

Protect Me Please

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Methinks the world hath suddenly become too protective of our thoughts and emotions recently, but apparently I be mistaken. What we experience now has been building for centuries. Last night, I was attending a performance of Shakespeare's *A Midsummer Night's Dream* and I was captivated by a scene in which a group of actors were rehearsing their play within the play. The performers determined that their audience would need to be forewarned in a prologue that the swords they planned to use would not be real and that the lion would actually be portrayed by a man, lest the audience become too upset by the play's content culminating in the death of the protagonists. Shakespeare obviously saw humor in the need to qualify the actions of performers in a situation that the audience could not have possibly considered to be authentic.

If the need for disclosure was apparent to audiences in the late 1500's, then we have certainly refined this practice 400+ years later. The world is aware of the need to protect itself from predators who might be intercepting electronic communications, listening in on phone conversations, stealing identities, and hacking into computer systems. (Yet, in ironic contrast, it appears that the majority are generally open to posting their personal activities on Facebook and Tweeting their inner thoughts to everyone in real time.) In most countries, there are complex procedures in place to protect subjects who participate in human research investigations. The paperwork required to get a prospective or retrospective clinical study initiated is often more complex than doing the research itself. These procedures are in place to protect private information and to guard against potentially harmful protocols that put individuals and their health at risk. The concept is a good one but, depending on the actual risk involved, it seems like the protections often go too far and hinder our ability to learn more and communicate about the world around us.

At its best, proper disclosure can warn a drive-up window consumer that a cup's contents are indeed hot and may cause burns if poured in the lap. At least, the burden of making such disclosure should do no harm. Recently, I was asked to introduce 4 international guests at a university faculty event in

which they had been asked to give a presentation about dentistry in their country. Since I had arranged their visit, it was an honor for me and I gracefully accepted the invitation. I was then presented with a 2 page "Attestation Form" to complete before I was allowed to introduce the visitors. In it, I agreed that the images I would present were authentic and not falsified. I swore that I would comply with requirements to protect health information and assure the privacy of patients. I confirmed that I would present only information that was based on evidence accepted by the profession, that I would not engage in advertising practices, that I would caution attendees about potential risks of using limited knowledge when incorporating techniques into practice, and that I would provide references that had sound scientific basis. I agreed that I had no financial interests in the products presented nor did I have any financial or other relationships with commercial supporters of the activity. Lastly, I attested to the accuracy of the information I provided in response to all the questions. All harmless, but time-consuming nonetheless.

At its worst, over-protection can lead to errors that may, in fact, impede patient care or even lead to improper or dangerous treatment. Last year, after a long period of experiencing stiffness in my shoulder that resulted in decreased mobility of my arm, I mentioned the condition to my doctor at my annual checkup. She ordered some x-rays and referred me to an orthopedic specialist who put me on a course of anti-inflammatory medication. Once my minor condition had improved, I decided it would be useful for me to obtain copies of the radiographs that had been taken. In the hospital records office, I waited as a clerk transferred my files to a disk. In the meantime, several attendants came and ordered or picked up disks with the images they needed. The clerk chatted with other visitors and on the phone and I waited patiently. Eventually my disk, coded to protect my personal information so that my name did not appear anywhere on it, was ready. Of course, someone else must have gotten a copy of my shoulder x-rays because the disk given to me had several abdominal images, along with a written report detailing the extent of the tumor detected. Privacy, however, had been effectively preserved because there was no information on the disk that would identify whose abdomen I had actually been viewing.

Surely there is a logical balance that would optimize protection for our patients without impeding their care. The various stakeholders seem to have different perceptions about which way we should be heading.

Should the policies be the same for all patients undergoing all types of care? And who should be formulating the policies we follow? Methinks we should allow Shakespeare to weigh in.