

# Privacy in public hospitals

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## *Introduction*

The overwhelming need to write on privacy dawned upon me only when I had a personal experience in this matter some time ago. My colleague had just been appointed as a lecturer in a municipal hospital and as part of various formalities had to get a certificate of medical fitness. Besides other investigations, a gynecological examination was requested to make sure that she was not pregnant as she would not be entitled to any maternity leave during the first year of her tenure as a lecturer. I accompanied her to the Gynecology Clinic. When she was asked to undress for the examination, I noted that not only was there no separate cubicle to do so, but that during the process there were at least two individuals who trespassed, in spite of her having taken the right 'precautions'.

The initial reaction was that of disgust and indignity, but on reflection I realised the broader implications of how insensitive the medical and paramedical staff has become as regards patients' privacy.

## *Privacy for patients undergoing examination or tests*

In our wards, outpatient departments and operation theatres patients are forced to share all their unpleasant personal details not only with the doctor interviewing them but also with other doctors sitting across the table and other patients being interviewed by other doctors. In the Gastroenterology OPD for example, the patient comes out of the OPD having revealed all the intricate details of her bowel habits to fellow patients, facts which she may hesitate to share with her closest relatives! So is the case with menstrual, sexual and other very personal information.

Then comes the even more embarrassing ordeal: the examination and performance of procedures. Often the introduction of urinary catheters, performance of pleural taps or liver biopsies are done without adequate privacy being provided to the patient. Even a simple examination of a patient is often carried out without the privacy she deserves. The state of affairs in the operation theatre is even more appalling. It is common sight to see the patient lying exposed on the operation theatre prior to anesthesia in such a vulnerable state that there is either no voice of protest or, if there is one, it is so feeble that it is hardly heard or respected.

## *The disclosure of information on the patient*

Such information is not kept confidential. The tradition of taking the patient's permission prior to revealing this

information either to the authorities concerned or to colleagues at academic meetings or through publication in academic journals does not exist.

Informed consent is hardly ever obtained when photographing a patient or parts of a patient for academic purposes. When AIDS is discussed at medical meetings in Bombay, not uncommonly, the entire face of the patient is shown without any attempt at blacking out features that help in identification.

In an American study where physicians were provided details on the race, sex and sexual preferences of patients with AIDS, it was seen that the chances of revealing confidential information of the patient's disease to the health authorities or the patient's spouse were higher if the patient was a black, a female or a homosexual. If we extrapolate these facts to a public hospital in the Indian setting, the discriminatory factors one would expect to observe would be the socio-economic status of the individual and the position of that individual in society. The richer the patient and the higher his position in the social strata, lesser are his chances of 'exposure' - both mental and physical. This discrimination stands out sharply in hospitals where both 'general' and 'private' patients are admitted.

## *What is the cause of this problem?*

It is conveniently argued by many that the large load of patients in our hospitals is responsible for this state of affairs and that there is a lack of formal training in proper etiquette.

This is a poor argument. The same doctor who, while dealing with patients in public hospitals, seems never to have cultivated any respect for their privacy, changes his attitude when dealing with patients in a private hospital. The sad truth is that a poor patient is taken for granted. He is not treated as a fellow human being at all and is conveniently assumed to possess low intellect. The fact that he is being treated free of charge or at a very nominal charge is constantly hammered into his senses and it is almost as if he has to pay the price in the form of lack of privacy.

## *Solutions*

Several practical solutions can be offered to safeguard the privacy of patients. Instead of one large outpatient department, smaller cubicles could be constructed in the same space ensuring one-to-one doctor-patient ratio at a given time in a particular cubicle. Similarly, in the wards, temporary curtains between patients, if not permanent walls, would serve the purpose. Ensuring an adequate number of 'shielding screens' for indoor and outdoor patients would also be useful.

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A separate procedure room should be attached to each ward. Instead of serving a cosmetic purpose, it should be functional. All elective procedures must be performed there. It is sad that we have to emphasise the need to ensure the presence of a female attendant whenever a male doctor is examining a female patient.

As regards, confidentiality of patients' data, certain clear cut guidelines should be established by the hospital's ethics committee. Any violation of these should be firmly punished.

It is equally important for patients to be made aware of their rights, where amongst others, their right to privacy and the right to maintenance of confidentiality of information on them is maintained.

More importantly, we need a change in attitudes of medical and the paramedical personnel. It is important

for each and every individual dealing with the patient in whatever capacity to place himself or herself in the patient's place and think what a dehumanising experience it is for the patient to be undergoing treatment in a public hospital.

And of course, it is for the seniors to set an example to the juniors in the department for it is the mannerisms of the teacher which juniors tend to imitate most. No amount of exhortation can prove anywhere near as effective as continued demonstrations by respected teachers.

### Reference

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