



Survey on maternity wards regarding privacy and confidentiality

S Bhaskar, A Koumousidis*, S Vause

Abstract

Introduction

Respect for patients' privacy and dignity and the maintenance of confidentiality are long-established principles of medical practice. General Medical Council has emphasised that patients have a right to expect that information about them will be held in confidence by their doctors and staff involved in their care. Confidentiality is central to the preservation of trust between doctors and their patients. Without assurances about confidentiality, patients may be reluctant to give information to the doctors, which they need in order to provide good care to the patients. The aim of this research study was to assess the patient impression on the confidentiality and privacy, maintained in maternity wards at tertiary-referral centre of St Mary's Hospital for women and children.

Materials and methods

Using a structured questionnaire, patients were interviewed about privacy, dignity and confidentiality experienced during their stay in the hospital. The questionnaire did not have any questions, which would reveal the identity of the patient and was conducted in confidentiality, after their consent.

Results

Sixty patients returned the completed questionnaire. The survey group mainly consisted of postnatal mothers (80%) staying in the bays shared by four patients (70%). There were eight

patients in the teenage group. Number of days for the stay varied from 1–20 days, with mean of 7.5 days.

Conclusion

Our research study focused on women's responses to their recent experience on maternity wards regarding privacy and confidentiality. It sought to gain insight into the service features the women associated with negative and positive reactions.

Introduction

'And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.'

The above text is an abstract taken from the Hippocratic Oath, which has not changed over almost 3,000 years and it is strongly related to confidentiality.

The 1974 British Medical Association (BMA) handbook on Medical Ethics cites:

'It is a doctor's duty strictly to observe the rule of professional secrecy by refraining from disclosing voluntarily to any third party, information which he has learned directly or indirectly in his professional relationship with the patient. The death of the patient does not absolve the doctor from the obligation to maintain secrecy'¹.

Confidentiality is important to be established between doctors and patients in order that the doctor should be provided with all the vital information through the valuable medical history, as well as through the necessary clinical examination, something which definitely ensures good medical care. The purpose of

our research study was to assess the patient impression on the confidentiality and privacy maintained on maternity wards at tertiary-referral centre in St Mary's Hospital for women and children.

Materials and methods

This research work conforms to the values laid down in the Declaration of Helsinki (1964). The protocol of this study has been approved by the relevant ethical committee associated to our institution in which it was performed. All subjects gave full informed consent to participate in this study.

Using a structured questionnaire, patients were interviewed about their privacy, dignity and confidentiality experienced during their stay in the hospital. The questionnaire did not have any questions, which would reveal the identity of the patient and was conducted in confidentiality, after their consent. The survey was performed in maternity wards for over a period of one week, at tertiary-referral hospital. The survey group included both antenatal and postnatal patients admitted for varied reasons in three different wards. Questionnaires are cited below as follows:

Table 1 shows questions regarding confidentiality of the patients.

Table 2 shows questions regarding privacy of the patients.

Results

Sixty patients returned the completed questionnaire. The survey group mainly consisted of postnatal mothers (80%) staying in the bays shared by four patients (70%). There were eight patients in the teenage group. Number of days for the stay varied

* Corresponding author
Email: kumusidi@doctors.org.uk

St Mary's Hospital, University of Manchester,
Manchester, UK

Table 1 Questions regarding confidentiality of the patients.

| Question | Yes | No | Not answered |
|----------------------------------------------------------------------------------------------------------------------------|-----|----|--------------|
| Did you overhear (from hospital staff) conversations giving personal information about other patients and their families?* | 6 | 53 | 1 |
| How do you think you got the information? | | | |
| From ward round | 4 | | |
| From staff conversation | 2 | | |
| Were people (relative or friend) given detailed information about your condition? | 11 | 46 | 3 |
| Were you asked permission for this in advance? | 7 | 3 | 1 |

Table 2 Questions regarding privacy of the patients.

| Question | Always | Sometimes | Occasionally | Never | Not answered |
|-------------------------------------------------------------------------------------------------------------|--------|-----------|--------------|-------|--------------|
| Did the doctors and midwives knock on the door or ask permission before entering? | 39 | 9 | 5 | 5 | 2 |
| Did the doctors and midwives ask if you wanted to be seen in a separate room for examination or discussion? | 9 | 4 | 5 | 32 | 9 |

from 1–20 days, with mean of 7.5 days. Ward rounds were thought to be the time for breach of confidentiality, especially on the bays shared by four patients. The questionnaire included the preferred method of rounds, whether patients preferred full discussion by the bedside or discussion away from the patient, followed by bedside review. Majority of the patients wished to have full discussion by the bedside (58.3%, 35 patients). The survey also included questions regarding suggestion for improvement. Thirty five percent patients answered the question, with 60% patients giving positive comments. Forty percent patients felt having more single rooms and separate bays so that antenatal and post-natal patients would be given more privacy. The suggestions from this group (8.3%, 5 patients) included to use low tones or examination rooms for discussion of personnel issues, like discussing about mental health problems, medications or social issues. Small percentage of the

patients felt that discussion should be avoided during visiting hours.

Discussion

We must respect patients' confidentiality. Seeking patients' consent to disclosure of information is part of good communication between both doctors and patients. It is a legal and ethical obligation for the doctor to always inform the patient with honesty and respect to the inalienable right to self-determination² (informed potential consent or refusal), before taking any indicated medical actions for precautionary, therapeutic or other medical reasons³. In other words, gynaecologists should always cooperate with their patients, providing them with the authentic knowledge on their health issues, by using safe common terminology. In this way, a deep understanding of the disease is established and the best possible behaviour, in terms of praxis and ethos, is achieved. The above-mentioned practices become valuable guarantee for the success of the various applied

medical methods. The consent of the patients for the subsequent proposed medical praxis in a strictly confidential environment (and by fulfilling a consent form, as a practical application of the basic Principle of Freedom and Integrity), transforms the latter into active subjects, rather than becoming irresolute experimental objects, and subsequently affect essentially and dynamically the outcomes of the applied medical methods³. Lack of proper information generates the doctor's tort liability, as there is a direct insult to the patient's multiple legitimate rights⁴ and has enormous socio-economic consequences. The state in this case should provide its civilians with the suitable services ('necessary measures'), which could aim directly in the promotion of general population's health⁵. The 'right to health' is an inalienable human right, which has been found in several law systems, such as the Preamble to the Constitution of the World Health Organization (1946)^{6,7}, the Article 7 of the Convention C102 concerning



Minimum Standards of Social Security (at Geneva by the Governing Body of the International Labour Office)⁸, the Annex III {(f), (g)} of the Declaration of Philadelphia (International Labour Organization)⁹, the Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR—adopted by the United Nations General Assembly in 1966)¹⁰, etc. The findings of our research study revealed dignity, privacy and confidentiality, which were well respected in maternity wards, even though they were slightly limited by some factors. Human error¹¹ can hardly be excluded from experiment and conclusions are safe only, if we accept restrictions of the subject's, who contacts the survey, is human nature. Overheard information could have resulted from close living and social contact in the wards. The aspects surveyed may not have been what patients consider to be important issues of privacy, dignity and confidentiality. In our research study, we have to mention another type of bias, which occurred; approximately, one-third of our patients returned or rejected the questionnaire as many could not read or

understand English. Probably, the above-mentioned results might be influenced by this factor, something which in future makes it necessary to design the questionnaires properly, in commonly used foreign languages along with English language.

Conclusion

The importance of understanding consumer perceptions of services is widely acknowledged and has become more relevant in health care. Our research study focused on women's responses to their recent experience in maternity wards regarding privacy and confidentiality. It sought to gain insight into the service features the women associated, with their negative and positive reactions.

References

1. Medical Ethics Today. British Medical Association; 1974.p13.
2. Self-determination theory [Wikipedia The Free Encyclopedia]. The Wikimedia Foundation, Inc; 2013 [updated 19 Aug 2013].
3. Leino-Kilpi H, Suhonen R. Patient's autonomy, privacy and informed consent. Amsterdam: IOS press; 2000. p29.
4. Brüggemeier G, Deliktsrecht. Baden-Baden; 1986.

5. Rothstein MA. COLUMN: Currents in contemporary bioethics: physicians' duty to inform patients of new medical discoveries: the effect of health information technology. J Law Med Ethics. 2011 Winter;39(4):690–3.

6. World Health Organization. Preamble to the Constitution of the World Health Organization. New York: International Health Conference. 1946.

7. Zacher HF. Internationales und Europäisches Sozialrecht. 1975;335.

8. C102—Social Security (Minimum Standards) Convention, 1952 (No. 102) [International Labour Organization]. Switzerland: International Labour Organization; 1996.

9. NORMLEX Information System on International Labour Standards [International Labour Organization]. Switzerland: International Labour Organization; 1996.

10. International covenant on economic, social and cultural rights [Wikipedia The Free Encyclopedia]. The Wikimedia Foundation, Inc; 2013 [updated 10 Sep 2013].

11. Human error assessment and reduction technique [Wikipedia The Free Encyclopedia]. The Wikimedia Foundation, Inc; 2013 [updated 26 Apr 2013].