KING KHALID UNIVERSITY

Privacy and Confidentiality

Medical Ethics · MED 431 · Lecture 4

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By the end of this lecture you can

- Define privacy and confidentiality, and explain how they differ
- Describe the historical, ethical and Islamic foundations of confidentiality
- Identify what confidentiality demands on the ward, in clinic and online
- Recognize the legitimate exceptions and apply them
- Handle a family’s request to withhold information from a patient
- Apply confidentiality to electronic records, messaging and social media
- Describe the legal framework for confidentiality in Saudi practice

1 · The circle

Privacy and confidentiality, and where the duty comes from

The circle of confidence

- A patient tells a stranger in a white coat what they may hide from their own family
- They do so not because they trust this person, whom they may have met minutes before, but because they trust the role
- What enters the circle stays within it: information moves to the care team when care needs it, never to everyone else
- Without that assurance, patients withhold exactly the information physicians most need
- **Confidentiality is not a bureaucratic rule or a courtesy. It is the condition that makes the doctor–patient relationship possible**

Three words that are not synonyms

- Privacy — the right of a person to control access to information about themselves
  - Physical: the right to bodily privacy during examination
  - Informational: the right to control who knows what about one’s health
- Confidentiality — the physician’s obligation to use what is disclosed only for the purpose for which it was shared, and not to share it without consent
  - Relational: it arises because of the relationship, and it is an obligation, not an option
- Secrecy — simply keeping information hidden; broader and more passive than confidentiality
- **Privacy is the patient’s right. Confidentiality is your duty**

MED 431 · LECTURE 4

An old duty, in three traditions

- The Hippocratic Oath — what is seen or heard in treatment “I will keep to myself, holding such things shameful to be spoken about”
- The WMA (World Medical Association) Code — disclosure is ethical when the patient consents, or when a real and imminent threat of harm can only be removed by a breach
- Islamic ethics — the prohibition of spying, the virtue of concealing faults, and disclosure as an amanah, a trust
- Three values ground it
  - Autonomy — the information belongs to the patient
  - Respect for dignity — a medical history should not define a person socially
  - Trust — without it, patients do not disclose, and medicine is less effective and more dangerous

READ Applied Medical Ethics §6.3 — Ethical and Islamic Foundations husainalkhaldy.site/books/applied-medical-ethics#h70

وَلَا تَجَسَّسُوا

“Do not spy on one another.” Al-Hujurat 49:12

مَنْ سَتَرَ مُسْلِمًا سَتَرَهُ اللَّهُ يَوْمَ الْقِيَامَةِ

“Whoever conceals [the faults of] a Muslim in this world, Allah will conceal his faults on the Day of Resurrection.” Muslim

A patient’s disclosure is an amanah (أمانة), a trust placed in the physician’s hands

2 · In practice

The ward, the record, the corridor — and when the duty yields

Where breaches actually happen

- Ward rounds and teaching — a diagnosis may be audible to every patient in the bay
  - Draw curtains, speak quietly, take sensitive discussions to a private room
  - Consent to admission is not consent to be a teaching case
- The medical record — access is limited to those involved in the patient’s care
  - Looking up a record out of curiosity — a colleague’s, a relative’s — is a serious breach even if nothing is shared
- Casual conversation — corridors, lifts, canteens, social settings
  - A breach whenever enough identifying detail is included, name or no name
- **Saudi practitioners must keep records confidential and use them only for care: Executive Regulations of the Health Professions Practice Law**

When confidentiality may yield

- The patient consents
  - Explicit where possible, documented, and limited to the specific information and recipient
- A third party is in danger
  - A clear, serious and imminent risk to an identifiable person — the Tarasoff duty
- The law requires it
  - Notifiable diseases — tuberculosis, meningococcal disease, cholera — are reported regardless of consent
  - A court order may compel disclosure
- **Each exception is narrow: disclose to the right body, and no further**

The duty to protect: three tests

- Serious, credible, imminent — a real risk of grave harm to an identifiable person, soon
- Necessary — no less privacy-invasive alternative can prevent the harm
- Proportionate — the minimum, told to the right person, for this risk only
- **All three must hold. Whenever you disclose, document why each was met**

3 · The family, the record, the law

Whose information it is, on paper, on screens, and in Saudi law

The right belongs to the patient, not the family

- In many Arab and Muslim contexts the family plays a central role in care — welcome, when the patient wants it
- When a family asks you not to tell the patient a serious diagnosis, the request
  - Violates the patient’s autonomy
  - Rests on a usually false premise: most patients want to know
  - Damages trust when the patient learns they were deceived
  - Impedes appropriate care
- The way through
  - Meet the family first and acknowledge their concern
  - Assess the patient’s own preferences privately
  - Disclose at the patient’s pace

A screenshot is a disclosure

- Electronic health records
  - Access only the records of patients under your care
  - Use only authorized, secure platforms; log out when not in use
  - Report unauthorized access or a breach immediately
  - Never photograph or screenshot a record
- Messaging apps such as WhatsApp
  - Personal devices are lost, stolen or shared; group chats forward images without consent
  - Use approved, encrypted, institutionally governed platforms
  - If unavoidable: anonymize maximally, and get explicit consent for identifying images

The Saudi framework

- Executive Regulations of the Health Professions Practice Law (Royal Decree M/59, 1426H) — keep records confidential; use patient information only for care
- SCFHS (Saudi Commission for Health Specialties) — Code of Ethics for Healthcare Practitioners, 2014
- MOH (Ministry of Health) — Patient Bill of Rights and Responsibilities
- MOH regulations — the list of notifiable diseases, reported regardless of consent
- **Confidentiality here is a legal and professional obligation, not only an ethical ideal**

4 · Four cases

For each: medical indications, patient preferences, quality of life, contextual features — and the Islamic framework

MED 431 · LECTURE 4 · CASE 6.1

The WhatsApp ward round

- A junior doctor photographs a chest X-ray with an unusual finding and shares it on the department WhatsApp group of twelve colleagues
- The patient’s name, hospital number and date of birth are visible in the corner
- The patient later complains that they did not consent; the doctor argues the purpose was educational and no harm was caused
- **Discuss**
  - Evaluate the ethical issues
  - What should happen next?

The concerned employer

- A 35-year-old bus driver is diagnosed with epilepsy, started on medication, and told not to drive until seizure-free for one year
- Two weeks later he says he is still driving: he cannot afford to lose his job
- His employer calls the hospital asking why he has been absent
- **Discuss: what are your obligations**
  - To the patient?
  - To the employer?
  - To the public?

The spouse’s request

- A 40-year-old woman attends a gynaecology clinic and is found to have a sexually transmitted infection
- Her husband, in the waiting room, approaches the nurse and asks what the problem is
- The patient had made no mention of her husband during the consultation
- **Discuss**
  - How should the nurse respond?
  - What should happen next in the patient’s care?

The family veto

- The family of a 62-year-old man newly diagnosed with advanced colon cancer begs you: “Do not tell him. He has a heart condition. The shock will kill him.”
- He has not been told the reason for his investigation
- Alone with you, he says: “Doctor, I need you to be straight with me. What did you find?”
- **Discuss**
  - How do you proceed?
  - What ethical principles apply?

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Key terms

Term	Definition
Privacy	The right of a person to control access to information about themselves
Confidentiality	The obligation to use disclosed information only for the purpose for which it was shared
Secrecy	Keeping information hidden — broader and more passive than confidentiality
Notifiable disease	A disease reported to public health authorities regardless of consent
Tarasoff duty	The obligation to warn an identifiable third party of a credible, serious, imminent threat
Family collusion	Family members ask the physician to withhold a serious diagnosis from the patient
Amanah (أمانة)	Trustworthiness — confidentiality as a sacred trust
Ghaybah (غيبة)	Backbiting — unauthorized disclosure of a person’s private affairs, prohibited in Islam
Anonymization	Removing identifying information from clinical data

READ Applied Medical Ethics Ch. 6 — Key Terms husainalkhaldy.site/books/applied-medical-ethics#h75

Five things to take out of the room

- Confidentiality is the condition of care, not a courtesy
- Privacy is the patient’s right; confidentiality is your duty
- The exceptions are narrow: consent, a serious threat to an identifiable person, or the law
- The right belongs to the patient, not the family
- **A screenshot is a disclosure: anonymize, ask, and use approved platforms**

Further reading

- Moskop JC, Marco CA, Larkin GL, et al. From Hippocrates to HIPAA: privacy and confidentiality in emergency medicine. *Annals of Emergency Medicine*. 2005;45:53–59
- Lee A, Wu HY. Diagnosis disclosure in cancer patients — when the family says “No!” *Singapore Medical Journal*. 2002;43(10):533–538
- Saudi Commission for Health Specialties. *Code of Ethics for Healthcare Practitioners*. 2014
- Ministry of Health. *Patient Bill of Rights and Responsibilities*
- Executive Regulations of the Health Professions Practice Law. Royal Decree M/59, 1426H
- Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 8th ed., Chapter 8. Oxford University Press; 2019

A threat told in confidence

- In 1969 a young man told his university psychologist that he intended to kill a woman who had rejected him
- Believing himself bound by confidentiality, the therapist warned no one beyond a brief, failed attempt to have the man detained
- Two months later he killed her. Her parents sued
- **California Supreme Court, 1976: “The protective privilege ends where the public peril begins”**