

# Chapter 51

## Utilization Pattern and Privacy Issues in the Use of Health Records for Research Practice by Doctors: Selected Nigerian Teaching Hospitals as Case Study

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### ABSTRACT

*Research is a fundamental activity in teaching hospitals, and medical doctors use information contained in health records for research. In this process, researchers are often confronted with privacy issues. It is however not clear the extent to which doctors paid attention to this privacy issues in their research. The purpose of this study was to establish the extent to which privacy principles were followed by medical doctors in federal teaching hospitals in Nigeria when using health records for research. Survey research design was adopted for this study with two-stage random sampling technique to select 60% of the federal teaching hospitals; and 60% of the medical doctors in the selected hospitals. Attention was paid to securing patients unused data; health records was used mostly to generate data to support application for grant. There was a joint positive significant relationship between the predictor variables (privacy and health records) and the criterion variable in research practice.*

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## **1. BACKGROUND TO THE STUDY**

Research is an integral component of any modern health service incorporating evidence-based practice. It is a core part of the healthcare delivery beneficial to the society. Evidence is needed to improve patient's care, advance understanding of diseases, and evaluate interventions (Perrin, Mathers & Watts, 2008). Medical doctors in federal teaching hospitals conduct research to achieve these purposes. Research practice requires the collection of information about research participants from their health records (HRs) (Value Case Workgroup, 2013).

Nonetheless, health record is one of the core sources of data for research because it contains the most intimate detail about a person's life. It documents patients' physical and mental health, and includes information on social behaviors, personal relationships, and financial status (Gostin & Hodge, 2002). Using health records for research forms a regular part of medical practice, often leading to important discoveries (Value Case Workgroup, 2013). In fact, health records which housed Patient's Personal Identifying Information (PII) offer significant potential for research because of the wealth of pre-collected data available in it (Perrin, Mathers & Watts, 2008; Safran et al., 2007). Literature revealed that health records played routine and ad hoc roles in research.

Data sources for ad hoc public analyses/studies depend upon the research question and may include primary data collected through surveys, gleaning of data from hospital discharge abstracts or even chart review (Willison, 2009).

Nevertheless, one of the ethical issues relating to use of health records for research is privacy issue. Privacy is the right of an individual to maintain control over certain personal health information contained in health records (Harman, Flight & Bond, 2006). It is the freedom an individual has to determine the time, extent, and general circumstances under which private information will be shared with or withheld from others (National Academy of Engineering, 2006). Privacy addresses the question of who has access to personal information and under what condition. Privacy is concerned with the collection, storage, and use of health records, and examines whether data can be collected in the first place, as well as the justifications, if any, under which data collected for one purpose can be used for another purpose. Some theorists depict privacy as a basic human right with intrinsic value (Moore, 2005; NRC 2007; Terry & Francis, 2007). Privacy addresses the question of who has access to personal information and under what conditions (AHIMA, 2006). An important issue in privacy analysis is whether the individual has authorized particular use of his personal information (Reviewed by Pritts, 2008; Westin, 1967).

Privacy is valuable because it facilitates other fundamental values, including ideals of personhood such as: personal autonomy, individuality, respect, dignity and worth as human beings (Solove, 2006). Thus, effect of inadequate privacy on use of health record is enormous.

Medical doctors need to be aware that "an invasion of privacy may cause loss of dignity, friendship or employment, or create feelings of anxiety, guilt, embarrassment or shame" (Burns, 2005). Safeguarding this information is a key part of the relationship of trust and respect that exists between the medical doctor, the patient and their HRs. Sieber (2009) viewed privacy as a person and his interest in controlling the access of others to himself.

Research is carried out by medical doctors to advance knowledge in the treatment of patients and the understanding of diseases. Much of the information needed by medical doctors for research resides in the health records kept in the hospital. These records however, contain Patient's Personally Identifiable Information (PII) which profiles them and reveals a lot about their physical, social, mental and psychological states. However, there exists a lacuna between the need to carry out research for the purpose

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