

FIGO Human Rights and Women's Health Case

The clinic lacks privacy

This case highlights the right to privacy while receiving health care, which encompasses decisional, physical, and informational privacy. In the health care context, decisional privacy affirms the human right to make health care choices without the intervention of others, including family members or the state, and supports autonomy. Physical privacy affirms the right to allow or deny providers the right to examine or treat, but even if permission is given, it still requires careful protection from unnecessary or embarrassing bodily contact or exposure. Informational privacy underpins the issues of confidentiality.

“Privacy” is sometimes considered a synonym for “confidentiality,” but legally there is a distinction. Confidentiality refers to the duty of providers and others who receive private medical or health information on patients to keep secret or private the information they receive. Because of the sensitivities and stigma surrounding sexuality and reproduction, protection of privacy and confidentiality is particularly important in sexual and reproductive health care. (Cook 2003)

Learning objectives

For physicians to competently apply this principle to daily practice they must be able to:

- Conduct the consultation, examination, and treatment of the patient in a private space and in a manner that ensures privacy and respect.
- Recognize when there is a need for a third party or chaperone to be present.
- Maintain patient privacy in the presence of a chaperone or other individuals invited by the patient.
- Acknowledge and accommodate varying cultural attitudes towards modesty.

Note that although the case highlights the right to privacy, it also addresses a variety of other ethical, human rights, and policy issues. Similarly, although the medical issues of the case focus on the issue of teaching while practicing in a busy clinic, the standards of practice are applicable to many clinical education situations.



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Case study

R.L. is a medical student at the teaching hospital in the capital city of a developing country. She has heard that women in the area generally know that when they attend the hospital's gynecology outpatient clinic, they will be interviewed and examined by student doctors and nurses along with the teaching consultant. R.L. is one of six students assigned to work with Professor M.S., who has a reputation as an excellent teacher and clinician. Today R.L. joins three other medical students and two nursing students to learn to perform vaginal speculum examinations.

Professor M.S. and a female nurse see patients in a clinic room that has no curtains or partitions. During the consultation, the women must remove their clothes in full view of the students. The consultant does not ask the women if they are agreeable to the students being present at the consultation and does not seek the patients' permission to teach the students how to place a vaginal speculum.

C.P. is a 32-year-old patient who is being seen in the clinic for heavy bleeding and a lower abdominal mass. She is embarrassed and distressed by the large number of people in the room and by the fact that she is menstruating. She asks R.L. whether it is absolutely necessary for them to remain while she undresses. When R.L. relays this query to Professor M.S., he retorts, "She knows she has come to a teaching hospital. I cannot have all the students leaving the room every time I ask a woman to undress and lie on the examination table, and then re-enter to watch my examination. We do not have enough time to offer women that degree of privacy in this clinic – and manage to get through 30 patients in the same morning. Tell the patient to undress or to come back another time."

Questions for discussion

1. What are the medical issues in this case? Specifically:

a. What is the differential diagnosis for the patient's symptoms?

The most common causes for heavy bleeding with a palpable abdominal mass are uterine leiomyoma, adenomyosis, and pregnancy complications. Other causes such as cervical or endometrial cancer or ovarian tumors are also possible.

b. What are the most likely health and social consequences of the failure to respect this patient's privacy?

If she is seen under these circumstances, the patient's embarrassment may discourage her from following through with recommended testing and treatment at this facility.



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If she leaves the clinic and delays examination, with her symptoms undiagnosed, she will suffer the sequelae if her condition progresses. Untreated persistent bleeding of any kind may result in anemia, causing fatigue. Progressive enlargement of leiomyomata may lead to hydronephrosis and associated renal complications, and untreated malignancies usually result in substantial disability and eventually death.

In addition to the effect on the patient, the teacher is modeling disregard for patient privacy to the students. The students may then adopt similar behaviors, perpetuating practices that do not respect patients' rights.

2. Using the Integrating Human Rights and Health Checklist, identify the human rights that were infringed in this case.

The most obvious right breached in this case is privacy. When the right to privacy is violated, the patient's other rights are affected, including her right to health, to information, and to benefit from scientific progress.

Human rights obligations require states to assess how their health care policies and related measures address the health rights of women from the unique perspective of women's needs and interests, which sometimes differ from men's, for instance with respect to confidentiality. Although both men and women have the right to privacy regarding health care, owing to the stigma around women's reproductive health, women in particular may be deterred from seeking advice and treatment when this right is violated, adversely affecting their health and well-being.

The right to health obligates states to ensure that services are acceptable (see Case #2). This requires that health facilities, goods, and services must be respectful of medical ethics and culturally appropriate. International human rights standards require that culture cannot be used as an excuse to violate human rights. Acceptable services ensure that a woman gives her fully informed consent and that providers respect her dignity, guarantee her confidentiality, and are sensitive to her needs and perspectives.

3. How might privacy policies and practices of this clinic have an impact on the health of women in the community?

Although the lack of privacy in this clinic may appear to create an efficient work flow, it breaches patients' rights to privacy and may lead patients to avoid clinical care. They may find themselves unable to fully participate in decision-making owing to embarrassment and discomfort. As more women hear from their peers of the disrespectful attitudes of the clinic staff, fewer are likely to present for preventive measures or early diagnosis of disorders. Some will visit traditional healers, because



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they are more comfortable with familiar members of the community and perceive that their privacy is better respected. However, treatment by traditional healers may lead to delayed diagnosis of serious conditions. Moreover, confidentiality is sometimes breached in these settings as well because the traditional healers know the patient's family and neighbors.

4. How might this clinic's procedures be redesigned to accommodate patient privacy and the need to train medical students?

- Redesign the clinic space with dressing areas and examination areas separated by curtains or partitions.
- Provide written information about rights and post policies; provide information in text and graphics.
- Encourage communication between providers; increase resourcefulness in problem solving by consulting with women in the community.
- Establish policies to inform patients of the role of students when they are present; obtain verbal consent from patients to allow students to participate in their care (note: this requires alternative approaches depending on whether the patient consents to student participation).
- Change the teaching approaches: Train students on models before they approach patients.
- Publish policies to address patient rights and to orient supervising physicians to working with others in a manner stressing respect and inclusion.

5. What policies and practices regarding privacy are in place at your outpatient clinic?

In response to this question students may note that written information describing patient rights regarding students' roles in patient care is provided to patients at registration. Note whether the information provided is written and/ or verbal, formal or informal, and whether it is obtained by the primary health care provider, clinic staff, or students themselves. Note whether clinic structures provide privacy for examination and for counseling.



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