

A Practitioner's Response to the Final Report of the Select Special Health Information Act Review Committee

Mat Rose

The Final Report of the Select Special Health Information Act Review Committee (SSHIARC), released in October, 2004 should make any reasonable physician recoil in horror.

The Committee recommended that:

“31. The Act should be amended to *mandate* disclosure, without consent, to police services of:

- Patient name
- Address/location in facility
- Date of admission
- Name of physician
- Nature of injury

When:

- For purposes of obtaining a warrant or subpoena, and when the police have reasonable grounds to suspect that the person seeking health services has been involved in some form of criminal activity; and make a request for that information, or
- A custodian has *reasonable* grounds to *suspect* that the person seeking health services has been involved in *some form* of criminal activity

32. The Act should be amended to *mandate* disclosure of limited health information without consent to police services where a custodian has reasonable

grounds to suspect a prescription reveals or tends to reveal that an offence has been committed or is being attempted, including the individual's name, address, date of birth, personal health number, the drug, dosage, prescriber's name and address, a copy of the prescription, and any other health information contained on the prescription.

33. The Government of Alberta should consider introducing separate stand-alone legislation requiring *mandatory reporting* by custodians to police services of gunshot wounds, stabbing and severe beatings.

34. The Act should be amended to allow the disclosure of health information, without consent, by Alberta Health and Wellness or other custodians to police services where there is reason to believe that an individual has committed fraud in obtaining Alberta Health Care Insurance coverage, health services or health benefits from the publicly funded health system.”¹

I am a general practitioner practicing at Edmonton's inner city clinic. A high proportion of my patients include addicts, prostitutes, and people accused or convicted, or both, of any number of criminal offences. I frequently treat individuals who have been beaten, stabbed, raped and otherwise assaulted. Other patients routinely engage in criminal activity, such as drug dealing, to finance their addictions. While I



do not in any way approve of these activities, I understand the exigencies of their daily lives. I therefore have a real and immediate interest in the recommendations of the Committee, for those recommendations would directly affect how I provide care to my patients.

I am directed by education, experience and ethics to provide medical care to those who require it. I have neither the training, knowledge nor inclination to act as an adjunct to law enforcement. The Committee's recommendations, if adopted and passed into law, would require just that.

First, it is necessary to explain the role of the health care provider in the treatment of individuals who may be involved in criminal activity. Generally, people with addictions, prostitutes and those with mental health disorders act out of the dictates of their mental, physical or social conditions, rather than by inclination. The vast majority of my patients do not take pride in their behaviours; rather, shame and a desire to be rid of the burden of criminal activity is a great motivator in their desire to change. These people come to us for understanding, assistance and compassion. Furthermore, no healthcare provider wittingly assists an individual in continuing criminal activity.

The law in Alberta already requires reporting to appropriate authorities, including law enforcement, in certain situations. Examples are instances of suspected or confirmed child abuse, or where the safety of another person is at risk. This is important to protect the lives of those who are unable to defend themselves. All healthcare providers recognize the validity and necessity of such legislation.

However, I interpret the recommendations of the Committee as requiring that the physician assume the responsibility for the safety and wellbeing of society as a whole. This implies that the physician's first responsibility is to the society, and secondarily to the individual patient. This is not the role of the physician or any other healthcare provider in our society, nor can one easily envisage a time when this will be the case.

The relationship between the patient and the physician is the core of healthcare in our society. It is at this level of personal interaction that understanding, compassion and assistance is strongest in effecting change. Any interference with this relationship, such as that recommended by the Committee, would in fact reduce the chances that individuals might recognize and act to change behaviours that are detrimental to themselves, others around them, and society as a whole. The recommendations of the Committee are, in my opinion, con-

trary to their ultimate goals of reducing criminality and increasing responsible, healthy and productive functioning of the people who comprise our society.

I believe the goals of a just society include reduction of criminal activity and improved health through understanding, education and compassion. People must be able to consider their physicians, or other healthcare providers, as a source of aid and compassion. Without that guarantee, there can be no trust. Without trust, there can be no therapeutic relationship. Without the therapeutic relationship, there is little chance of change for the better.

The primary and overriding responsibility of physicians and all healthcare providers is to the patient. While every physician should consider the broader aspects of health in the community, and the wellbeing of that community, it is contrary to all that society believes to expect physicians to assume a role, even indirectly or peripherally, that compromises their integrity in providing compassionate care.

The recommendations of the SSHIARC are fundamentally opposed to the best interests of society, in that they compromise the role of healthcare providers to the degree that more harm than good would come of enacting those recommendations. It is my opinion that all reasonable, ethical and compassionate healthcare providers must reject these recommendations.

Mat Rose is a Physician at the Boyle McCauley Health Centre, Edmonton, Alberta.

1. Alberta, Legislative Assembly, Select Special Health Information Act Review Committee, "Final Report" (October 2004) at iv, online: Review of the Health Information Act <<http://www.hiareview.assembly.ab.ca/hiawebreport.pdf>>. Emphasis mine, throughout.

