

Confidentiality: More Complicated Than It Seems

One of the cornerstones of professionalism in laboratory medicine is an understanding of confidentiality. Our image of the total professional is someone who keeps the trust: patient test results remain confidential and they are not discussed with other professionals beyond their “need to know.” The issue of confidentiality is practically beaten to death in all allied health schools. Most students are required to complete a course in patient relations and medical ethics, and these courses usually produce a knee-jerk reaction when the “c word” is used: “We don’t talk about patients’ test results.”

This training in confidentiality is taught almost by rote. Students parrot words about not discussing patients’ test results without really thinking through the entire concept. Although instructors use specific examples of patient confidentiality violations, they do not emphasize the big picture—the concept that confidentiality extends beyond the patient; in fact, it applies to everyone in the workplace. *Webster’s Ninth New Collegiate Dictionary* defines *confidential* as “containing information whose unauthorized disclosure could be prejudicial to the national interest.” Simply put, maintaining confidentiality means not discussing other people’s business.

I have often witnessed laboratory personnel showing a lack of understanding regarding confidentiality. Let’s look at two examples in which the staff breached confidentiality without even mentioning a specific patient’s laboratory results.

In the first scenario, a hospital laboratory staff member goes to an appointment at her physician’s office, and the attending physician orders some laboratory tests. The physician knows that the staff member can have the tests performed at no cost at the laboratory where the staff member is employed. The patient requests, however, that the phlebotomy be performed in the physician’s office and that the tests be sent to a large reference laboratory by courier, at a greater expense, because she thinks the people in the laboratory “talk too much,” and her results will not be kept confidential.

In a second example, four members of the laboratory staff go out to lunch at a local restaurant. The tables are crowded; a lunch rush is in full swing. The laboratory staff members discuss their disillusionment with some of the staff physicians, disparaging the competence of a practitioner with comments like, “I wouldn’t take my family to her, and here’s why...” They also discuss the nursing staff and other health care team members. The criticism is overheard by several prominent community members, who later tell one of the hospital’s administrators, “There are some big mouths down there in the laboratory.”

Do these examples make you cringe? They really happened—and what is worse, none of the staff members involved had fewer than 7 years of experience. The staff members probably considered themselves the souls of discretion regarding patient test results, but to fellow staff members and to the community they portrayed a very different picture. Yet, many of us would have to admit that we have been in similar situations, overhearing—or even participating in—similar conversations.

In the first example, do you think the physician’s office personnel have a good opinion of the laboratory after hearing the laboratory staff member’s comments? Will the physician and staff encourage patients to use this laboratory, or will they become increasingly critical of the laboratory’s performance? I suspect that warning flags have gone up in the physician’s mind, making him or her a bit wary of the discretion of the laboratory’s staff. For patients with an overwhelming concern about confidentiality this physician may now bypass the hospital laboratory entirely and send the patient’s tests to a reference laboratory instead. Although the technicians at the reference laboratory may not be any more discreet than those at the hospital laboratory, the reference laboratory staff might not recognize anyone’s name among the many samples that are being tested. It is certainly no fun to gossip about the test results of a patient no one knows.