Case Study 3

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“Confidentiality is one of the core duties of medical practice that requires health care providers to keep a patient’s personal health information private unless consent to release the information is provided by the patient” (Bord, Burke, & Dudzinski, 2013, para. 1). The nature of the problem in this case study is that after parents of a cystic fibrosis (CF) child receive genetic testing, the genetic counselor is informed by the wife, that the husband is not the biological father and is not aware of this, but the counselor has been informed from Mrs. E. This paper will discuss whether it is within the scope of practice and possible legal implications that would result from informing the husband and/or biological father, thus breaking confidentiality. According to Corbin (n.d.) “It is a clinician’s ethical responsibility to maintain the privacy and confidentiality of clients and to practice within the confines of the law and in an ethical manner” (para. 4). This paper will discuss the pro perspective, con perspective and nursing responsibilities of maintaining or breaking patient confidentiality.

**Pro Perspective**

With the emergence of genetic testing comes the question of the disclosure of genetic testing results. Genetic testing differs in that if "the rationale is based on preventing harm, as opposed to maintaining a personal right to confidentiality, then disclosure of genetic information can be justified when it can prevent foreseeable and significant harm "(Suarez, 2012, p.496-497). In the case of Mrs. E., the genetic counselor has a duty to warn the father of the child. The standard of duty to warn is different from violating the release of medical information is based on the fact that "disclosure of genetic information to relatives can sometimes prevent or decrease harm if the information is actionable" (Suarez, 2012, p. 496). Even if Mrs. E does not see that it
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is permissible to tell the father of the child, it is the duty of the counselor to tell him solely for the fact that he should be tested and know whether his gene is a carrier for cystic fibrosis. If the father is tested and found to be a carrier, then he would be able to make an informed decision over whether or not he desires to father more children who may end up suffering from CF.

**Con Perspective**

Although it may be beneficial for the father of Mrs. E’s 10-month-old son to find out about being a carrier of the CFTR allele and the possibility of having future offspring with Cystic Fibrosis, it is not the counselor’s responsibility to inform him of such. The counselor’s duty is to reveal to the client information from genetic testing that may be used to prevent harm when reproduction comes in question. In this case, Mrs. E is the client and the father of her baby is not. The counselor should consider that it might be unethical to contact him directly even if Mrs. E refuses to disclose this information. “In general, it is inappropriate to bother people with information that they do not appreciate. Obviously, this general rule of conduct also applies to family members at risk. They have a right not to know, which should be respected.” (Gordijn, 2007). Contacting the father of Mrs. E to warn him of his genetic predisposition for CF with or without the client’s consent still violates his own right to not know such information.

**Nursing Responsibilities**

Nurses have the responsibility to uphold and maintain their client’s confidentiality. Breach of confidentiality occurs when a nurse reveals a client’s information without first obtaining an informed consent from the client (Gaskill, 1996). This, however, has huge legal implications and consequences. Thus, it is the nurse’s responsibility to be aware of the rules and regulations governing client’s confidentiality and disclosures and to obtain consent before
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releasing information to third party. (ISON, 2010). Duty to warn exists only in circumstances where maintaining the client’s confidentiality endangers or becomes a threat to the public or another person. In this case, it can be assumed that no such threat or harm exists. The genetic testing, according to the counselor, has already revealed that both partners have a wild CFTR gene and have a recurrence rate of 25% with each pregnancy and their children have a 50% chance of becoming carriers. Thus the genetic counselor has fulfilled the obligation of given the right genetic information to the clients. To disclose the misattributed pregnancy, the nurse will have to obtain an informed consent from Mrs. E before doing so.

Conclusion

In conclusion, genetic counselors and nurses are faced with a multitude of difficult circumstances regarding patient confidentiality. This, in itself, requires a comprehensive knowledge base and strong understanding of the ethical and legal obligations and rules governing patient confidentiality, and the implications and consequences of disclosure or non-disclosure of such information. In the case of Mrs. E and her 10-month old child, Mr. E. is not the biological father and he is unaware of this. Mrs. E. has not disclosed the name of the biological father, which if she does, may lead to other serious implications for her marriage and her child’s upbringing that she does not wish to occur. Contacting the biological father without her consent not only violates Mrs. E’s patient confidentiality, but it would be nearly impossible. Complex in nature, genetic testing and a patient’s rights to have his or her medical information protected is sure to be an ongoing controversy as more and more genetic testing is used in medicine.
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References


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