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# Medical Confidentiality in the Relationship Medical Team - Patient with Mental Disorders and Its Impact at Social Level

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## Abstract

The medical secret is the essence of the relationship doctor - patient with mental disorders. Medical confidentiality is one of the most important values, stipulated since ancient times and currently regulated in various norms and ethical documents. The purpose of the study is to evaluate the perception of the medical staff regarding the confidentiality and social stigma of the patient with mental disorders. The studied factor referred to the knowledge and respect of the rights of mentally ill patients, rights mainly related to confidentiality and social stigma, as well as of the methods for the protection of these patients, vis-à-vis of the legislative constraints. The value of confidentiality in the therapeutic relationship with the psychiatric patient is acknowledged by most of the members of the medical staff as being fundamental in the psychiatric practice. The perception related to the discrimination of mentally ill patients, compared to other patients, in society is high among all study participants.

*Keywords:* confidentiality, stigma, mental disorder, autonomy, standards, mental disorders.

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## Introduction

Medical secrecy is an obligation in medical ethics. Currently, a significant emphasis is put on information intimacy and on confidentiality. Medical information may be disclosed only with the consent of the individual, thus respecting his/her autonomy. In international documents, individual privacy is protected by law (Tirdea & Gramma 2007; Astarastoae & Triff, 1998; Dalla-Vorgiam *et al.*, 2001). A theoretical principle and a practical obligation, medical confidentiality is an urgent requirement in healthcare, an intrinsic necessity of medical ethics (Chirita, 1994). Confidentiality is an ethical requirement both in healthcare and in research (Jones, 2003). According to the Hippocratic Oath, the physician is obligated to keep the confidentiality of the medical data of the patients (Moskop *et al.*, 2005; O'Brien, 2007); basic principle, cultivating the doctor-patient relationship (Ferguson, 2012) in society. In healthcare and in research (Lysaght, 2012), the guarantee of confidentiality (Bartlett, 2011) is essential; otherwise its breach could cause family, moral and social damages (social stigma, auto-stigma, etc.) (Astarastoae, Loue & Ioan, 2009). In the Soviet period or in the countries with a totalitarian regime confidentiality was not a respected principle and patient information was public, the individual benefit being reduced in favor of the public interest (Tirdea & Gramma 2007; Astarastoae & Triff, 1998; Dalla-Vorgiam *et al.*, 2001).

Confidentiality is an important principle in healthcare (Cananau & Astarastoae, 2012) and the disclosure or non-disclosure of the information received from the patient by the medical team is an important aspect, being provided by law (Bloch & Chodoff, 2000) and having a utilitarian justification. By keeping the confidentiality one also protects the social status of the individual (Tirdea & Gramma 2007; Jones, 2003). Recent studies in psychiatric care show that confidentiality, honesty and trust are the most important ethical issues in the relationship medical team – patient with mental disorders (Laugharne & Priebe, 2006; Fugelli, 2001; Cojocaru, 2012). There are few studies that assess the perception of society (Robling, Hood & Houston, 2004) or of the patient concerning the psychiatric care (Sankar *et al.*, 2003). The deontological codes promote medical confidentiality both in research and in health care (Jenkins, Merz & Sankar, 2005; Lo, 2009). Keeping the confidentiality prevents the stigmatization, labeling and discrimination of the patient, respecting his/her autonomy (Gavrilovici, 2007; Vaughn, 2010, Gavrilovici & Oprea, 2013), both in psychiatric healthcare and also in studies (Rogers & Draper, 2003; CIOMS, 2002), according to the European standards (McLelland, 2006). Its breach could cause family, social and moral damages (Astarastoae & Trif, 1998).

At an ethical level, the control of stigma, auto-stigma and stigma by association is very important in the case of the individual with mental disorders. A deliberative type doctor-patient relationship can favor patient compliance with his/her long

term treatment and the voluntary use of psychiatric care. This therapeutic relationship cannot be achieved by social control or legal restraints. Mental disorder needs to be analyzed from a medical, psychological and social point of view because the suffering of the patient may appear in all three plans. In psychiatric care, more than in any other healthcare areas is particularly important that the medical team shows an increased interest related to the management of the case and the patient with mental disorders should be seen from a bio-psychosocial perspective for an appropriate therapeutic plan.

The deinstitutionalization of psychiatry and the development of community psychiatry were based on ideological social concepts aiming at ethical goals such as autonomy, independence, elimination of non-voluntary hospitalization and compulsory treatments. Social reintegration, according to some studies, may be hampered by the patient's long-term institutionalization. The stigmatization of mentally ill patients may be secondary to the long term institutionalization of psychiatric patients (Spiers & Combaluzier, 2009; Dima-Cozma *et al.*, 2014). The autonomy of the patient with mental disorders in society involves aspects of self-conduction and self-control. This is all the more reduced as patient institutionalization is longer. By default, social skills (competences related to work, money management) are lower in patients institutionalized for longer periods of time (Wagner *et al.*, 2006). In society, mental disorder is associated with aggression, thus the patient is stigmatized, and social and family reintegration is hampered (Graziani, Gallese & Ciani, 2015). In France, currently, the society emphasizes both the reintegration and rehabilitation of the psychiatric patient (Vidon, 2015).

Mental disorder is embarrassing or socially stigmatizing, thus, in the case of psychiatric conditions prejudices from the society do appear. The certainty of keeping the medical confidentiality encourages people to seek psychiatric healthcare (Chirita, 1994). Another sensitive issue related to keeping the confidentiality (Mathews & Martinho, 2012) is its relationship with the press, and in the case of patients with mental disorders, this ethical principle becomes a necessity in order to not harm the psychiatric individual (to discriminate, stigmatize, marginalize, blame). Thus, a particular contribution to the individual's social stigma belongs to the media, which associates mental disorders with concepts such as incompetence, violence, guilt. Frequently, through stigma, the patient is discriminated and harmed. Mass-media plays an important role in the process of stigmatization of patients with mental disorders, especially through informational shows, which erroneously focus on crime, unpredictability, peril.

This study aimed to highlight the perception of the medical staff involved in the therapy of patients with mental disorders concerning the importance of confidentiality in the relationship medical team - psychiatric patient, in a developed society. The study also follows the perception of the medical staff regarding the social stigma of the patient with mental disorders, especially following the breach of the medical secret.

## Methodology

The aim of this study is to highlight the perception of healthcare professionals involved in the care or therapy of the psychiatric patient concerning the confidentiality in the relationship medical team - patient with mental disorder, and the social impact of the breach of this principle. The study is prospective, quantitative, questionnaire type, and is applied to the medical staff involved in the psychiatric care of patients with mental disorders. The survey was conducted between July 2012 - July 2013 and had in its study population 217 staff members involved in the therapy of patients with mental disorders: psychiatrists, psychologists, family physicians, clinicians from other specialties from medical centers in Moldavia (Iasi, Botosani, Vaslui, Suceava). Of the medical staff involved in the study 157 were doctors and 60 were psychologists. Of the doctors (resident physicians, specialist physicians and primary care physicians) 57 psychiatrists, 50 family physicians and 50 physicians of other specialties (ie - neurology, neurosurgery, cardiology, emergency medicine, ENT, etc.) were included in the study.

## Results and discussions

The questionnaire covered all the stages from pre-test, review, validation and application in their final form. The results were statistically processed for every single item, later making the correlations of the answers to the questions based on the different characteristics of the study groups. The Cronbach alpha value was 0,730, a value which provides an acceptable result against the threshold of 0.70 and which validates the use of the questionnaire to other categories of doctors or psychologists involved in monitoring individuals with mental disorders.

By age groups, we notice a higher ratio of the questioned subjects aged 30 - 39 (49.8%). On batches, the distribution by age groups reveals statistically significant differences in frequency between the batches questioned according the age group ( $\chi^2=227,14$ ;  $df=5$ ;  $p=0,001$ ).

Assuming that the personal data of the patient with mental disorders wouldn't be kept confidential, do you think that the patient will be harmed?" Responses: a) The patient wouldn't be harmed; b) Yes, but the patient wouldn't suffer major damages; c) Yes, the socio-professional reintegration of the patient would be compromised; d) I don't know.

Regarding the recorded answers, we noted the predominance of positive responses in all analyzed groups, 91.2% of the psychiatrists and 93.3% of the psychologists think that socio-professional reintegration would be compromised if the personal data of the patients with mental disorders wouldn't be kept confidential. This aspect is also reflected in the frequency of the answers of the family physicians (74%) or of the doctors of other specialties (70%) coming into contact with patients with mental disorders. The mean of the ranks associated to the answers revealed no significant differences from a statistic point of view among the surveyed groups (Chi-square = 13.97, df = 3, p = 0.003) (Table 1).

Table 1. Distribution of the answers on study batches

Question	Psychiatrist		Other specialty		Family Physician		Psychologist	
	n	%	n	%	n	%	n	%
The patient wouldn't be harmed	1	1.8%	2	4.0%	1	2.0%		
Yes, but the patient wouldn't suffer major damages	4	7.0%	13	26.0%	11	22.0%	4	6.7%
Yes, the socio-professional reintegration of the patient would be compromised	52	91.2%	35	70.0%	37	74.0%	56	93.3%
I don't know					1	2.0%		
Mean rank	116.89		93.98		102.51		119.43	

At the question: "Do you think that the disclosure of information in the services for the treatment of the patient with mental disorder could be allowed in certain circumstances to the medical team in relation to the": a) Family/ Legal Representative; b) Police/Judicial Bodies (Prosecutor's Office/Court of Law); c) Other option (please mention which); d) I don't know

Table 2. Distribution of the answers on study batches

Question 5	Psychiatrist		Other specialty		Family Physician		Psychologist	
	n	%	n	%	n	%	n	%
Family/ Legal Representative	9	15.8%	12	24.0%	9	18.0%	18	30.0%
Police/Judicial Bodies	15	26.3%	9	18.0%	3	6.0%	8	13.3%
Both	32	56.1%	27	54.0%	35	70.0%	27	45.0%
Mass-media							2	3.3%
Other Option					1	2.0%	2	3.3%
I don't know	1	1.8%	2	4.0%	2	4.0%	3	5.0%
Mean rank	105.82		104.06		121.87		105.41	

The recorded answers reveal that 70% of the family physicians and 54-56% of the psychiatrists or of the physicians of other specialization consider that the disclosure of information should be allowed in the case of the family and in relation with the police and legal bodies; the share of the psychologists that agree with this permission was 45%, but to this distribution we add a share of 30% of subjects who considers that a breach of confidentiality may be permitted with the consent of the family or of the legal representative. The mean of the ranks associated with the answers revealed no statistically significant differences between the questioned batches (Chi-Square = 3.39; df=3; p=0.335).

At the question: „Do you think that the social attitude towards the relationship with the patient with a mental disorder is of”: a) Acceptance and/or tolerance; b) Discrimination and or/intolerance; c) Others.

Table 3. Distribution of the answers on study batches

Question 3	Psychiatrist		Other specialty		Family Physician		Psychologist	
	n	%	n	%		n	%	n
Acceptance and/or tolerance	32	56.1%	24	48.0%	19	38.0%	20	33.3%
Discrimination and or/intolerance	24	42.1%	23	46.0%	26	52.0%	36	60.0%
Others	1	1.8%	3	6.0%	5	10.0%	4	6.7%
Mean rank	93.81		104.70		117.34		120.07	

The answers to this question emphasized statistically significant percentage differences between the study groups (Chi-square = 8.01, df = 3, p = 0.046) (Table 3). A percentage of 56.1% of the psychiatrists and 48% of the doctors of other specialties, compared to 38% of the family physicians, considered that the social attitude in relation to patients with mental disorders is of acceptance and/or tolerance. However, a percentage of 60% of the psychologists and 52% of the family physicians, compared to 42.1% of the psychiatrists and 46% of the doctors of other specialties, considered that the social attitudes in relation to patients with mental disorders is of discrimination and/or intolerance.

At the question: „Do you think that the patient with a mental disorder is discriminated compared to other patients?” Responses: a) Yes, they are discriminated; b) They are not discriminated; c) I cannot tell.

Table 4. Distribution of the answers on study batches

Question 7	Psychiatrist		Other specialty		Family Physician		Psychologist	
	n	%	n	%		n	%	n
Yes	53	93.0%	26	52.0%	36	72.0%	49	81.7%
No	1	1.8%	9	18.0%	7	14.0%	5	8.3%
I cannot tell	3	5.3%	15	30.0%	7	14.0%	6	10.0%
Mean rank	90.42		135.09		112.25		102.20	

The answers to this question revealed statistically significant percentage differences between the analyzed batches (Chi-square = 25.63, df = 3, p = 0.001) (Table 4). Thus, the view that patients with mental disorders are discriminated compared to other patients is found in 93% of psychiatrists and in 81.7% of psychologists, while only 52% of the physicians of another specialization and 72% of the family physicians respond affirmative to this question. A percentage of 30% of the physicians of other specialty cannot tell, and 18% consider that patients with mental disorders are not discriminated in relation to other patients. Also, 14% of the family physicians cannot tell, and 14% believe that patients with mental disorders are not discriminated in relation to other patients.

Stigma has four components: the labeling of an individual with a particular disease, the generalization of individuals with the same disease, the creation of a division and discrimination of the individuals. Thus, a diagnostic or a medical information about the patient, that should remain confidential, can generate stigmatization, with negative consequences for the relationship individual-society. A diagnosis of cancer, AIDS, homosexuality, venereal disease, and mental disorder can lead to marginalization, labeling, up to the isolation of the individual by the members of society (Tirdea & Gramma, 2007). Stigma is a relational, dynamic process. The characteristics of the stigma depend on each society and on time. The public stigmatization of the patient generates frequent social difficulties on the subject through marginalization, difficulties in employment, unequal healthcare. The present study shows the negative perception about the stigma of a population that is involved in mental healthcare.

Numerous arguments justify keeping the confidentiality (Jones, 2003; Estroff & Walker, 2012) in healthcare. If in some medical specialties the confidentiality is considered absolute (McLelland, 2006), in psychiatry there are some legal regulations that allow disclosure under certain conditions. In psychiatry, confidentiality is relative in some situations, such as mandatory treatment and non-voluntary hospitalization. These situations involve circumstances that relate to auto-aggressiveness (suicide, suicide attempt, suicidal thoughts), hetero-aggressiveness (verbal, physical), psychotic symptomatology, all these, according to some authors, justifying the breach of confidentiality. According to some authors, the breach of confidentiality in modern medicine is a lack of medical professionalism. According to some authors, the use of psychiatric healthcare services among the drug users is reduced (Chirita & Chirita, 1994), especially because of



the breach of confidentiality. The secret of a therapeutic success in the psychiatric medical care includes mainly keeping the medical confidentiality (Vaughn, 2010; Craciun *et al.*, 2011; Walker *et al.*, 2005; Tatarsky, 2003). Thus, Article 33 of Law 487/2002 provides for the obligation to keep the confidentiality of information, but with certain legal exceptions, among which there are certain legal provisions, patient's consent, etc. (Law 487/2002). The present study shows the perception of the healthcare professionals directly involved in the psychiatric healthcare and the consequences of breaching medical confidentiality in the Romanian society.

The certainty of keeping the medical confidentiality encourages the population to seek psychiatric healthcare (Chirita, 1994). Research conducted in the US, Canada, England and Australia has shown the importance of maintaining medical confidentiality for the patients (Jenkins, Merz & Sankar, 2005). An important argument in favor of maintaining confidentiality of the data of psychiatric patients is the consolidation of the autonomy, the patient gaining control over personal information (Jones, 2003). Compared with the patients with somatic disorders, patients with mental disorders have, according to numerous studies, a significantly higher interest related to confidentiality (Mechanic & Meyer, 2000). In psychiatry, the psychiatric patient can receive coercive treatment without his/her consent, this being the case of the non-voluntary admission (Ghebaur, Mihailescu & Preliceanu, 2008). Redefining confidentiality for the XXI century is an imperative need, because of the complexity of the modern psychiatric care services (Burns, 2012; Carasevici, 2015).

## Conclusion

The dual nature of the obligations of the medical staff involved in the treatment of patients with mental disorders - legal obligation to authorities and ethic to the patient, can transform the relationship with the patient, sometimes with negative consequences on the therapeutic success.

The fundamental value of the confidentiality of the medical act involving a psychiatric patient lies also in the social consequences related to marginalization, stigmatization, discrimination that may arise from non-compliance with it, a fact supported by the medical staff, and from where further derives the reduction of self-esteem of the patient, the difficulty or impossibility of social reintegration and the impairment of the level of functioning. The professionals involved in the treatment of psychiatric patients believe that the prerequisites of the therapeutic success are met through ethical foundations such as communication and trust.

The subject of nondiscrimination is an ambitious challenge in Romania, an EU member country, and within social services stigma is an important issue in modern psychiatric care.

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