

Position Statement on General Practice

from “the Nordic Leader Seminar of General Practice”
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General practice and its current position was recently discussed at a meeting when the chairs and directors of the general practice associations and organisations in the Nordic countries met on 23-25 August 2018 in Helsingør in Denmark. A key issue was how to keep improving our professional competence in light of the emerging challenges in primary healthcare.

The main topics of concern were: How do we prevent overdiagnosis and overtreatment? How can we deal with the increasing workload combined with the shortage of general practitioners (GPs)? How do we handle big data driven by new technology in the meeting with the patient? And how can we improve the quality of data for use in primary care?

A steadily increasing amount of data is being collected in our healthcare systems from patient records, test results and other critical data. This information is of valuable use in research and for quality assessment purposes aiming to improve healthcare quality and patient safety. The efforts of the welfare state to continuously enhance the services, especially the planning and monitoring of healthcare, are acknowledged. The citizens in the Nordic countries are known for their great confidence in the state, and citizens and GPs have a common interest in sharing information.

We can all agree that it is important to improve healthcare. We all support this. However, it should always come secondary to safeguarding the confidentiality between doctor and patient. The doctor-patient relationship is built on trust, and confidentiality is a crucial cornerstone. In the light of the fast development in the collection of electronic data from encounters between GPs and their patients, we would like to stress the importance of preserving our professional confidentiality in the consultation room.

It is important that the consultation room remains a place of trust for the patient; a place where concerns, anxieties and sensitive emotional, psychological or physical information about the health can be shared without concern that this could be transmitted outside the room. We consider it a democratic and human right that the citizen can consult his or her GP in private matters while knowing for sure that the confidentiality is respected.

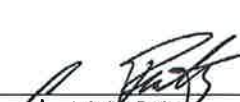
This implies that - if information or electronic data are made accessible outside the consultation room - the system must be transparent. It must be obvious which kinds of personal information are transferred to central data storage at other institutions or administrative units within the healthcare system and for which purposes. The patient or citizen should be fully informed by the responsible authorities about such transfer, and the patient or citizen should give some form of consent. Likewise, the patient or citizen should have a secured right to the information and should consent to new ways of using the information in databases in the future. The General Data Protection Regulation of the EU introduces “the right to be forgotten”, which safeguards the individual’s right to have personal data erased.

The patient record is primarily a working tool for GPs, and the files may contain confidential personal information about the patient that he or she does not want to have copied into registers. Therefore, we must be able to exercise some level of discretion towards the patient who comes to see us.

If confidentiality is breached, this could potentially harm the individual. It would also risk damaging patient trust and thus posing a severe threat to the patient-physician relationship upon which our work as GPs depends.

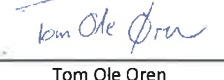

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