

### **3.2.1 Confidentiality**

Patients need to be able to trust that physicians will protect information shared in confidence. They should feel free to fully disclose sensitive personal information to enable their physician to most effectively provide needed services. Physicians in turn have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient.

In general, patients are entitled to decide whether and to whom their personal health information is disclosed. However, specific consent is not required in all situations.

When disclosing patients' personal health information, physicians should:

- (a) Restrict disclosure to the minimum necessary information; and
- (b) Notify the patient of the disclosure, when feasible.

Physicians may disclose personal health information without the specific consent of the patient (or authorized surrogate when the patient lacks decision-making capacity):

- (c) To other health care personnel for purposes of providing care or for health care operations; or
- (d) To appropriate authorities when disclosure is required by law.
- (e) To other third parties situated to mitigate the threat when in the physician's judgment there is a reasonable probability that:
  - (i) the patient will seriously harm him/herself;
  - (ii) the patient will inflict serious physical harm on an identifiable individual or individuals.

For any other disclosures, physicians should obtain the consent of the patient (or authorized surrogate) before disclosing personal health information.

***AMA Principles of Medical Ethics: III,IV,VII,VIII***

*Opinion 3.2.1 Confidentiality was issued in 1983 and subsequently updated without associated background report except as follows:*

CEJA Report 3-A-16 Modernized *Code of Medical Ethics*

CEJA Report 4-I-06 Opinion 5.05, Confidentiality, amendment

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In general, patients are entitled to decide whether and to whom their personal health information is disclosed. However, specific consent is not required in all situations.

When disclosing patients' personal health information, physicians should:

(a) *Restrict disclosure to the minimum necessary information; and [new guidance consistent with the Health Insurance Portability and Accountability Act (HIPAA)]*

(b) Notify the patient of the disclosure, when feasible.

Physicians may disclose personal health information without the specific consent of the patient (or authorized surrogate when the patient lacks decision-making capacity):

(c) To other health care personnel for purposes of providing care or for health care operations; or

(d) To appropriate authorities when disclosure is required by law.

(e) To other third parties situated to mitigate the threat when in the physician's judgment there is a reasonable probability that:

(i) *the patient will seriously harm him/herself; [new guidance clarifies conditions for release of information]*

(ii) *the patient will inflict serious physical harm on an identifiable individual or individuals. [adopts terminology consistent with HIPAA]*

For any other disclosures, physicians should obtain the consent of the patient (or authorized surrogate) before disclosing personal health information.

***AMA Principles of Medical Ethics: III,IV,VII,VIII***

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 4-I-06

Subject: Opinion E-5.05, “Confidentiality,” *Amendment*

Presented by: Robert M. Sade, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Francis X. Van Houten, MD, Chair)

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1 INTRODUCTION

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3 The ethical requirement to maintain the confidentiality of patient information sometimes clashes  
4 with legal requirements to disclose such information, such as statutory reporting requirements and  
5 subpoenas for medical records. This tension is acknowledged in the AMA’s *Principles of Medical*  
6 *Ethics, Principle IV*, which states “A physician... shall safeguard patient confidences and privacy  
7 within the constraints of the law.” However, *Principle III* makes clear that laws may at times  
8 conflict with medical ethics, requiring physicians to advocate for changes in the law: “A physician  
9 shall respect the law and also recognize a responsibility to seek changes in those requirements  
10 which are contrary to the best interests of the patient.”

11  
12 The tension between ethical and legal conduct is also examined in Opinion E-1.02, “The Relation  
13 of Law and Ethics.” It notes that ethical obligations often exceed legal duties, and that, in the  
14 exceptional case of an unjust law, physicians’ ethical responsibilities should supersede legal  
15 obligations.

16  
17 INFORMATION DISCLOSED BY PATIENTS

18  
19 One of the responsibilities of patients in the patient-physician relationship is to disclose to  
20 physicians information that is medically relevant. Opinion E-10.02, “Patient Responsibilities,”  
21 asserts that patients have “a responsibility to be truthful and to express their concerns clearly to  
22 their physicians.” In certain circumstances, patients divulge information that is socially  
23 stigmatizing or that may in some way compromise a third party. Additionally, physical  
24 examination of a patient often leads a physician to ask questions that elicit information of a very  
25 personal nature.

26  
27 Information divulged to physicians may be important to other parties for various reasons. Law  
28 enforcement personnel may want certain information that indicates a crime has occurred or may  
29 occur. For example, physicians are often legally required to disclose evidence of child abuse,  
30 which might be obtained from a physical examination or conversation with the patient.

31  
32 Public health authorities also have an interest in health information when the well-being of the  
33 public is at stake, especially information concerning communicable diseases. At times, this  
34 information can be disclosed without identifying the patient, but at other times disclosure of the  
35 patient’s identity may be necessary.

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\* Reports of the Council on Ethical and Judicial Affairs are assigned to the reference committee on Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

1 The importance of trust in the patient-physician relationship and a legal requirement to disclose  
2 information identifying individual patients can lead to an ethical dilemma for a physician.  
3 Historically, information obtained from a patient was sacrosanct, and any disclosure was ethically  
4 impermissible. The modern legal system has placed burdens on the doctrine of confidentiality that  
5 make this obligation more complex.

6  
7 LEGAL REQUIREMENTS TO DISCLOSE

8  
9 The relation between the law and the ethics of confidentiality has been significantly shaped by the  
10 decision in *Tarasoff v. Regents of University of California*, 17 Cal.3d 425, 551 P.2d 334 (1976), in  
11 which the court concluded that a psychologist had acted negligently by failing to protect a third  
12 party at risk of being harmed by a patient. Today, the Tarasoff doctrine often is interpreted broadly  
13 to justify the disclosure of confidential information when it can avert harm to a third party.

14  
15 From a medical ethics standpoint, the Tarasoff doctrine can be understood as the broad obligation  
16 to protect a third party overriding the obligation to respect patient autonomy by honoring  
17 confidentiality. The disclosure of confidential information is justified because the physical harm it  
18 avoids is greater than the harm caused by the breach itself.

19  
20 Moreover, the Health Insurance Portability and Accountability Act (HIPAA) permits or requires  
21 disclosure of patient information to a variety of governmental and private entities or individuals.  
22 Physicians should be aware of the requirements of this Act and the manner in which information  
23 may be protected, as well as the justifications for such disclosures.

24  
25 The Tarasoff doctrine, various state and federal laws requiring disclosure of confidential  
26 information, and the judicial power to order such disclosures by subpoenas, discovery, and trial  
27 testimony have compelled physicians to divulge information that traditionally was held in  
28 confidence. A number of considerations should impact physicians' decisions on whether and how  
29 much confidential information to disclose.

30  
31 BALANCING OBLIGATIONS

32  
33 When determining what information to disclose, a physician should consider the benefits of  
34 disclosing the information, how much information to disclose, and whether to inform or obtain the  
35 consent of the patient.

36  
37 Disclosure can benefit the patient, the public, or a limited number of persons. The patient's benefit  
38 should be the first consideration of any disclosure, but consideration of benefits to others is also  
39 appropriate in determining whether and how much to disclose, when required to do so.

40  
41 Whenever possible, physicians should avoid disclosing information that could identify the patient.  
42 In some contexts, such as law enforcement, identifying information may be necessary to  
43 accomplish the purpose of disclosure. In other situations, identifying information should be  
44 withheld unless a statute specifically requires such information or a court orders the disclosure. If  
45 there is no statute or court order compelling disclosure, the confidentiality of patient information  
46 should be maintained. In all situations, physicians should provide no more information than is  
47 required.

48  
49 While consent of a patient to reveal confidential information is generally not required by statutes  
50 mandating disclosure, respect for the patient suggests that he or she should be notified.

1 Circumstances do not always allow for the patient to be notified, however, and in some cases  
2 notifying about the disclosure is not advisable.

3  
4 CONCLUSION

5  
6 The current opinion on confidentiality relies primarily on *Principle IV*, which subordinates  
7 confidential health information to legal mandates. It fails to remind physicians, however, to  
8 determine whether the requirements are contrary to the patient's interests, as required under  
9 *Principle III*, and to uphold the ethical responsibility of maintaining confidentiality as much as  
10 practicable when legal requirements to disclose are not ethically justifiable, as described in Opinion  
11 E-1.02.

12  
13 A physician who chooses to divulge information without questioning the extent to which it is  
14 necessary risks disclosing too much information and breaching the trust that arises from the  
15 confidential relationship with the patient. Alternatively, a physician who refuses to disclose  
16 regardless of the legal mandate risks legal penalties.

17  
18 Physicians should balance ethical obligations of confidentiality with legal requirements to disclose.  
19 The benefits of providing the required information and the question of how much information to  
20 disclose are key considerations. Additionally, patients should be informed of the disclosure and  
21 their consent should be obtained whenever reasonable.

22  
23 The Council concludes that amendments to Opinion E-5.05, "Confidentiality," are required to  
24 clarify the distinction between ethical obligations and legal requirements, and the possibility that  
25 legal requirements for disclosure may not take ethical considerations into account. Often, legal  
26 justifications for disclosure are based on protection of the public, while physicians' obligations are  
27 to individual patients primarily, though not exclusively. Therefore, physicians should always  
28 consider their ethical obligations to maintain confidentiality when facing a legal requirement to  
29 disclose, and should provide the minimum information that is required by law.

30  
31 RECOMMENDATION

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33 The Council recommends that Opinion E-5.05, "Confidentiality," be amended as follows and the  
34 remainder of the Report be filed.

35  
36 E-5.05 Confidentiality

37  
38 The information disclosed to a physician ~~during the course of the relationship between~~  
39 ~~physician and by a patient is confidential to the greatest possible degree~~ should be held in  
40 confidence. The patient should feel free to make a full disclosure of information to the  
41 physician in order that the physician may most effectively provide needed services. The  
42 patient should be able to make this disclosure with the knowledge that the physician will  
43 respect the confidential nature of the communication. The physician should not reveal  
44 confidential ~~communications or~~ information without the express consent of the patient,  
45 ~~subject to unless required to do so by law. The obligation to safeguard patient confidences~~  
46 ~~is subject to~~ certain exceptions which are ethically ~~and legally~~ justified because of  
47 overriding ~~social~~ considerations.

48  
49 When ~~Where~~ a patient threatens to inflict serious physical ~~bodily~~ harm to another person or  
50 to him or herself and there is a reasonable probability that the patient may carry out the

1 threat, the physician should take reasonable precautions for the protection of the intended  
2 victim, which may include ~~including~~ notification of law enforcement authorities.

3  
4 When the disclosure of confidential information is required by law or court order,  
5 physicians generally should notify the patient. ~~When the disclosure is likely to harm the~~  
6 ~~patient disproportionately or when the required disclosure is unnecessary or excessive, the~~  
7 ~~physician~~ Physicians should disclose the minimal information required by law, ~~and~~  
8 advocate for the protection of confidential information and, if appropriate, seek a change in  
9 the law.

10  
11 ~~Also, communicable diseases and gun shot and knife wounds should be reported as~~  
12 ~~required by applicable statutes or ordinances. (III, IV, VII, VIII)~~

13  
14 Issued December 1983; Updated June 1994 and November 2006.

15  
16 (Modify HOD/CEJA Policy)

Fiscal Note: Staff cost estimated at less than \$500 to implement.

**B. CONFIDENTIALITY IN THE PHYSICIAN/PATIENT RELATIONSHIP  
(Reference Committee on Amendments to Constitution and Bylaws, page 305)**

**HOUSE ACTION: ADOPTED AS FOLLOWS:**

Principle IV of the Principles of Medical Ethics provides that "A physician . . . shall safeguard patient confidences within the constraints of the law." Pursuant to this principle, the Judicial Council has developed opinions on confidentiality in regard to the attorney-physician relationship, computers, insurance company representatives and physicians in industry. In the belief that a statement of the rationale and requirements of confidentiality in the physician-patient relationship may be helpful to physicians, the Judicial Council presents its opinion on this subject to the House of Delegates for its information.

**CONFIDENTIALITY: PHYSICIAN-PATIENT RELATIONSHIP.** The information disclosed to a physician during the course of the relationship between physician and patient is confidential to the greatest possible degree. The patient should feel free to make a full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication. The physician should not reveal confidential communications or information without the express consent of the patient, unless required to do so by law.

The obligation to safeguard patient confidences is subject to certain exceptions which are ethically and legally justified because of overriding social considerations. Where a patient threatens to inflict serious bodily harm to another person and there is a reasonable probability that the patient may carry out the threat, the physician should take reasonable precautions for the protection of the intended victim, including notification of law enforcement authorities. Also, communicable diseases, gunshot and knife wounds should be reported as required by applicable statutes or ordinances.