

Patient Perception of Information Sharing with Medical Professionals in Japan

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Abstract and Objective

Patient information is shared widely among medical teams through EHR systems to improve quality and safety of care in Japan. However, in fact, medical personnel often and unnecessarily share patients' information with other personnel and professionals in daily care. Recently, the awareness of patients' privacy protection is growing in Japan. It is important to consider how to protect their privacy. A self-administered survey was conducted on 772 hospitalized patients. Questions on 4 core items on medical records regarding information privacy were asked. As a result, out of the 4 items, the last thing they wanted to be disclosed was "their family history." The closer relationship patients had with medical service personnel, the less they tended to hesitate to allow medical service personnel see their medical records.

Keywords¹: Information Sharing, Privacy, EHR System

Introduction

Information sharing among medical professionals greatly contributes to the quality and safety of medical care as more and more electronic health record systems are in place. However, sharing patients' information and respecting their privacy may often lead to conflict. Recently, for protection of information, the right to control personal information was established. Consequently, medical professionals need to share and utilize patients' information while protecting this right. The purpose of this study is to clarify (1) what information patients do not wish to disclose, and (2) what differences were made by the quality of the relationship between patients and medical service personnel.

Methods

The target population was hospitalized patients in 2,512 hospitals (except psychiatric hospitals) with 200 or more beds all over Japan. The survey consisted of two stages. The first step was to ask hospitals if they would cooperate with the research. The second was to conduct a questionnaire survey of 772 randomly selected patients from 122 hospitals consenting to this research. Items to be investigated included demographic data

such as age and gender, and their views on sharing information on their medical records (i.e. name of disease, date of birth, sleeping habits before hospitalization, and family history) by occupation (physicians, nurses, pharmacists, PT or clinical laboratory technicians, MSW, and clerks), and by the quality and strength of the relationship (extent of involvement in treatment/care). Four items in medical records shown above were selected from among 24 items in the patient records, and represented four categories; "Treatment-related information," "Identification-related information," "Daily life behavior-related information," and "Personal life-related information" by the factor analysis in a reliable previous study, respectively. Every ethical consideration was given throughout the study procedures.

Results

A total of 394 patients (34 out of 47 prefectures, 84 hospitals) responded (response rate, 51 percent). The mean age of respondents was 57.0 ± 15.3 . The most dominant age group was 60s (28%). 58% were male, 73% married, and 63% were nuclear family. Out of four items in their medical records, the last thing patients wished to disclose was "their family history." Fewer patients thought that they did not want to show their information to physicians and nurses compared to other medical professionals and personnel. The closer relationship patients had with medical service personnel, the less they tended to hesitate to allow medical service personnel see their medical records. For example, only two to five patients did not wish to let primary nurses and staff nurses involved in direct care know their diagnosis, birthday and sleeping habits. However, 29 to 42 patients did not wish to disclose their family history to such nurses. On the other hand, 156 (birthday) to 208 (their family history) patients did not wish to give nurses not involved in direct care access to their records.

Conclusion

The extent to which patients did not wish to disclose medical records depended on the nature of the information itself, type of profession, and quality of their relationship. To respect the dignity of patients, it will be necessary for medical personnel to more carefully consider these patients' perception of their right of privacy.

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