One of the greatest challenges faced by all managers of personal health information is how to maintain patient confidentiality and information privacy. This is a daily trial, easily identified by anyone who has worked with patient information for any length of time. We hear a lot about the issues related to maintaining the integrity and confidentiality of patient information in the context of electronic data storage and transfer. We don’t hear a lot, though, about the low-tech front line of confidentiality — the local hospital.

The importance of confidentiality becomes more obvious and immediate when the health service is located in a small town, and New Zealand, like Australia, has many such communities, some of which are surprisingly isolated. I recently spent some time in one of the most isolated New Zealand communities, the Chatham Islands, where not only does everyone know everyone else, but they’re usually related to them as well.

The Chaths are a small archipelago located about 860 km east of mainland New Zealand, separated by more than 700 km of ocean from any other inhabited land mass. The seas around the Chaths are renowned for their abundance of lobster, abalone and various fish, but are described even in the tourist literature as often savage. The two largest islands, Chatham and Pitt, are the only two permanently inhabited islands in the group, with populations of about 712 and 35, respectively.

The Chatham Islands Health Centre is located on the larger island. This medical centre has a four-bed hospital and a medical clinic. It is staffed by a doctor, nurses, a midwife and some local carers. The Health Centre is administered by the Hawkes Bay District Health Board, over 700 km away in Napier, on the east coast of New Zealand’s North Island.

The ambulance service on the Chaths is staffed by volunteers 24 hours a day, and anyone who requires more specialised care than that which can be delivered at the Health Centre is flown (weather permitting) back to either Christchurch or Wellington for public hospital treatment.

Maintaining the confidentiality of patient information in such a close community is a daily challenge; the mere presence of the Health Centre’s large, muddy 4WD vehicle at someone’s house can prompt queries about the person’s health. There is no doubt that this interest is well meaning, but disclosure of any information about the visit is effectively a breach of confidentiality.

Many health professionals work in such close environments as this, and are acutely aware of the need to safeguard the information entrusted to them by patients. Confidentiality is crucial to clinical practice. The patient’s reliance on the confidential nature of his or her disclosures has always been necessary in order to engender trust between the patient and the person treating them. This relationship is no less important in larger centres, but is perhaps slightly more difficult to maintain in small communities. Having lived and worked in many small, isolated country areas, I can appreciate the tension between everyday reliance on the social networks of the area, and the need to protect the information available through the course of daily work in the local hospital.

Most health information is highly sensitive and, if improperly disclosed (even inadvertently), may be used to discriminate against the person concerned, or misused in other ways. There is an often-heard idea that some health information is somehow more confidential than other information: for example, that the result of an HIV test is more confidential than an address or date of birth. Without being aware of the context, however, and without understanding the circumstances under which that information was given by the patient, we as health information managers should treat all health information as equally confidential, whether or not it appears as innocuous as an address.

We are all aware that the primary use of personal health information is to provide care and treatment to the patient. But there are also a variety of secondary purposes for which it is used within the health sector, including:

- quality assurance activities to improve the quality and safety of health care
- billing
- service planning
- data collection to support monitoring and advancement of the population’s health
- analysis of service utilisation
- teaching
- research.

As the number of authorised users increases, so too does the challenge to ensure all users understand and accept their responsibilities and obligations with respect to patient confidentiality and privacy of personal health information.

As the use of health information increases and diversifies, so should our vigilance as a profession on maintaining the confidentiality of that data. It is inextricably tied up with the essence of our role.

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Guest Editorials