



ASAM

American Society of Addiction Medicine

Public Policy Statement on Confidentiality in Physician Illness

Background:

Confidentiality of medical information has been recognized as an important component of medical care since the time of Hippocrates. If patient-specific medical information were routinely made available to the public, many persons in need of care would resist receiving medical attention until their illness had reached a more serious or critical stage, or would look for care outside of the mainstream healthcare system. If early diagnosis and intervention are goals worth pursuing, confidentiality of medical information must be preserved.

This need for confidentiality is especially important in the diagnosis and treatment of mental and addictive disorders, because of public misunderstanding, prejudice and stigma. However stigma is also attached to a wide range of other diseases including cancer, tuberculosis, AIDS and various neurological disorders.

Physicians, like other human beings, develop illnesses that require diagnosis and treatment. Many of these illnesses, from diabetes mellitus, arthritis and coronary heart disease to mental and addictive disorders, are capable of producing dysfunction or disability if not recognized and treated early. Like other persons whose occupations are critical to the public welfare, early diagnosis and successful treatment of physicians' illnesses, before impairment of professional functioning has occurred, is a matter of public concern.

In some cases, the physician who is ill does not recognize that fact. Denial is often seen in addictive diseases, but is also common in a variety of other physical and psychiatric disorders. Many states have developed Physicians' Health programs to intervene with impaired physicians and bring them into treatment, especially in early stages of illness, often before work-related impairment occurs. The success of these programs depends on their ability to guarantee confidentiality of medical information. Physicians' Health programs also have mechanisms to interrupt the practice of any physician who is practicing while so impaired that such practice activities create a danger to the public. Physicians entering these programs consent to abide by these rules. Thus, Physicians' Health programs have been highly successful, both in helping physicians and protecting the public.

For the above reasons, ASAM believes that the protection of the privacy of physicians and the confidentiality of their personal medical histories is in the public interest as well as the interest of physicians.

Recently, there has been an effort to require that physicians suffering from any illness that might potentially affect their ability to practice medicine reveal this information to patients and potential patients. This kind of public disclosure of personal medical information would encompass a wide range of diagnoses, and would violate the physician's right to privacy. Such a requirement would deter early diagnosis and treatment and cripple Physicians' Health programs.

Therefore, ASAM recommends that:

- 1. Physicians should have the same rights of privacy and confidentiality of personal medical information as other persons.**
- 2. Physicians providing diagnosis and treatment to their medical colleagues should not be required to report any aspects of their physician-patients' medical histories to governmental or other agencies in any manner not required for their patients who are not physicians.**
- 3. When applying for medical staff membership, for managed care provider panel membership or for employment, a physician should not be required to reveal personal medical information in a manner not required for other potential employees.**
- 4. Physicians should not be required to reveal their personal medical histories to patients, prospective patients or to the public.**
- 5. State programs to prevent and treat physician impairment should be strengthened, supported and well publicized, as the most humane and effective method of protecting the interests of the public and of physicians.**
- 6. The confidentiality inherent in state Physicians' Health programs should be recognized as an essential feature of such programs and should be protected.**
- 7. When patients (including physicians who are themselves patients) exercise their choice to keep their personal medical histories confidential, they are acting appropriately within their rights to protect their own privacy. Such actions should not be considered fraudulent or inappropriate concealment.**

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