

# IRISH MEDICAL TIMES

## Confidentiality used as an ‘excuse’ not to engage with carers – CPsychI

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Poster winners, L to R: Judges Dr William Flannery and Dr Sabina Fahy; winners Dr Mary Butler (Audit); and Dr Hugh Ramsey (Health Services Research/Service User Category); and College President Dr Anthony McCarthy

### By Catherine Reilly.

Patient confidentiality is sometimes used as “an excuse” by psychiatrists not to engage with carers of patients who have waived confidentiality, a new paper published by the College of Psychiatrists of Ireland (CPsychI) has stated.

The discussion paper, ‘Who Cares? Listening to the Needs and Experiences of Carers of People with Mental Illness’, was prepared by the carers’ subgroup of REFOCUS (Recovery Experience Forum of Carers and Users of Services).

CPsychI’s REFOCUS group is comprised of 10 service users and 10 family members and is collaborating with the College to improve psychiatrist training and identify ways of advancing mental health services.

The issue of confidentiality was “sometimes hidden behind” in order to inhibit a wider engagement between the clinician and the carer, stated the paper. There was “absolutely no reason” for such “diffidence” on the part of the clinician, where the patient had given consent to their carer being fully engaged in instances where the carer also wished it, although the “time-consuming” nature of such engagement for psychiatrists was referenced.

If carers were to be fully informed in instances of patient agreement, there may be a need for protocols to put this into practice, it suggested. While carers “fully respect the right to privacy of patients”, they wish to support the patient and clinician in the process of recovery and, in this context, “the provision of appropriate and agreed information is crucial”.

The paper said protocols might investigate the possibility of “bounded confidentiality” — whereby a “sample consent form would be provided to the patient which would set out areas capable of being discussed with a carer and areas which the patient might not want to be discussed. It is recognised that such a protocol would not be necessary in all, or perhaps even the majority, of cases”.

When the patient withholds consent, “there would be no question of a waiver of confidentiality”.

The paper noted that a difficulty could arise where the patient was too ill to give informed consent to the waiver, but that there were mechanisms that addressed the issue of incapacity and these may be further developed in the proposed Assisted Decision-making (Capacity) Bill.

One approach could be to provide for the possibility of an “advance directive” recorded on the patient file while the patient was well, “or the waiver of confidentiality might be allowed where an appropriate process is in place”.

Elsewhere, the paper referred to the biannual rotation of registrars causing “extraordinary frustration” for patients and carers, as case histories “have to be recited over and over again”.