

Open School

Case Study: Confidentiality and Air Force One

(<http://www.ihl.org/education/ihlopenschool/resources/Pages/Activities/ConfidentialityAndAirForceOne.aspx>)

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Facilitator Instructions

- Distribute the **Participant Version** of this activity to your Chapter or group members.
- Ask participants to read the Case Study or read it aloud together.
- Once everyone has read the Case Study, take time to reflect individually, and discuss each question as a group.
- Once the group has discussed all the discussion questions, read the commentary from Dr. Griner.

Learning Objectives

At the end of this activity, you will be able to:

- Construct a scenario where it would be important to breach patient confidentiality.
- Recognize that clear communication with patients is critical to positive health outcomes.
- Explain why it's important to speak up and raise potentially dangerous situations with supervisors.

Description

A difficult patient. A difficult decision. The University of Rochester's Dr. Paul Griner presents the second in a series of case studies.

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Key Topics

Alcohol and Substance Abuse, patient self-management, prevention and wellness, engage patients and families in care, communication.

Physicians at Andrews Air Force Base in Maryland pulled MOD (medical officer of the day) about once a month. It was a 24-hour shift. During the day, instead of seeing his or her own scheduled patients, the MOD cared for walk-ins. Then, from 5 PM to 8 AM the next morning, the MOD saw all adult patients in the emergency room.

One morning near the end of my MOD shift, a senior non-commissioned officer presented with complaints of abdominal pain. He was the crew chief for Air Force One, the plane that carried the President of the United States.

As I prepared to examine the patient, I detected alcohol on his breath. The abdominal examination showed that he had an enlarged, slightly tender liver. He also had a few “spiders” on his face and upper chest, red lines radiating out a few millimeters from a small red dot.

I told the patient that his abdominal pain was due to an enlarged liver. I commented about the odor of alcohol on his breath. I indicated that the two were almost certainly connected and that continued drinking would be a risk to his life. I suggested that he seek help through Alcoholics Anonymous. He immediately denied the problem and would entertain no further discussion of the issue.

The patient was not sufficiently ill to warrant removing him from flying status on medical grounds. Yet, he was in a position that called for alertness and good judgment.

I was faced with a difficult choice.

Physicians are expected to maintain the confidentiality of their patient findings; if I shared my findings with his superior, I would be breaching that confidentiality.

Facilitator, lead your group in a discussion using the questions below as a guide.

Discussion Questions

1. Would you attempt to continue the conversation with the patient after he cut you off? Why or why not? (If your answer is yes, how would you try to go about it?)
2. How would you handle this situation? Would you inform the pilot's superior? Would discussing the problem with his wife be a first consideration?
3. What if the patient had been a commercial airline pilot? Would this change your course of action? Would you contact the pilot's employer?
4. What right do patients have to confidentiality with their caregivers?
5. Can you think of any situations where you would breach a patient's confidentiality?

6. Think back to your own experiences. Have you had a similar dilemma around patient confidentiality? What was the result?

Facilitator, after your group has finished its discussing the questions above, read aloud the commentary from Dr. Griner below; invite your group to discuss their reactions to the conclusion of the case.

After much thought, I elected to inform the patient's commander of my findings and offered suggestions for treatment. My reasons for breaching confidentiality were two-fold:

- First, I considered him a risk to the safety of the President and anyone else aboard Air Force One.
- Second, I expected that by informing his superior, the patient would be forced to either address his alcoholism or face removal from the service.

The patient was immediately removed from flight status and offered the option of treatment for alcoholism or discharge from the Air Force. He opted for treatment. I never knew whether he succeeded in becoming sober.