A Practitioner’s Response to the Final Report of the Select Special Health Information Act Review Committee

Mat Rose

The Final Report of the Select Special Health Information Act Review Committee (SSHIARC), released in October, 2004 should make any reasonable physician recoil in horror.

The Committee recommended that:

“31. The Act should be amended to mandate disclosure, without consent, to police services of:
- Patient name
- Address/location in facility
- Date of admission
- Name of physician
- Nature of injury

When:
- For purposes of obtaining a warrant or subpoena, and when the police have reasonable grounds to suspect that the person seeking health services has been involved in some form of criminal activity; and make a request for that information, or
- A custodian has reasonable grounds to suspect that the person seeking health services has been involved in some form of criminal activity

32. The Act should be amended to mandate disclosure of limited health information without consent to police services where a custodian has reasonable grounds to suspect a prescription reveals or tends to reveal that an offence has been committed or is being attempted, including the individual’s name, address, date of birth, personal health number, the drug, dosage, prescriber’s name and address, a copy of the prescription, and any other health information contained on the prescription.

33. The Government of Alberta should consider introducing separate stand-alone legislation requiring mandatory reporting by custodians to police services of gunshot wounds, stabbing and severe beatings.

34. The Act should be amended to allow the disclosure of health information, without consent, by Alberta Health and Wellness or other custodians to police services where there is reason to believe that an individual has committed fraud in obtaining Alberta Health Care Insurance coverage, health services or health benefits from the publicly funded health system.”

I am a general practitioner practicing at Edmonton’s inner city clinic. A high proportion of my patients include addicts, prostitutes, and people accused or convicted, or both, of any number of criminal offences. I frequently treat individuals who have been beaten, stabbed, raped and otherwise assaulted. Other patients routinely engage in criminal activity, such as drug dealing, to finance their addictions. While I
do not in any way approve of these activities, I understand
the exigencies of their daily lives. I therefore have a real and
immediate interest in the recommendations of the Commit-
tee, for those recommendations would directly affect how I
provide care to my patients.

I am directed by education, experience and ethics to provide
medical care to those who require it. I have neither the train-
ing, knowledge nor inclination to act as an adjunct to law
enforcement. The Committee’s recommendations, if
adopted and passed into law, would require just that.

First, it is necessary to explain the role of the health care pro-
vider in the treatment of individuals who may be involved in
criminal activity. Generally, people with addictions, prostitu-
tes and those with mental health disorders act out of the
dictates of their mental, physical or social conditions, rather
than by inclination. The vast majority of my patients do not
take pride in their behaviours; rather, shame and a desire to
be rid of the burden of criminal activity is a great motivator
in their desire to change. These people come to us for under-
standing, assistance and compassion. Furthermore, no
healthcare provider wittingly assists an individual in contin-
uing criminal activity.

The law in Alberta already requires reporting to appropriate
authorities, including law enforcement, in certain situations.
Examples are instances of suspected or confirmed child
abuse, or where the safety of another person is at risk. This is
important to protect the lives of those who are unable to
defend themselves. All healthcare providers recognize the
validity and necessity of such legislation.

However, I interpret the recommendations of the Committee
as requiring that the physician assume the responsibility for
the safety and wellbeing of society as a whole. This implies
that the physician’s first responsibility is to the society, and
secondarily to the individual patient. This is not the role of
the physician or any other healthcare provider in our society,
nor can one easily envisage a time when this will be the case.

The relationship between the patient and the physician is the
core of healthcare in our society. It is at this level of personal
interaction that understanding, compassion and assistance is
strongest in effecting change. Any interference with this
relationship, such as that recommended by the Committee,
would in fact reduce the chances that individuals might rec-
ognize and act to change behaviours that are detrimental to
themselves, others around them, and society as a whole. The
recommendations of the Committee are, in my opinion, con-
trary to their ultimate goals of reducing criminality and
increasing responsible, healthy and productive functioning
of the people who comprise our society.

I believe the goals of a just society include reduction of
criminal activity and improved health through understand-
ing, education and compassion. People must be able to con-
sider their physicians, or other healthcare providers, as a
source of aid and compassion. Without that guarantee, there
can be no trust. Without trust, there can be no therapeutic
relationship. Without the therapeutic relationship, there is
little chance of change for the better.

The primary and overriding responsibility of physicians and
all healthcare providers is to the patient. While every physi-
cian should consider the broader aspects of health in the
community, and the wellbeing of that community, it is con-
trary to all that society believes to expect physicians to
assume a role, even indirectly or peripherally, that compro-
mises their integrity in providing compassionate care.

The recommendations of the SSHIARC are fundamentally
opposed to the best interests of society, in that they compro-
mise the role of healthcare providers to the degree that more
harm than good would come of enacting those recommenda-
tions. It is my opinion that all reasonable, ethical and com-
passionate healthcare providers must reject these
recommendations.

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monton, Alberta.

1. Alberta, Legislative Assembly, Select Special Health
Information Act Review Committee, “Final Report”
(October 2004) at iv, online: Review of the Health In-
formation Act <http://www.hiareview.assembly.ab.ca/