

Condition checks

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Condition check SOP

A health services provider first and foremost has a duty and responsibility is to its patients and clients. This responsibility includes protecting a patient/client privacy and guaranteeing the confidentiality of their treatment. A patient/client's right to privacy surpasses the media's desire for information—even if some of the information can be considered a matter of public record.

Since Monday 9th May 2011 the Health Service Executive (HSE) no longer provides the media with the condition or status of any patient or client in the care of the HSE (known as condition checks). This is in line with Data Protection and has been approved by the Data Protection Commissioner.

Patients/clients in the care of the HSE are entitled to expect that information relating to their medical status or treatment will remain private and are not divulged to external organisations or individuals.

The exceptions to this SOP are:

- 1. When a Major Emergency Plan (MEP) is activated at local, regional or national level. In this instance casualty updates will be issued by the relevant hospital clinician or service manager as indicated in the MEP at an appropriate time and venue as the situation warrants. Updates will be placed on the HSE website www.hse.ie to ensure that the media and public can access the latest information on casualties
- 2. Where an individual patient or next of kin requests the HSE to issue information on their behalf; the HSE Communications Department will offer that service and support to the patient/patient family. Please note a consent form must be completed by the patient/family in this case (Appendix A).
- 3. Where a high profile patient or service user has a corporate or personal communications service, the HSE Communications Directorate will liaise with them to provide information once the patient has given consent. The corporate or personal communication service will liaise with the media directly.

Releasing patient/client information is incompatible with health service obligations to unenumerated privacy rights that patients have through the Constitution and Article 8 of the European Charter for Human Rights. The HSE has also considered the requirements of the Data Protection Commissioner and the legal duty to our patients and clients. The content below from the Data Protection Commissioner's Office refers to individual patient information and the Data Protection Commissioner is supporting this stance by the HSE.

The confidentiality of patient records forms part of the ancient Hippocratic oath, and is central to the ethical tradition of medicine and health care. This tradition of confidentiality is in line with the requirements of the <u>Data Protection Acts 1988 & 2003</u>, under which personal data must be obtained for a specified purpose, and must not be disclosed to any third party except in a manner compatible with that purpose.

Giving personal information is also contrary to the HSE Media Relations Protocol which states:

PATIENT/CLIENT CONFIDENTIALITY

The HSE places great emphasis on the need for strictest confidentiality in respect of our patients and clients. Every patient and client in the care of the HSE is entitled to the reassurance that the HSE will not comment on the particular circumstances of their case or engage in public debate on private matters or permit to them being photographed or other media intrusion while in our care without permission. It is for these reasons of patient/client confidentiality that the HSE will not comment on the clinical nature of individual cases.

Information relating to fatalities will continue to be released by an Garda Siochana who are already charged with responsibility for notifying next of kin following fatalities.

Condition Check Consent Form

(insert patient name) Communications Department to provide inforr corporate/private PR service) in relation to the	nation to the media (or to a
Patient consent	
I consent that I am happy to release information relating to	my condition to the media.
Patient's name (print)	_
Patient's signature(o	r next of kin if patient is incapacitated))
Hospital/Service location	_
Date:	_
Place patient label below (if available)	

Please place a copy of the consent form on the patient/service user record.