SCOPING REVIEW ON PHYSICIANS' OBLIGATION TO MAINTAIN PATIENT CONFIDENTIALITY

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Abstract

Protecting patients' confidentiality is an essential practice that is key to achieving successful healthcare provision. Physicians are always obligated to maintain patients' confidentiality at all costs. The road towards ensuring that physicians play their part in fulfilling this obligation has not always been clear. Many strategies have been devised to help bring clarity and avoid data breaches. Scoping review research about this issue was conducted with the aid of the Arksey and O'Malley framework. Multiple studies and articles were reviewed using medical databases such as Web of Science, Google Scholar, ProQuest, MEDLINE, and Scopus. The keywords in searching relevant studies and articles were privacy, confidentiality, and physicians' obligation on confidentiality. Target websites were also used relevant websites containing information on patient rights and confidentiality. Full-text studies and abstracts were independently screened using prespecified inclusion and exclusion criteria. The literature included was focused on protecting patient confidentiality and why it is key to achieving successful healthcare provision. Using quantitative and qualitative analysis, the data collected will be analyzed to reach findings that are free from bias. Through the database searches, it is expected that many results will be retrieved due to the many studies that have been done on the study's objective. This helped with drawing conclusive findings that would assist in future research on protection of patient confidentiality especially with the sector's increased adoption of technology.

Keyword: Confidentiality/privacy, physician-patient relationship, physician, ethical medical practice.

1.   Introduction

In ethical medical practice, privacy and confidentiality are critical features and of great importance to patients. Several medical councils and other medical organizations regard this confidentiality as an ethical obligation. The right to privacy and confidentiality is the right of every individual. Preserving patient confidentiality is dictated in the infamous Hippocratic Oath and is one of the oldest healthcare practices. Privacy usually refers to the level of control of how much, when, and circumstances under which they can disclose information of their physical, behavioral, or intellectual life with others and who can access their personal information. On the other hand, confidentiality implies the provision of personal information to another person with the hope that they will not reveal it to anyone (O'Brien, 2012). Accordingly, in the healthcare sector, it is expected that the information trusted to the physicians in a clinical context should never be revealed to third parties. Inasmuch as that is the case, disclosing patient data still frequently occurs in different clinical settings and departments, and unfortunately, the healthcare personnel are the perpetrators (McNeely et al., 2018). In this review, the scoping review has been applied to map out physicians' obligation in maintaining patient confidentiality. Much thought is given to physicians' knowledge, perceptions, and attitudes concerning patient confidentiality and data sharing in understanding this topic.

Scoping Review

Scoping studies represent an increasingly popular approach to reviewing research evidence. However, no universal scoping study definition or purpose exists. Definitions commonly refer to 'mapping,' a process of summarizing a range of evidence in order to convey the breadth and depth of a field. Scoping studies differ

from systematic reviews because authors do not typically assess the quality of included studies (Hamel et al., 2021). Scoping studies also differ from narrative or literature reviews in that the scoping process requires analytical reinterpretation of the literature. Researchers can undertake a scoping study to examine the extent, range, and nature of research activity, determine the value of undertaking a full systematic review, summarize and disseminate research findings, or identify gaps in the existing literature. Researchers can use scoping studies to clarify a complex concept and refine subsequent research inquiries. Scoping studies may be particularly relevant to disciplines with emerging evidence, such as rehabilitation science, in which the lack of randomized controlled trials makes it difficult for researchers to undertake systematic reviews (Hamel et al., 2021). In these situations, scoping studies are ideal because researchers can incorporate a range of study designs in published literature, address questions beyond those related to intervention effectiveness, and generate findings that can complement the findings. The review sought to recognize difficulties in obtaining evidence of findings where little or no research has been conducted, thereby ironing out the difference between the essence of systematic studies in regions and zones of the research endeavor. As such, scoping review do not note research gaps, especially in instances where the research itself is of low quality since quality evaluation, to a small extent, shape a portion of scoping study. Generally, the recognition of research gaps is unmistakably significant since it prompts the need for a full systematic review.

The issue of confidentiality has been acknowledged as being a global concern; therefore, internationally agreed recommendations and guidelines have been enacted to help protect privacy. These guidelines and recommendations have been used in several developed countries such as the US and the United Kingdom. The Data Protection Act was implemented in the late twentieth century and recently updated to incorporate the new technological changes (Carey, 2018). The Act's development aimed to protect and lay down rules on how best data about people could be used. Physicians' comprehension of these codes of ethics and laws is critical in maintaining ethical practices. The level of investigation on knowledge related to ethical codes and data security laws and sharing that physicians have done is very little. There is the need for all physicians and healthcare professionals to stay informed of patients' rights (Mohammadi, et al., 2018). The realization of an integrated approach in the healthcare sector can best be achieved through physicians' persistent inclusion of patients' rights in their actions. The good thing with the reviewed study is that it addresses the widely emerging trend of patient data sharing information and confidentiality among physicians with further looking at their comprehension of patient confidentiality.

2. Methodology

The scoping review method originally advanced in Arksey and O'Malley and later improved and elaborated in Levac and recommended in Colquhoun was adapted in the scoping review. The procedure for scoping review methodology involved a five-step heuristic that includes identifying research questions, identifying relevant studies, study selection, charting the data, collating, summarizing results, and reporting the results. The process is illustrated in figure 1.
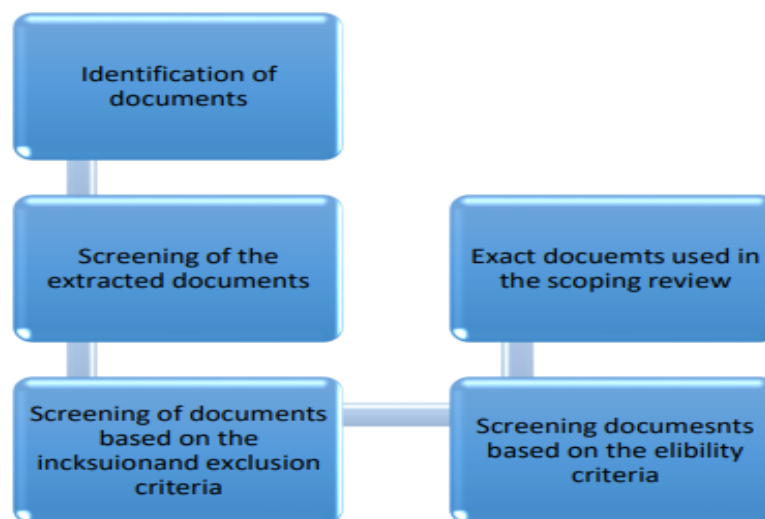

Figure 1: Scoping review process

2.1 Scoping horizon

The scoping review encompassed peer-reviewed articles written between January 2000 and December 2020. This time span was considered since it was the period when rigorous technological advancement started being witnessed, and more priority was focused on improving healthcare in many countries. It was a time when physicians' obligation to maintain patient confidentiality was not deeply adhered to even though the laws were there, and as time progressed, they started being knowledgeable. Nonetheless, little or no studies were being done on this topic since it had not yet resurfaced as a problem that required people's attention.

2.2 Study selection

In this scoping review, five major databases were used to search for articles. These databases included Web of Science, Google Scholar, ProQuest, MEDLINE, and Scopus. As found in the literature review, particular articles were checked from 2000 to 2020. The search output for the five databases was combined as knowledge of physicians' obligation to maintain patient obligation after screening out any duplication using the Mendeley bibliographic software. The filtration involved searching the article's year of publication, country of publication, chapter in books, and conference proceedings. One thousand two hundred thirty documents were obtained based on that selective search.

2.3 Eligibility Criteria

 The inclusion and exclusion criteria were used to sift the 1,230 documents based on whether they address any physicians' obligation to maintain patients' confidentiality. The document's aspects to be included in the scoping review are contained in the inclusion criteria. The exclusion criteria are additional features found in an otherwise relevant document, which disqualify it from being included in the review. At the end, only 597 documents were eligible for use in scope reviewing and they were obtained from different countries as shown in fig 2.

Figure 2: Country of origin of the articles

Table 1: Summary of criteria used in the scoping searches

Inclusion Criteria	Exclusion Criteria
o Written in the English language	o Literature reviews
o Must be from health related field	o Conceptual

o	From 2000-2021 time span period	o	Books
o	Must be empirical study		
o	Must be an antecedent of physician obligation in maintaining patient confidentiality		

The different reviewed studies were mainly publications of British Medical Journal (BMJ) as shown in figure 3.
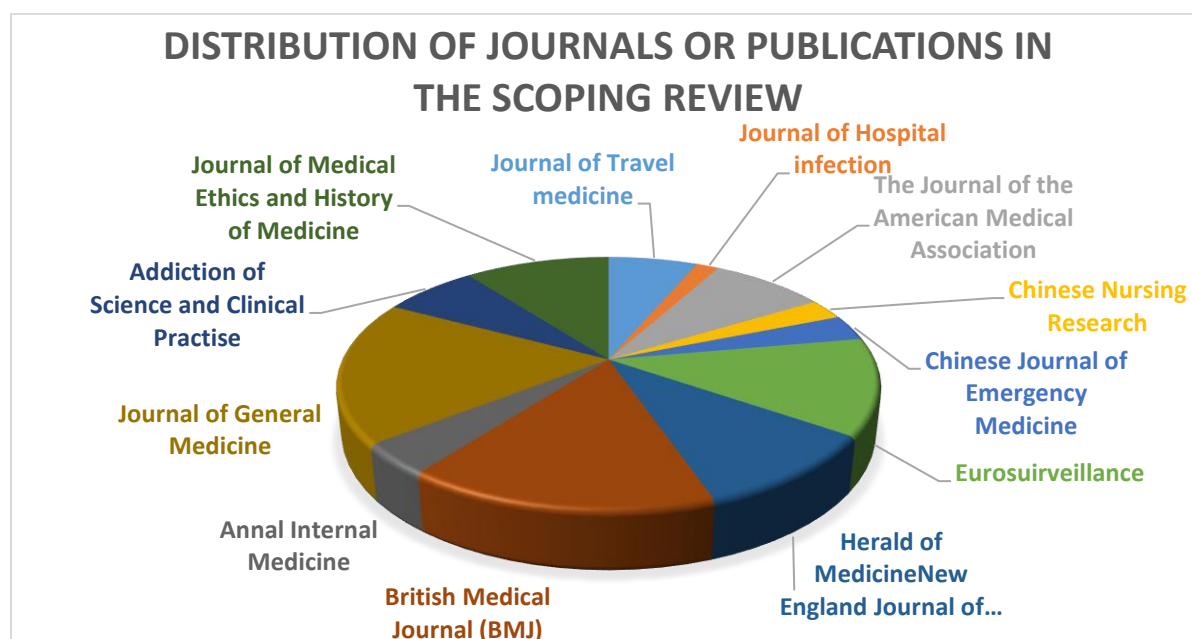

Figure 3: Distribution of journals in the Scoping Review

Table 2: Journal distribution in scoping review

Article	Percentage (%)
Journal of Travel medicine	6.4
Journal of Hospital infection	1.6
The Journal of the American Medical Association	8.3
Chinese Nursing Research	2.6
Chinese Journal of Emergency Medicine	3.3
Eurosurveillance	12.4
Herald of Medicine New England Journal of Medicine	10.1
British Medical Journal (BMJ)	15.7
Annal Internal Medicine	4
Journal of General Medicine	18.4

Addiction of Science and Clinical Practice	6.8
Journal of Medical Ethics and History of Medicine	10.4

The studies reviewed were descriptive in nature, representing 53.3%, whereas the rest were analytical; hence, they involved different complicated research designs such as case studies, observational designs, and experimental designs, among others. Carrying out analytical studies is usually difficult, which shows why most of the reviewed studies were descriptive in nature. Descriptive design is usually a sought-after design since it provides the avenue for conducting and completing a study in the shortest time possible compared to analytical studies.
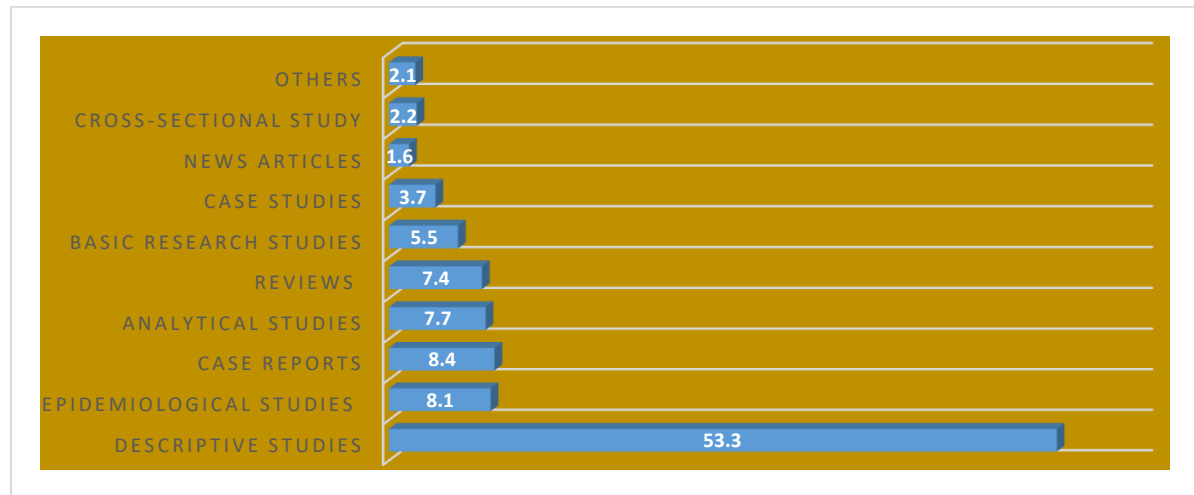

Figure 4: Characteristics of studies included in the scoping review

The studies extracted from Web of Science were 194, followed by Scopus at 150, MEDLINE at 88, then Google Scholar at 85, and last ProQuest produced 80 articles. The commonest genre on which the study focused on physicians' obligation to patient confidentiality. The other articles were about patients' and physicians' knowledge, perceptions, and attitude about privacy and confidentiality. Others focused on ethics and guidelines that the physicians must comply with and the challenges encountered in enforcing them.

3.   Discussion

The review indicated that most of the studies carried out were mainly done in developed nations. Until 2010, studies conducted in the developed countries dominated, but that changed in 2010 moving forward. Inasmuch as that was the case, none of the selected studies were found to be conducted in any African country. This discovery was intriguing because Africa has been grappling with a considerable number of diseases that have seen physicians releasing information of patients ailing from these diseases to the public. Moreover, the continent is increasingly being developed, and many physicians are getting into the field to help discharge their services to humanity. The big question is whether these physicians are knowledgeable about maintaining patient confidentiality, especially in today's world where everything is digital (Karasneh et al., 2021). It would have been interesting to know if African physicians comprehend their obligation in safeguarding patients' private information. We call on researchers to take advantage of such an opportunity and conduct research to fill the gap. These future studies can conduct several case studies probably in different countries scattered across Africa to observe and interview the physicians on the knowledge about privacy and confidentiality of patients.

The scoping review did also reveal that few studies focused on the challenges of confidentiality in clinical settings and how they sought to overcome them. Management issues, physician-patient relationships, and organizational ethics were the three main problems revealed in these studies. They revealed that even though

the world was advancing technologically, confidentiality had not been respected. Despite the effort put into maintaining confidentiality, the breach of confidentiality is unavoidable but not necessarily unethical. Many of the revealed breaches indicated that the physician was aware of the confidentiality but did not know how best to avoid the breaches (Chan, 2013). Based on this, the study provided a preliminary draft for ethical guidelines to assist in the maintenance of confidentiality and circumstances in which breaching confidentiality would be considered ethical. Inasmuch as these guidelines exist, some challenges were multidimensional and thus required more investigations from the ethical, social, and legal aspects. Confidentiality in relationship with social media, child abuse, detention setting, designation of system audit, and confidentiality after death were not included in the draft of ethical guidelines (Petronio et al., 2021). The drafted ethical guideline was the first on confidentiality in clinical settings that focused on addressing the common ethical challenges and confidentiality scope. The compiled guidelines helped the medical professionals have an ethical approach towards confidentiality. Still, the multidimensional nature of challenges of confidentiality faced by physicians requires further studies from legal, ethical, and social aspects.

The scoping review also indicated that over 20 percent of the different studies conducted on physicians' obligation in maintaining patients' confidentiality revealed that not many patients are aware that physicians should maintain privacy and confidentiality. The weak or moderate awareness of privacy and confidentiality among patients resulted from the physicians' negligence (Mohammadi, et al., 2018). It is the ethical and professional responsibility of the physicians to train and observe issues pertaining to privacy and confidentiality and purpose to make sure that the patients are aware of them. These studies showed that the awareness might be effectively provided upon admission or any other time the physician may deem appropriate. The appropriate means are by word of mouth or written media such as brochures, pamphlets, and booklets (Peterson, 2018). Nonetheless, based on these study's conclusions, the need to develop and implement a plan for raising patients' awareness of confidentiality and privacy was critical. Therefore, this gap opened an avenue for further studies focused on the impact of these interventions surrounding patient awareness of privacy and confidentiality.

A further comprehensive review of the articles included in the scoping review revealed that most researchers provided guidelines that failed to grade the quality of evidence and the strength of recommendations. This was evident in studies of Karasneh et al (2021), Peterson (2018), Beltran-Aroca (2016), Burns (2012) and Chan (2013). The majority of the cases in these studies reflected on the emerging health emergencies that, on many occasions, were on breach of confidentiality, but it was advisable for consideration of the existing guidelines and prevention mechanisms to be applied regardless of the emerging health emergencies. World Health Organization (WHO), among other health-based international organizations, have thus focused on establishing new guidelines to help contain the different dynamics of the emerging health emergencies. WHO suggests that in the event of a global health crisis, a rapid review of the problem should be conducted instantly to establish the different dynamics attached to the problem. Establishing the different dynamics associated with the problems may be key in knowing how physicians address patients' privacy and confidentiality. Though helpful, the time limit presents the difficulty in devising mechanisms or strategies that can address the privacy and confidentiality aspect of the health problem.

4.   Conclusion and Recommendation

The scoping review conducted to ascertain the physicians' obligation to maintain patients' confidentiality indicates that a considerable number of research studies and review articles have been written on the issue. This number of articles has gradually increased as the world becomes technologically advanced and people become enlightened about their rights. Physicians have based their understanding of patients' privacy and confidentiality on reviewing these articles. These studies provide various instances and research that help them become knowledgeable.

Physicians' comprehension of privacy and confidentiality in the medical sector is actively taking shape, and thus more studies are being done to try and address every angle of this problem. It is evident from the articles reviewed that inasmuch as the physicians have a prior understanding of the importance of protecting patient confidentiality, they continue to commit frequent sharing of patients' data with unauthorized people in their medical practice. This forms one of the many gaps that the scoping review has identified in most of the past studies conducted, and thus, in the future, researchers may be in a better position to establish ways of filling the gaps.

The articles reviewed point to a need for more research, especially about the effective mechanisms critical in stopping physicians' act of sharing patients' data. Many of the existing studies that were reviewed have focused much on physicians' knowledge about privacy and confidentiality of patients' data and how the different ethical guidelines seek to stop any breach from happening. As such, these studies have largely been focused on knowledge, problems associated with upholding or disclosing private patient data, and ethical guidelines. Less focus has been given to the changing world of technology, making it easier for data breaches. This, therefore, calls for more clinical studies to establish the most ideal way that can be used to contain the breach menace among the physicians and consequently improve the relationship between patients and the physicians. It will also be more fulfilling if the researchers review more emerging studies or articles being conducted or written about physicians' obligation to maintain patient confidentiality. The more scoping review done on these articles and studies, the more evidence is collected that is essential for the continued development of different guidelines and policies for privacy and confidentiality in the medical sector will be gathered. Thus, healthcare professionals will be better placed to develop helpful guidelines.

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