

**R**especting patient confidentiality takes the concerted effort of many parties, not just physicians; yet ethicists seem to direct most of their educational efforts toward physicians and nurses. Even then, it is often difficult for physicians and nurses to respect patient confidentiality given the size of the health care team, computer technology, and structural constraints of the buildings in which they work. I often ask myself the question, "Do I as a person who has studied and taught health care ethics for several years have a responsibility to teach health care providers about patient confidentiality when I myself am the patient?" Are ethicists ever "off duty"? Sometimes I talk with my students about my personal experiences as a patient, highlighting breaches of confidentiality I have witnessed. Do I neglect my responsibility as an ethicist if I only gather information for later educational use? Do I have a responsibility to take advantage of every teachable moment I see even if the pupil is not formally my student? Consider this fictional narrative which is based on my actual experiences as an ethicist/patient.

A resident always checks my eyes before my physician does when I go to the ophthalmologist's office. Today, the resident checks my eyes first and tells me the doctor will see me in a moment. Well, *I see* him now. He is across the hall talking to another patient. I know this because the doors to

## Ethicists Are Patients Too

both examination rooms are open. The doctor must think there is nothing private about an eye examination. His patient talks to him a little longer and I soon hear that she has received a Christmas present from her sister: a gift certificate for cosmetic surgery. She asks the doctor if the surgery will pose any risk to her eyes. I hear her say she is embarrassed about the upcoming surgery; she doesn't want certain people in her family to know about it. She explains to the doctor that she plans to tell her family she is taking a little vacation so that they won't try to find her while she recovers.

I wonder if she knows that I now know her secret? I'm sure she has forgotten the occasion when her son John introduced me to her in the grocery store. John is on my brother's baseball team. Should I explain to the doctor when he comes into the room that he might better respect his patient's privacy if he closes the doors? Is it my responsibility as an ethicist to do so? Sure, patients can request that the physician close the door when they have something private to discuss, but will some patients be too intimidated to take the initiative? Maybe they do not realize their voices carry so easily.

My doctor gives me a prescription for some eye drops and I drive to the pharmacy and stand in line. As usual, the line is long. One of my students, Kate, is at the front of the line. I hope she is not sick; I notice her face is red as she turns around to smile and wave. She is the student who frequently takes a natural law position in the ethics class that I teach. She argues, for example, that birth control is morally wrong because it violates natural law. She says she believes strongly that it is unnatural and against God's plan to use artificial means such as birth control to inhibit procreation. Well, the pharmacist carries six packages of Ortho-Tri-Cyclen to the counter and places them in front of her. He is slow to put them in a bag, and I notice Kate grabs them and puts them in the bag herself. The pharmacist says, "Don't be embarrassed, lots of young women take birth control pills."

Kate obviously feels like a hypocrite and is not very proud of herself at the moment. She knows

that I have seen her purchase. I feel that I am overhearing information that Kate has a right to keep private. It must be disappointing for her to have her privacy so blatantly disregarded. Am I a hypocrite if I call myself an ethicist and do not tell the pharmacist that I think his actions violate this customer's autonomy and right to keep information of a personal nature private? It is not my turn yet so I have time to think about this question.

The pharmacist calls out "Mr. Jones, your prescription is ready and would you like to pick up your wife's prescription too?" Mr. Jones seems perplexed. He says, "My wife didn't tell me she had a prescription filled. There must be some mistake." "No mistake, Mr. Jones. Your wife picks these up every six months." Mr. Jones tells the pharmacist he will take it. He quickly opens up the bag and seems angry, hurt, surprised, and confused. I can only guess what is in the bag but nevertheless, Mrs. Jones did not intend for Mr. Jones to know she was taking this prescription.

Maybe it was wrong of Mrs. Jones to keep a secret from Mr. Jones, but that notion is irrelevant to this case: the pharmacist has unwittingly leaked private information about the patient's medical history to the very person she wanted to keep the information from. People like to keep such information private for many different reasons: to keep themselves from harm, to avoid being stereotyped by others, and to avoid embarrassment. As an ethicist, do I have a moral responsibility to explain to the pharmacist why he wronged Mrs. Jones? Am I credible as an ethicist if I save these lectures for students and pass on these informal opportunities to teach health care professionals? Will health care providers be turned off to ethics if they are corrected outside the classroom by their ethicist patients?

What should an ethicist do as the family member of a patient whose doctor breaches patient confidentiality? What if Uncle Jim lies to the doctor about quitting smoking and the doctor naively asks the family how Uncle Jim gets so out

of breath now that he has stopped smoking and started exercising? Such a question reveals to the family what the patient told the doctor — information the patient didn't want the family to know. As an ethicist I would argue that this doctor has just wronged my family member and that I should tell her why she has wronged him. It is my responsibility to Uncle Jim, his physician, and the physician's future patients. But my heart says, "Thank goodness, now we know that Uncle Jim has been lying to the doctor; now the doctor can make better-informed recommendations for care."

In the end, even Uncle Jim was thankful that we had found out that he was lying. He needed his physician's support to quit smoking but he was too embarrassed to tell her. Does the positive outcome of breaching confidentiality justify the breach of confidentiality? Some would argue it does not. Another patient might have lost trust in the doctor.

This case further complicates my original question. Certainly, if the physician had known that I study and teach medical ethics, he might have withheld this valuable information. I feel fortunate to have learned about Uncle Jim's lie to his doctor. The breach of confidentiality benefited Uncle Jim, and he didn't seem to mind that the doctor disclosed information to the family. Was it morally permissible to take off my ethicist hat in this case? Certainly I would come down on the side of a patient's right to confidentiality if I were using this case in a classroom setting. How can I reconcile the feelings I have as a patient or family member with my duties as a medical ethicist?

Again, I ask, where do my responsibilities as an ethicist begin and end? Health care providers, ethicists and patients would do well to dialogue on this issue.