my chart information at any time to decide whether to pay the bill, or for any purpose at all.

Further, under the revised standards just issued by the Bush administration, a pharmacy can hire itself out to a

drug company and use a patient's list of medications to solicit this patient with mailers about new drugs. In the case of insurance companies, a patient voluntarily sacrifices privacy when he or she signs up for a plan, but in the case of a future pharmacy/drug company team, the loss of privacy will be neither voluntary nor acceptable.

As a physician, I am used to having my name, credentials, education and even some personal information appear on various data bases and Web sites. I realize that there is value in providing prospective patients access to my record, though I am wary of misinterpretation. Similarly, there is value in my being able to track patient information, but caution must be used here as well.

A patient with high blood pressure and high cholesterol first came to see me after having these problems identified by the very physical examination that denied him life insurance. He consented for the examination though now he swears that he would have

preferred the policy to the findings. But his wife recognizes that if the problems had gone untreated, he might have actually needed the life insurance.

Blood bank screening for hepatitis has brought several previously hidden cases to my office door. Some privacy has been forsaken for the more important goal of keeping our blood supply safe. A doctor must be able to communicate a patient's information to another doctor, provided the patient has authorized this referral. This method has always been used and it must continue. No additional written consent for expert consultation or chart notes passed among physicians is possible without gumming up the works. And a patient should want a consulting doctor to know his history and be able to pass a comprehensive evaluation back to the primary physician. This routine optimizes care.

The same is true for phoned in prescriptions—this process benefits a patient by pro-

viding quick access to necessary medication. Mandating written consent for phone approvals would be arduous and unenforceable. The Bush administration has wisely decided against this.

It is one thing to grease the wheel that expedites care, it is another to provide a target for drug companies that would engage pharmacists for self-serving marketing schemes. The way to prevent exploitation and maintain both necessary privacy and information access is to keep the categories straight. Unfortunately, by allowing pharmacies free reign, the new Bush rules fail to do just that.

When a patient chooses a physician, it must be implicit that information will circulate only to help treatment. When a request for records comes from outside this traditional doctor/patient loop, then the instructions must be explicit, and include a patient's formal consent.

*Marc Siegel is an assistant professor of medicine at New York University.*

