

CLINICAL CONUNDRUM: WHAT WOULD YOU DO?

Confidentiality and patient care: different perspectives of professionals in reproductive health care

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Introduction

Secrets in a relationship can lead to psychological harm, but if one partner carries a sexually transmitted infection (STI), physical harm can also occur. In the area of reproductive health, we are in the front line for patients to access information and help when faced with sensitive situations. This article compares the different perspectives of professionals on the issues of confidentiality, law and patient care.

Clinical scenario

A 32-year-old woman comes to see you bringing with her a box of antiretroviral medication. She says her husband keeps them in his bedside cabinet and has told her that they are sleeping tablets. She has her suspicions that they are not and wants to know what they are for. What do you tell her?

The panel

The six health professionals listed in Box 1 were asked how they felt this situation should be managed.

Box 1: Invited discussants for the clinical scenario

- STI consultant
- Practice nurse
- A general practitioner (GP)
- A consultant obstetrician and gynaecologist
- Ethical expert
- Relationship counsellor

STI consultant

If the husband is not a patient of yours, tell the woman what the tablets are for (sensitively!) and answer her questions honestly. If the husband is also your patient, you will need to tell her what the drugs are for, but do not disclose any information about the husband until you have obtained medicolegal advice from the Trust lawyers. On a practical level, it will be difficult to stall the woman while you are doing this and the whole situation will need to be handled very carefully.

Practice nurse

I would want to find out what the woman's suspicions were, and what she felt she already knew. I may have to ease this information out very slowly by asking lots of open questions. I would then encourage her to speak to her husband next and discuss it further with him. I could not directly tell her what the pills were as it would be a breach of confidentiality, and I would explain this to her. I would suggest she could see the GP if she had further questions after talking to her husband. It's nice to be able to pass the buck in situations like this.

GP

I think the first thing to acknowledge is how uncomfortable this dilemma would make me feel and then how I might deal with the issue.

From the patient's perspective, she is an adult and has access to health and drug information in the usual public arena (libraries, the Internet, etc.). Thus, by informing her of the purpose of the medication I will not be doing anything that a patient does not already have the ability to do himself or herself. However, by telling her this, the inference is that her husband is human immunodeficiency virus (HIV)-positive. It could be argued that this would have health benefits for her. She would be able to assess her status, access treatment if she is positive and reduce transmission if she is negative.

So why do I feel uncomfortable? I think the first worry is whether I am breaking confidentiality. However, as I said before, I will not be telling her anything she could not find out herself and I hope I will also be able to support her through this difficult time. The second worry is that I will be breaking bad news, a situation that always makes doctors feel slightly uncomfortable. The third concern is whether I will actually be doing her harm. Will the knowledge cause her such severe psychological distress that it would outweigh the health benefits?

In conclusion, therefore, I would tell the patient that the drugs are used for the treatment of HIV, offer her information, support and a follow-up consultation, and maybe contact my defence organisation. Finally, I would discuss the case with my colleagues.

Consultant obstetrician and gynaecologist

The first task is to be sure of my facts, and although antiretroviral medication is typically associated with HIV, I need to be sure that there are no less commonly known situations for its prescription (20 years ago someone apparently using glyceryl trinitrate for anal fissure might have been assumed to be lying!). I would briefly defer a reply until I have the opportunity to check for other indications. Assuming I can find no evidence that there are other uses, then I would consider my duty of care to be to my patient alone and would tell her that 'to the best of my knowledge' antiretrovirals are typically used for treatment and prophylaxis of HIV and I would explain this difference fully.

In my opinion, the confidentiality of the husband does not need to be considered, partly as he is not my patient, but even if he were, my responsibility to the woman would override this consideration. This view is further supported by the successful criminal prosecutions (in both Scottish and English law) of men who have knowingly put women at risk of HIV. Not to tell her the truth, were her husband already to be HIV-positive, would make me feel complicit in this crime.

Ethical expert

There are two alternative scenarios here, depending on whether or not the partner is also a patient of yours. If he is not your patient, your duty of care is to the woman who is your patient, and you should therefore answer her questions honestly and factually. In any case, there is nothing to stop

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her looking the drug names up on the Internet, where she would find the relevant information. You also have a positive duty of care to warn her if she could come to any harm.

If the partner is also your patient then the situation is more complex. You do not want to breach confidentiality so you should tell the woman you will need to speak to her partner first. You should then advise the partner to tell her before you do.

The issue here is that you need to be convinced that he isn't putting her at risk. If you are convinced (maybe they don't have a sexual relationship?) then you should still suggest to him that it would be better if he told her himself, but if he won't, you may feel that you don't want to breach confidentiality. You may still tell the woman what the tablets are for (as mentioned before, she could look it up), but nothing about his HIV status.

If, however, you feel that she is being put at risk, and he still won't tell her, you can say to him that you are going to tell her. Your duty to protect the woman from serious harm overrides your duty to maintain confidentiality. This has, however, never been tested in court.

Relationship counsellor

I would explore with the woman what her doubts are and ask what she thinks the tablets may be. She may have a strong idea what the nature of her partner's secret may be. She may have already done some investigating but is presenting the tablets to me without revealing this because she is seeking a 'clean' opinion from a person who is seeing the tablets for the first time. She may wish for her ideas to be confirmed so that she can feel vindicated in her choice of action.

This case is an interesting inversion of the confidentiality contract between the client and counsellor. The more usual scenario is that the client brings a secret that has the potential to harm another (a less life-threatening STI, for instance) and seeks advice on how to break this to a partner. In this case the client may be at significant risk of contracting HIV, especially if safe sex practices have not been followed. It would also be important to discuss whether the tablets could be kept for the use of another person, for example, a friend or relative. Is she certain her husband is actually taking them? What is her evidence for this? Has she had any prior discussion with her husband about the tablets?

At this point, my focus of care becomes the client's health. The husband has not presented and so my concern for his confidentiality is secondary. I would tell her that the tablets are an antiretroviral treatment. I would expect her to respond with shock and fear and I would help her manage these feelings. I would then suggest we practise what she will say to her husband and discuss how he might respond.

I would offer follow-up appointments and may also suggest a referral to an HIV/AIDS clinic for tests and counselling.

Discussion

Each member of the panel of professionals acknowledges that this is a challenging situation to deal with, and states that it depends on whether both partners are owed the same level of confidentiality.

Balancing confidentiality against the risk of harm is not clearly defined and has not been tested in court, however the offence of knowingly infecting a partner with HIV could be described as a 'serious crime'. Checking the facts regarding the use of the medication, and any evidence that the husband is taking it (and not holding the medication for a third party) will assist in planning the next steps, for example, HIV testing, specialist counselling and follow-up.

What actually happened in this real-life scenario

The patient had attended a genitourinary medicine clinic and specific explanation of the use of the tablets was avoided by offering her the full range of tests available, which she accepted. While waiting for the preliminary results it was established that her husband was a patient at the same clinic. Advice was sought from the Medical Defence Union, which explained that the husband's confidentiality could not be broken. After the preliminary results were explained to the woman she was asked what she thought the tablets were for. She replied that she thought they were for treatment of HIV infection, and this was confirmed to her without disclosing her husband's status. As she had already had blood taken for HIV testing, she was offered same-day results and a follow-up test in 3 months.

What would you have done faced with this situation? We welcome your comments.

Acknowledgement

The author would like to thank the panel members for their input. A listing of the individual panel members who have contributed to the Clinical Conundrum section of the Journal will appear in the October 2004 issue.

ERRATUM

'Faces behind the Journal of Family Planning and Reproductive Health Care',
J Fam Plann Reprod Health Care 2004; 30(2): 73

The Journal wishes to apologise for any embarrassment caused to Dr Henrietta Hughes, one of the Journal's Associate Editors, as a result of the letters MRCOG appearing after her name. Dr Hughes' qualifications should have been given as MRCGP, DFFP.



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Registrars' Prize Meeting

Friday 19 November 2004
Call for Abstracts

Trainees in sexual health, HIV, genitourinary medicine, family planning, gynaecology and urology are invited to submit an A4 page (up to 250 words) summary of research, for presentation on the above date.

Those considered to be the best will be asked to give a 15 minute presentation (including 5 minutes discussion) at a meeting of the Section to be held on Friday 19 November 2004 from 9am-5pm.

The Registrars' Prize of £100 to the winner, £50 to the runner up and £50 for the best poster will also be awarded at the meeting.

**Deadline for submissions:
Wednesday 1 September 2004**

For further details and abstract format, please contact:

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