

Examination of The Principle of Confidentiality of Patients under Medical Law

Agbasi, M. N.

ABSTRACT

Complexities in modern living have necessitated that patient confidences are seen as privileged information by the practitioners to be well respected. It is a symbiotic relationship in the sense that the physician performs brilliantly when he has enough background information on the matter at hand from the patient. It is the purpose of this paper to look at the need for the upholding of the ethical code of confidentiality. How far can confidences be held, and particularly what is the position of confidentiality given the vast stratum of means of holding and disseminating information that is available in today's technology driven world? Besides increasingly there are statutory considerations that may vitiate the complete need for confidentiality. Legislation has sent out mixed signals which while promoting the rights and welfare of incompetent adults and young persons, as well as sound persons, to regarding confidences as privileged information also seeks to balance the need to advance research for the benefit of future patients. The burden of enforcing the ethical code of confidentiality then has to thread the thin line of persuading patients to open up to their physicians for proper diagnosis with the assurance of confidentiality, and while upholding the rights of others to be free for example, from contagious diseases, or to be protected from imminent danger which could easily be avoided by breaching such confidences when the need arises. The role of confidentiality as part of an ethical code is to set standards and clearly define the duties that a practitioner owes to the patient, and to stress the fact that the public can bring to account those who fall below these standards. By upholding the medical ethic of confidentiality in appropriate circumstances, the medical profession and our courts of law build trust if they can show that they have the capacity to discipline erring members.

Keywords:

INTRODUCTION

Ethics can simply be defined as the moral obligation that one person owes to another¹. Medical ethics is a bundle of moral principles. These moral principles are elevated as worthy concepts for adducing value judgements to medicine². The medical profession expects practitioners to display the highest ethical standard in whatever they do. The objectives of the medical code are to hold practitioners to

Agbasi, M. N. is a Lecturer at College of Law Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria. E-mail: maureenagbasi@yahoo.com

¹ Black's Law Dictionary (7th Edn.) Bryan A. Garner., ed. (St. Paul Minn., 1999) P.573

² Lee A. "Ethics Dilemmas in the Care of Cancer Patients Near the End of Life." *Singapore Medical journal* 2012, Vol.53, pp.11 - 6

a high standard of medical probity. Medical practice present physicians and other health workers with a broad range of ethical problems and tension. These tensions occur in the physician's relationship with the hierarchy of persons he relates to in his professional life – clients, research institutes, governmental institutions, the courts, professional colleagues and the society at large. Medical practitioners must learn to cope with these tensions that may very well present room for exploitation. The Obligations of confidentiality imposes a duty on health care providers to ensure that information about the patient's case is not disclosed without his permission. The health care providers also have a duty to properly keep and secure the patients files and to deny access to others outside the healthcare providers. "In accordance with the Health Information Portability and Accountability Act of 1997 (HIPAA), institutions are required to have policies to protect the privacy of patients electric information, including procedures for computer access and security"³.

The general principle is that a duty of confidence arises when confidential information comes to the knowledge of a person (the confidant) in circumstances where he has notice, held to have agreed, that the information is confidential, with effect that it would be just in all the circumstances that he should be precluded from disclosing information to others⁴. It is the duty of the physician to show compassion to his patient, while at the same time, being aware of the limits of his curative powers⁵. "A physician shall respect the rights of patients, of colleagues and other health professionals, and shall safeguard patient confidence within the constraints of law"⁶. Going through medical history, it is obvious that "the law has long been recognised that an obligation of confidence can arise out of particular relationships. Examples are the relationship of doctor and patient, priest and penitent, solicitor and client, banker and customer."⁷

The duty of confidentiality has its root in the Hippocratic Oath. As regards to confidentiality the oath states that "Whatever I shall see or hear in the course of my profession as well as outside my profession in my intercourse with men if it not be what should be published abroad I will never divulge, holding such things to holy secrets." Research has shown that breach in medical confidences could

³ Jesssica De Bord, DDS, MSD MA, Wylie Burke MD PhD, Denise M. Dudzinski, PhD MTS (2013) "Confidentiality: Ethical Topic in Medicine." <https://depts.washington.edu/...Mar.6.2014>, accessed on 14/2/15

⁴ *AG v Guardian Newspapers* (No. 2) [1990] AC 109, pp 281– 282, per Lord Geoff

⁵ Johnson AR, Siegler M, Winslade WJ ed. *Clinical Ethics: Cases in Medical Ethics* (New York, NY Oxford University Press, 2001.)

⁶ American Medical Association in section 4 of the *Principles of Medical Ethics*.

⁷ *Hunter v Man* [1974] 1 QB

⁸ C Jones., "The utilitarian Argument for Medical Confidentiality: A Pilot Study of Patient's Vews." *Journal of Medical Ethics* 29, no. 6 (2003): 348; Gillion R., AIDS and Medical Confidentiality." *British Medical Journal (Clinical research ed.)* 1987; 294 (6588): 1675

prevent patients from seeking treatment, as they may feel betrayed by such constant breach. They must be assured that any information relayed would be kept secret⁸ Confidentiality in medical practice is a means of encouraging patients to seek appropriate treatment. Many potential patients are unaware of their ethical rights to have their records and information kept in strict confidence.⁹ Patients have no inhibitions in sharing their most intimate information with health care providers. The physician - patient relationship is enhanced where confidentiality is assured. The patient feels confident enough to reveal information, even in traumatic areas such as sexual dysfunction, and psychiatric matters without fear of stigmatization.¹⁰

Statutory Framework Imposing The Duty of Confidentiality

Code of Medical Ethics in Nigeria¹¹: The medical and Dental Practitioners Council of Nigeria has the mandate of “Reviewing and preparing from time to time a statement as to the code of conduct which the council considers desirable for the practice of the profession in Nigeria. Section 44 of the Code of Medical Ethics in Nigeria¹² stipulates that; “privileged information” divulged to the practitioner in the course of treatment must not be revealed to a third party.” “Keeping of medical records are encouraged “to prove the adequacy and propriety of the methods, which they had adopted in the management of cases.” Disclosure of information on the patient by the doctor can only be made following informed consent of the patient, preferably in writing. “It covers such areas as “criminal abortion, venereal disease, attempted suicide, concealed birth and drug dependence.” Please note that where statutory revelation is required, the consent of the patient may be waived.

Proposed National Health Bill, 2004¹³: This proposed Bill sets out “Rights and Obligations of Users of Health Care Personnel” in Part Three. (Some excerpts of Sections 21, 25, 26 and 27 are outlined below.

Section 21 (2) (b)¹⁴

⁹ Pamela Sankar, Susan Mora, Jon F. Merz and Nora L. Jones. “Patient Perspectives of Medical Confidentiality.” *Journal of General Internal Medicine* 18. No.18, (2003): 659

¹⁰ Confidentiality : JeSSsica De Bord et.all. note 3 above

¹¹ The Medical and Dental Practitioners Act, Cap 221, (Decree NO.23 OF 1988) now LFN 2004, provides for the establishment of the Medical and Dental Practitioners Council of Nigeria. See Section 44 of the Code of Medical Ethics in Nigeria , as compiled by the Medical And Dental Council of Nigeria, as contained in section 1; subsection 2© of the Act

¹²Ibid.

¹³ “An Act to provide a framework for the regulation, development and management of a national health system and set standards for rendering health services in the Federation and other matters connected therewith, 2014. (SB. 215, third reading and passage on 19th February 2014, and awaiting presidential assent.)

¹⁴ Proposed National Health Bill (2004) Section 21 (2) (b)

2. Subject to any applicable law, every health establishment shall implement measures to minimise –
 - b) Disease transmission

Section 25

Subject to applicable archiving legislation, the person in charge of a health establishment shall ensure that a health record containing such information as may be prescribed is created and available at the health establishment for every user of health services.

Section 26

1. All information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment confidential.
2. Subject to section 27, no person may disclose any information contemplated in (1) unless –
 - a. The user consents to that disclosure in writing;
 - b. a court order or any law requires that disclosure; or
 - i) in the case of a minor with the request of a parent or guardian; and
 - ii) in the case of a person who is otherwise unable to grant consent upon the request of a guardian or representative.
 - c. Non-disclosure of the information represents serious threat to public health.

Section 27

A health care worker or any health care provider that has access to the health records of a user may disclose such personal information to any other person, health care provider or health establishment as is necessary for any legislative purpose within the ordinary course and scope of his or her duties where such access or disclosure is in the interest of the user.

*African Charter on Human and Peoples Rights (ACHPR)*¹⁵: Article 4 provides that every child has an inherent right to life and integrity of his person and this right shall be protected by law. Article 5 provides that every individual shall have the right to respect of the dignity inherent in a human being and to the recognition of his legal status. Article 14; “every child shall have the right to enjoy the best attainable state of physical mental and spiritual health...” Article 24 provides that states recognise the “right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” This article was also “to ensure that no child is deprived of his or her right of access to such health care services.”

¹⁵ See also the Convention for the Right of the Child. This convention was adopted by the U.N General Assembly on November 20, 1989 and entered into force on September 2, 1990.

The Place of Confidentiality in Health Care

The earliest medical records of patients were paper based. Storage was extremely simple and consisted of files which were either locked in the doctor's office or kept at the nurse's station. Other non- significant information may be found in the billing records. Information was rarely shared except with the insurance companies in claim cases¹⁶. But today, the medical records are vast, with an array of consultants, lab tests and computerization and other forms of transmission mean that information may be transmitted by fax, e-mails, or recorded as dictations. Information is much wider than it used to be in the past, due to more technology and extended number of processes¹⁷.

It might be interesting to realize that confidentiality is of utmost necessity in healthcare delivery. "Confidentiality requires health care providers to keep a patients personal information private unless consent to release the information is provided by the patient"¹⁸. It has been severally shown that there exists a legal duty to protect information that may arise in the course of physician /patient relationship. This has been shown through statutory provisions and court decisions. The position of the courts is that there is an implied agreement of confidentiality, if the physician patient relationship is viewed as contractual. Generally, there should be explicit permission to share information with relations, even if they are one's spouse. The only exception is if the spouse is "at specific risk of harm directly related to the diagnosis. "Health workers should disdain from discussing details of patients case in exposed places such as elevators"¹⁹.

Overriding Circumstances That Would Warrant Disclosure:

Vital signs are taken during consultation, along with other parameters. All these are confidential information to be divulged only to other health care workers involved in the case. "There is a legal and moral requirement of confidentiality of patient private healthcare information"²⁰. However it may be pertinent to inquire whether such confidence is absolute or may be violated in some cases. Sometimes, health care personnel may have no other option than to pass across certain information pertaining to their patients. Most times this may be without the patients consent. Statutorily, there may be instances where this duty of confidence is breached. Such necessities may relate to "research monitoring and epidemiology, public health surveillance, clinical audit, administration and planning"²¹. The duty of the health professional is to be aware of his obligations in such circumstances

¹⁶ G.L. Higgins –Confidentiality – The Center for Health Ethics - University of Missouri Ethics.missouri.edu/confidentiality.aspx www.ncbi.nlm.nih.gov/...PMC2280818/ accessed on 14/2/1

¹⁷ G.L. Higgins –Confidentiality – The Center for Health Ethics - Above note 16.

¹⁸ Jessica De Bord, et al, above note 3.

¹⁹ Jessica De Bord, et al, above note 3.

²⁰ G.L. Higgins –Confidentiality – The Center for Health Ethics - Above note 16.

²¹ Code of Medical Ethics, above note 11.

and to ensure that information revealed is minimal. When a need for disclosure is statutory, patient consent may be bypassed. It is necessary however to make the intent to reveal their personal information known to the patient, even though he may have no right to refuse such disclosure.²²

Overriding Concern for the Safety of other Specific Persons: When there is “good reason to believe specific individuals or groups are placed in serious danger depending on the medical information at hand. An example is homicidal ideation, where the patient shares a specific plan with a physician or psychotherapist to harm a particular individual.” Sometimes the duty to warn third parties of imminent danger may trump a duty to protect patients’ confidentiality. See the California Tarasoff Case.²³ In this case “a graduate student, Prosinjit Podder disclosed to a counsellor affiliated with the Berkley University that he intended to obtain a gun and shoot Tatiana Tarasoff. “ Dr. Moore, the psychologist felt that the threat was real and warned campus police. The campus police merely warned Podder. The patient later stalked and killed Tarasoff. Her parents sued and at the supreme court it was held that in as much as Dr. Moore had a duty to Podder, he also had a higher duty to warn Tarasoff of imminent danger.²⁴ Please note also that the Nigerian Medical Code does not make it mandatory to protect the confidence of a patient who has intent to commit a heinous crime. Also, where a doctor’s professional status is under attack from a patient, he is free to reveal the truth he knows, in order to exonerate himself.²⁵

Katherine Brook, in the case of *W v Egdell*²⁶ made an analysis of whether there was an overriding duty to breach confidentiality for overriding public interest. Here, “a prisoner detained in a mental hospital applied for conditional discharge. For the purpose of deciding whether to grant the application, Dr. Egdell was asked to write a report on W’s current condition.” He wrote that W was still capable of dangerous behaviour, and despite W’s withdrawal of his application, the doctor went ahead to furnish the report to the medical director of W’s hospital as well as the Home Secretary; the Court of Appeal held that Egdell’s duty of care to W was not absolute and that in the interest of public safety office, the disclosures he had made were justified as the Home Secretary’s office and W’s Hospital’s director had a legitimate need to know the details of the report.²⁷

²² British Medical Association (Legal and Statutory Disclosure) CARD 9 Confidentiality and Disclosure of Health Information Tool Kit.

²³ *Tarasoff v Regent of the University of California*, 551 P.2D 334 [1976] decision.

²⁴ *Tarasoff v Regent of the University of California*, 551 P.2D 334 [1976] decision.

²⁵ Code of Medical Ethics, above note 11.

²⁶[1990] 1 All ER 835, Article on *Medical Ethics and Law: Confidentiality*, by Katherine Brook, 1st year Medical Student at School of Medicine and Dentistry, QUB, Lisbon Road, Belfast.

²⁷ [1990] 1 All ER 835 Article on *Medical Ethics and Law: Confidentiality*, by Katherine Brook, 1st year Medical Student at School of Medicine and Dentistry, QUB, Lisbon Road, Belfast.

Overriding legal Requirements to divulge certain crucial Information in the Public Interest: We may be compelled here to narrow down the definition of public interest. Lord Wilberforce gave us a gentle reminder that “there is a wide difference between what is interesting to the public and what is in the public interest to make known.”²⁸ “State laws require the report of certain communicable/infectious diseases to the public health authorities. In these cases, the duty to protect public health outweighs the duty to maintain the patient’s confidence.” The communicable diseases may include measles, rabies, anthrax botulism, sexually transmitted diseases and tuberculosis. If a breach is being contemplated, by a health worker, it may be proper to seek medical advice. This is because “the permissibility of breaching confidentiality depends on the details of each case.”²⁹ People living with HIV/AIDS (PLWHA) do not have it easy at all due to social stigmatisation and ridicule. Most people who are at risk cannot be compelled to come forward for tests, but can only be persuaded. One of the tools of persuasion used by Health care providers is the assurance of confidentiality with regards to divulging their status to others. However, “competing with the need to safeguard the privacy of the PLWHA is the equally important public health necessity of curtailing the spread of HIV/AIDS.” It behoves on the health care practitioner to make a decision whether or not to inform the partners of the patient so that they can adequately protect themselves.³⁰

The Incidence of third party Disclosures: Some guidelines have been outlined for the pertaining to disclosure required by third parties with regard to psychiatry. “The psychiatrist maintains confidentiality to the extent possible given the legal content. Specific attention is paid to any limitation on the usual precepts of medical confidentiality.”³¹ These usually pertain to forensic evaluations demanded by third parties, for example, insurance companies or needed for workers compensation compilation.

Who can divulge on behalf of minor? The Medical Code continues recommends a need to balance confidentiality for an under aged person, while also carrying the parents or guardians along. Confidentiality may also be breached by the rules of court, or for scientific purposes.³² Generally the law on consent to treatment with regard to children is well settled. Under Article 2 of the Children’s and Young Persons Act, a child means a person under the age of 14 years, while ‘young

²⁸ *British Steel Corporation v. Granada Television*, 1981, All ER 455.

²⁹ Jessica De Bord, et all, above note 3.

³⁰ Babatope Odunsi “Should Caregiver be compelled to Disclose Patients HIV Infection to the Patients Sex Partners Without Consent?” *Studies in Family Planning* 2007; 38 [4]: 297 - 306

³¹ *The Ethical Guidelines for the Practice of Forensic Psychiatry* developed by the American Academy of Psychiatry .

³² Code of medical Ethics, above note 11.

person' with regard to the Act means a person above 14, but below 17. Generally children under the age of 18 lack the capacity to make their own healthcare decisions. In some circumstances, the parent, guardian or the state steps in where it has been proven that the child obviously lacks capacity to make his own decisions³³.

But the issue that arises whether such parents, guardians can divulge medical confidences without the young person's permission. The inherent right to protect the dignity of the human person exists, even for children. A young person addicted to drugs may successfully hide the fact from his parents for several years. If however he fall into a coma occasioned by an overdose, an older sibling, friend or associate who is privy to his condition may reveal his secret. This in turn is confided by the parents to the physician to save his life. Where there is a later breach of such confidential information, can the young person sue, even though he did not directly reveal the information to the physician? Obviously, there may be a need to get the young person's permission before such disclosures. Sometimes, parents and guardians insist on being around when consultation is taking place. You find them giving out confidential information that the young person may have been hesitant to reveal. Should parents or guardian be around when a minor is relating confidential information to health care practitioner? The law has to be clear to delineate the instances when a person is regarded as not having capacity.

Is the concept of confidentiality still relevant today?

Mr. A. Siegler believes that confidentiality is a decrepit concept.³⁴ He notes that since it is practically impossible to respect confidentiality, then confidentiality cannot be said to be a right. Don Berkich feels that the reality of today is that unlike the past where the medical records of patients were made available to only few health workers, in today's world, statutorily, these records have to be made available to "various specialities, administration, insurance and even the government all become involved in treatment at one time or another". Berkich also goes on to note that Siegler's article was published in 1982, way before the existence of vast digital bases. "The existence of vast digital databases of patient/client information is an enormous complication for any attempt at respect for confidentiality, since records in digital format quickly and easily transmitted, copied, and 'mined' for data"³⁵. While patients have this mind - set that their information is confidential this reviewer believes that the problem of confidentiality will only get worse, as new improvements in technology continue to affect medicine.

³³ Martin R.G and Ann P.D; Children and the Law: Cases and Materials (2nd Edn.) Lexis Nexis.

³⁴ Siegler, Mark. "Confidentiality in Medicine: A Decrepit Concept". *New England Journal of Medicine*, Vol.307, No. 24, 9th December 1982), pp. 518 – 521. Outline by Don Berkich, University of Texas, CorpusChristi (By permission www.qcc.cuny.edu/SocialSciences/pp accessed Saturday 19/2/15

³⁵ A. Siegler, above note 34

Especially in the discipline of psychiatry, the issues pertaining to maintaining confidentiality are examined. “Confidentiality is essential to psychiatric treatment. This is based in part on the special nature of psychiatric therapy as well as on the traditional ethical relationship between physician and patient. Growing concerns between the civil rights of patients and the possible adverse effects of computerization, duplication equipment, data banks makes the dissemination of confidential information an increasing hazard.”³⁶ The Universal Declaration of Human Rights (UDHR) 1948 states that; “All human beings are born free and equal in dignity and rights”³⁷ The declaration goes further to state that ; “everyone is entitled to the ³⁸rights and freedoms set forth (in this declaration) without distinction of any kind such as sex, birth or any other status.” Given this position many disadvantaged patients such as psychiatry patients may seek confidentiality, despite their health status. Some may even argue that they need special protection as their emotional states are much more given to fluctuation than other patients.

CONCLUSION AND RECOMMENDATIONS

Despite the volatile nature of the doctrine of confidentiality, more and more actions are being taken against health practitioners. A patient may obtain an injunction restraining an unlawful breach of his confidence. He must however show that indeed there exists such confidence. Where there has been a breach, he may be able to seek and obtain damages. However, there arises a challenge especially in proving specific harm, injury or loss suffered. The Declaration of Geneva³⁹ has some pointers as to the continuing nature of confidentiality.⁴⁰ In the U.S case of *Swidler and Berlin v. United States*⁴¹ it was held that attorney – client privileges survives the death of the client. This can be juxtaposed to physician/patient relationship. Most ethical codes stipulate that such a duty exists. Some statutes may allow the administrator of the patient’s estate or relation to have some access to patient’s medical records. So the position is that the duty of confidentiality continues even after the patient’s death or the end of the doctor’s career.⁴² The issue of corruption has to be tackled squarely. It has been increasingly shown that there is a need to study how corruption undermines health care access and

³⁶ Section 4 of *The principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.

³⁷Article 1, UDHR

³⁸ Article 2 ,UDHR

³⁹ The Declaration of Geneva was adopted by the General Assembly of World Medical Association at Geneva, Switzerland in September, 1948. It is also referred to as the Hippocratic Oath, after Hippocrates [1760], a Greek, who is generally referred to as the father of medicine.

⁴⁰ Taken from J NI Ethics Forum 2006, 3:146 -153. See also the Hippocratic Oath.

⁴¹ 118 S.Ct. 2081 (1998).

⁴² Code of Medical Ethics. Above note 11.

outcomes, despite huge investments by the international donor agencies.⁴³ In Nigeria, despite concerted efforts by various administrations to improve the health care delivery system, accessible and qualitative health care is not always consistently available. “Funds intended for aid and investment flow quickly into the accounts of corrupt officials, mostly in banks in stable and developed countries, beyond the reach of official seizure and the random effects of the economic chaos generated by corruption at home.”⁴⁴

There is the issue of the poor salary structure of health worker. There seems to be no respite in sight from the government. This has led to the rapid increase in private practice. Most doctor who engage in private practice do so to make ends meet. Since in Nigeria, most medical centres are ill equipped, patient are often exposed to duplication of files. This is a situation where having given details of an illness in a government hospital for example, the patients is persuaded by the doctor to come to his private practice. In this case more health workers are exposed to the patients files, thereby further invading the patients personal records and in the case of diseases which have attendant stigma attached to them, the patients dignity is further eroded.

Confidential details are further eroded when fake or counterfeited drugs are procured. The National Agency for Food and Drug Administration and Control (NAFDAC) estimates that in 2002, about 41 percent of the drugs were counterfeit, while in the same year, the World Health Organisation (WHO) puts the figure at 70 per cent for fake or substandard drugs.⁴⁵ What this means is that the patient may have to start treatment afresh when his health condition does not improve due to incidence of fake drugs. Because confidence in certain practitioners may have been eroded due to ineffective treatment in Nigeria, they may resort to quacks, self medication or even herbalists. Add to this scenario is the incessant strikes in the health sector. Most patients or guardian or care providers for the elderly withdraw them from the hospitals on strike to new ones. Medical records are further duplicated, with more and more physicians handling the same matter. When confidential information concerning such a patient is leaked, it becomes difficult to ascertain who; in the long treatment chain may have breached such information. As such, no action may lie against any physician...

It is recommended that the issue of corruption be tackled squarely by The Dental and Medical Practitioners council to set examples of discipline. The government is also encouraged to have the oversight function of supervising the

⁴³ See Dr. RabiataHadi's article on "Corruption in the Nigerian Health Sector: Time to Right the Wrongs": <http://www.gamji.com/article6000/NEWS7913.htm>

⁴⁴ Adegboyega Kamorudeen and Abdulkareem Simiat Bidemi "Corruption in the Nigerian Public Health Care Delivery System" *Sokoto Journal of the Social Sciences* Vol. 2:No. 2 December 2012, p.98

⁴⁵ Yankus, w. "Counterfeit Drugs: Coming to aPharmacy Near You". American Council on Science and Health. www.acsh.org/publications/pubid.1379/pub_detail.asp

health sector be robust by putting seasoned administrators in place. We have the example of Dora Akunyili at Nafdac, and we can see that her successor at NAFDAC is still doing a wonderful job. Most people, especially the rural folk are not aware of their rights as regards breach of confidential information by health workers. Poverty and illiteracy contribute immensely to prevent people from access to legal aid in case of breach of confidential information. Enormous challenges confronting the rural folk relate not to feeling the impact of Local Government presence in the area of provision of healthcare. Moreso, there is not much awareness about the plethora of healthcare services at their disposal.

It is also recommended that governmental health awareness programmes be taken to the rural areas. A lot of ground has been covered in this regard as jingle abound in English, pidgin and native dialects. More awareness has to be created to enlighten people to let go of most age old traditional practices which may be harmful in the long run, and embrace government healthcare institutions. Also many young healthcare practitioners may be encouraged to stay on in rural areas if they have adequate housing, electricity and other amenities. This will raise the confidence of the people to relate better to stable doctors who are on ground, rather than consultants who come and go. In this matter, treatment will be improved as they can communicate confidential information. Consent forms may also be designed to get the patients consent before confidential information is passed across for statutory reasons or in the interest of the public. This is despite the fact that in some situations the patients consent is not required. But at least, the courtesy of getting across to the patient may reduce the shock of the breach of such confidences if he is totally unaware of it. This will reduce the amount of litigation our health care practitioners face, and further strengthen the integrity of our health care institutions.