Commentary

Breaching confidentiality and destroying trust

The harm to adolescents on physicians' rosters

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> Fear and embarrassment washed over her. How did he know? Dr Jones had told her that no one would need to know. While Laura struggled to find a lie that would safely answer Dr Smith's accusing question, she decided she would never trust a doctor's promise again.

Laura had visited Dr Jones at the high school clinic because she needed contraception. Because her family doctor, Dr Smith, and her parents were good friends, she did not want Dr Smith to know she had become sexually active. Dr Jones had reassured Laura that neither Dr Smith nor her parents would know about the visit; however, he did not know that, 5 years earlier, Laura (by her parents' consent) and her family had been "rostered" by Dr Smith.

When Laura became part of Dr Smith's roster, it meant that his group of family doctors agreed to provide her with 24-hour care and the government health plan paid Dr Smith monthly for having Laura on his patient roster. If Laura visited a primary care doctor who was not part of Dr Smith's group, the government health plan would deduct the amount for that visit from Dr Smith's monthly payment.

From his monthly payment report, Dr Smith became aware of Laura's visit with Dr Jones; however, he did not know the purpose for that visit. When Dr Smith asked Laura why she had seen another physician, her still-forming trust in doctors was shattered. She made sure to tell all her friends not to trust Dr Jones.

Laura's need to tell a lie and her future mistrust in doctors could have been avoided if her province's health plan had not informed Dr Smith of her visit with Dr Jones. To avoid breaches in the confidentiality of adolescents, all provincial health plans must exempt adolescents who are on doctors' rosters from the cost-recovery provisions of their patient enrolment systems.

Patient enrolment

Because of patient care reform, patient enrolment systems are becoming increasingly common in Canadian primary care, with all provinces either considering or implementing some form of patient enrolment.[1] Ontario is a leading province in the implementation of patient enrolment systems. In 2006, half of the people who qualified for public health insurance in Ontario were on the rosters of primary care physicians[2] and the number of enrolled patients had doubled from 2005.[3]

When a patient enrols with a primary care physician, he or she join that physician's roster. By consenting to join the roster, patients also allow the Ministry of Health to disclose the existence of any visits to other primary care physicians. Patients are voluntarily surrendering a measure of confidentiality to obtain the benefits of being on the rosters of family physicians.

Points of confidentiality

Rules of confidentiality have been common in codes of ethics since the Hippocratic oath.[4] The *CMA Code of Ethics* devotes 7 articles to privacy and confidentiality.[5] Without an expectation of privacy, patients might not fully disclose their health histories or permit full examinations and investigations, limiting their physicians' abilities to accurately diagnose and treat. Patients might also avoid seeking care if they are reluctant to trust their physicians.

Some argue that respect for patient autonomy means patients should be allowed to determine who can access their health information. Others argue that confidentiality means if physicians implicitly (ie, through a code of ethics) or explicitly promise confidentiality, then they are bound by that promise.[4]

Threat to adolescents

The problem with adolescent patients is that their parents might have enrolled them in physicians' rosters when they were too young to consent. Adolescents remain on physicians' rosters long after reaching sufficient maturity to competently refuse disclosure of health care information, but as long as they remain on rosters, they are denied the option of refusal.

Some argue that parents should be aware of the health care adolescents receive.[6] If one accepts this argument, disclosure should be based on adolescents' age, immaturity, or relationship to caregivers. But basing disclosure on method of family physician payment means some adolescents' confidentiality rights are diminished compared with other adolescents. This is only appropriate if they consent.

Adolescent patients seek temporary care from physicians other than their family doctors for various reasons. An adolescent might be uncomfortable with the family's primary care doctor knowing about medical

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issues related to puberty and sexuality.[7,8] Adolescents might find it more convenient to visit medical clinics in or near their schools, and they might avoid visiting their family doctors for fear of their parents learning about the visits.[9]

Adolescents also visit other physicians because they specifically do not want their family doctors to know about health concerns. When a family doctor knows about a visit to another physician, despite the promise of confidentiality, an adolescent's trust in the confidentiality of the medical system is threatened. A lack of trust in physicians can prevent adolescents from seeking care or from fully disclosing health information.

Open discussions

Until provincial health ministries exempt rostered adolescents from the cost-recovery mechanisms of patient enrolment systems, family physicians will need to manage any possible breaches in confidentiality for their adolescent patients.

If you are a family physician participating in a patient enrolment system, discuss what it means to be on your roster with your adolescent patients as soon as they are mature enough to give informed consent. Adolescents who refuse to consent to disclosure of visits to other doctors must be removed from your roster.

When you become aware, by the cost-recovery mechanism, of a visit to another physician by a competent adolescent who is rostered but has not consented to being so, you must handle the situation with great care. The most prudent approach is to ignore the visit, and thus not affect the adolescent's trust in the confidentiality of the health care system.

If you must disclose knowledge of the adolescent visiting another doctor, you should minimize the harm caused by that disclosure. Discuss the visit alone with the adolescent. To protect the adolescent's trust in the other doctor, explain to the adolescent that the other doctor is not responsible for disclosing the visit. Then proceed with a discussion about informed consent or refusal of enrolment in your roster.

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None declared

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