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Privacy policy

Dr. Donald J. Willison's article on health services research, privacy and new legislation¹ does a good job of addressing, on a general level, the complex challenges created by new information technology. In the current environment, how can physicians maintain their role as "stewards" of their patients' confidential personal information? Because this problem has essentially been created by technological innovation, perhaps the answer to balancing the needs of insurers and government and those of our patients must come from the same source (for example, through encryption). It is no wonder that one of the most notable defenders of privacy rights has been a group of academics in the computer sciences known as Electronic Frontier Canada,² who caution that government legislation to control encryption technology will pose a substantial threat to the only technological means of defending privacy of individuals.

Willison presents a good synopsis of the balance needed between patients' interests and the needs of the state. However, as physicians and stakeholders, we also have our own privacy rights to consider. For example, what will be the impact of physician profiling and data mining technologies on the day-

to-day practice of medicine? Furthermore, the issue of privacy is perhaps more fundamental to the profession of medicine than to other professions, given the obligations we accept when we take the Hippocratic oath.

Willison's article is a wake-up call to do more to make legislators aware of our concerns. Our challenge is to safeguard privacy and limit its potential to become a commodity in the information market. Privacy once lost can never be regained, and the recent trend toward commodifying privacy simply because this is possible could change the practice of medicine in unforeseen ways. It is surprising that organizations such as the Canadian Institute for Health Information, which did over \$13 million of business in 1997 selling health information, does not have a single practising physician on its board of directors.³

Organized medicine must participate in this debate. The CMA's recent privacy code⁴ is a step in the right direction, but individual physicians must also take responsibility for explaining to

their patients the risks associated with information technology. To do that, we must understand those risks ourselves. In considering issues of privacy, we should ask ourselves whether breaching confidences is necessary for optimal patient care, whether there is evidence that it will improve outcomes, and how our patients feel about it. Once we address such issues, we may be able to meet Willison's challenge of ensuring "the confidentiality and security of information used for health policy analysis and health services research."

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