

Freedom of information act and concerns over medical confidentiality among healthcare providers in Nigeria

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Abstract

Background: Freedom of Information Act tends to be misused especially in healthcare settings if limits are not well understood. It has long been established that patients have lost control over how their health information is obtained and used, and that responsibility for medical confidentiality is not clearly understood by healthcare providers. Therefore, assurances about medical confidentiality are essential to the efficient provision of safe, effective and quality healthcare to patients and the public especially, with the passage of the Freedom of Information (FOI) Act in May, 2011. Hence, this cross-sectional study was carried out to determine possible concerns over medical confidentiality in the era of FOI among healthcare providers in two public tertiary hospitals in Nigeria.

Methodology: A 23-item questionnaire was designed for data collection. The study deployed stratified random sampling method in the recruitment of participants.

Results: Nearly three-quarter (223, 74.3%) of the participants were females in a sample with a Mean age of 40±9 years. Most (228, 76.8%) participants indicated that they know the reasons for keeping the patients' health records which include, education (66, 22.0%), continuity of patients' care (51, 17.0%) and research purposes (50, 16.7%). The vast majority of participants (275, 92.3%) have heard about medical confidentiality, mostly (196, 65.3%) from the hospitals, and nearly two-third (191, 64.3%) of them have not heard about Freedom of Information Act. A few (11, 3.7%) knew it was the responsibility of all health workers to maintain medical confidentiality in any hospital setting. Notable factors that influenced the perceptions of participants on medical confidentiality in the era of FOI include profession, age, sex and years of experience. About two-third (184, 62.0%) of participants shared concerns that healthcare consumers may lose trust in the healthcare providers; more than half (155, 52.2%) were concerned that patients may not want to reveal sensitive information for the fear of the unknown, and nearly a half of the participants (142, 47.8%) were apprehensive that FOI Act will constitute threats to medical confidentiality.

Conclusion: Most healthcare professionals as well as other health workers in Nigeria hold much concern about the emerging FOI Act which is largely misconstrued as having the potentials to pose threats to medical confidentiality. Their concerns were largely due to inadequate information about FOI Act and poor understanding of the tenets of medical confidentiality. This trend has the tendency to pose threats to the management of health information especially when the society may likely assume that FOI Act means free world and free speech in the public. These identified challenges require training and retraining on the need and obligations to protect medical confidentiality especially, in this era of FOI.

Keywords: Freedom of information, Health information management, Healthcare services in Nigeria, Medical confidentiality, Patients' health records

Introduction

Protection of privacy and maintenance of confidentiality especially in healthcare settings have become more critical, complex and challenging such

that many consider privacy a basic human right and maintaining confidentiality, a professional obligation¹. Confidentiality is the process of

protecting the information that an individual has disclosed in a relationship of trust, with the expectation that this information will not be divulged to others without permission¹. According to Swiss Criminal Law², violations of medical confidentiality are punished by a fine or a prison sentence. Nevertheless, some laws authorize some breaches of confidentiality, which most commentators would find ethically justified¹⁻². Healthcare providers have an ethical and legal duty to respect patient or medical confidentiality³. Enabling patients to decide how information about them is disclosed is an important element in autonomy (basis of medical ethics) and helps patients engage as active partners in their care (consumer health informatics)³. Health record is the foundation block of healthcare delivery systems and its primary purpose is to document the course of patient's healthcare and provide a medium of communication among healthcare professionals for current and future use⁴. To fulfill these purposes, significant amount of data must be revealed and recorded. These documented data from the patient must be kept confidential. Respect for patient confidentiality is an essential feature of good medical practice. However, it has also long been recognized that breaching confidentiality may also be a feature of good practice under certain circumstances. This may be because of concerns for broader public interests; such as is the case in notifiable diseases⁵. Although studies⁵⁻⁷ have shown that health workers do not fully understand their obligations towards it, maintaining medical confidentiality is the obligation of every healthcare

provider^{4,8-11}. Confidentiality provides a secure environment to the patients, in which they are most likely to seek healthcare and to give a full and frank account of their illness when they do¹². It gives credence to the health industry by supporting public confidence and trust in the healthcare services they offer¹².

Freedom of Information Act is a newly enacted law which is an essential right for every person. It allows individuals and group to protect their right¹³. It is an extension of freedom of speech, a fundamental human right recognized in international law, which is today understood more generally as freedom of expression in any medium, be it orally, in writing, print, through the Internet or through art forms¹⁴. The Act is indeed very explicit in its mission¹⁴, which is simply to make public records and information more freely available, provide for public access to public records and information, and to protect public records and information to the extent consistent with the public interest. Also, protection of personal privacy, protection of serving public officers from adverse consequences for disclosing certain kinds of official information without authorization and to establish procedures for the achievement of those purposes and for related matters¹⁴⁻¹⁵. More specifically, the Act stated that a public institution (such as teaching hospital) must deny an application for information that contains personal information (including patient's health information)¹⁵⁻¹⁶. Physicians and hospitals regularly receive requests from colleagues or authorities such as police, coroners, or forensic experts, to transmit

patients' health information. They need to be able to distinguish situations where they are required to protect confidentiality from those where they could be obliged to reveal such information. Health workers should be aware of situations where patients are identifiable. FOI Act is an important guard against abuses, mismanagement and corruption. It can also be beneficial to government themselves through openness, transparency, fairness, in the decision making process, and can improve citizen trust in government actions¹³. Freedom of information shortly opposes the authoritarian philosophy of the press in which absolute power and control over ownership, content and the use to which the media could be put with the monarch¹³.

Aim of the study

This FOI Act tends to be misused especially in healthcare settings if limits are not well understood. It has been established that patients have lost the knowledge of how their health records are obtained and used by organizations outside the direct patient healthcare such as life insurers, employers and government health agencies. Likewise, healthcare professionals who have the responsibility to maintain medical confidentiality do not fully understand their respective obligations toward the tenets. Therefore, assurances about medical confidentiality are essential to the efficient provision of safe, effective and quality healthcare to the teeming patients and the public. More so, there is dearth of research work on medical confidentiality among health workforce in Nigeria especially, since the passage of the Freedom of Information Act in May, 2011. On this premise, this present study

sought to determine possible concerns over medical confidentiality in the era of FOI among healthcare professionals in two Nigerian public hospitals.

Methods

Background to the study areas

The study was carried out at two teaching hospitals in Nigeria; University of Calabar Teaching Hospital, Calabar and University of Uyo Teaching Hospital, Uyo, both in the South-south region, Nigeria. The former was established by an Act of parliament in November 1966 in response to the need for the training of medical personnel and other professionals for the country and West African sub-region. The hospital which started with 400 bed space now holds a bed complement of 700. The latter, University of Uyo Teaching Hospital was conceived in 1994 by the Akwa Ibom State Government as the Akwa Ibom State Specialist Hospital, and later to General Sani Abacha Hospital before its present status as a federal hospital. It is a 250 bed tertiary health institution serving the health needs of the people of 31 local government areas within Akwa Ibom State and beyond.

Study design

This is a cross-sectional study of tertiary healthcare providers who handle patients' health information either regularly or at reasonable intervals.

Study populations

As at the time of the study, there were 1, 200 nurses, 550 doctors, 167 Health information management (HIM) professionals, 300 medical laboratory scientists, 100 pharmacists, 88 patients affairs staff and 200 clerical staff at the University of Calabar Teaching Hospital, Calabar, and 1, 000 nurses, 400

doctors, 89 HIM professionals, 280 medical laboratory scientists, 120 pharmacists, 80 patients affairs staff and 166 clerical staff at the University of Uyo Teaching Hospital, Uyo. This gave a total of 4,740.

Data collection tools

The questionnaire as designed by the authors contains 23 items ranging from socio-demographic characteristics, knowledge and access to health records and major issues on medial confidentiality and FOI Act. Data collection exercise took place between February and March 2015.

Sampling technique

The study deployed stratified random sampling method in the recruitment of participants. Thus, samples allotted to each group of participants were based on proportion such that the number of individuals in each group of target population determined the sample size accrued to that group from the total sample size. For instance, sample size for nurses from UCTH = 1200 (#nurses) divided by 4740 (total target population) multiplied by 355 (total sample size) gave 89.9 which was approximated to 90. This same process was followed for all other groups.

Sample size

From the study population above, the total number of target professionals was 4,740 and the sample size computed using online software (www.surveysystem.com/sscalc.htm) was 355.

Data analysis and management

The statistical software SPSS V16.0 (2007) was used to analyze the data. Categorical data was expressed as proportions and percentages while

continuous variables, were expressed as mean± standard deviation. Association between categorical variables was expressed using Chi square (2), Cramer's V while test of statistical significance (*p*-value) was set at *p*=0.05.

Results

Response rate

Three hundred healthcare providers participated in the study, giving an overall participation and response rate of 84.5%.

Socio-demographic characteristics

Table 1 below shows the demographic characteristics of participants. Nearly three-quarter (223, 74.3%) of participants were females and the majority (256, 85.3%) were between twenty six and fifty years old, with a Mean age of 40±9 years. Most (254, 84.7%) of them were less than twenty one years in service and more than two-fifth (129, 43.0%) were nurses.

All healthcare providers especially, doctors, HIM professionals and nurses make use of patients' health records in their day-to-day professional duties of caring for the ill. Most (228, 76.8%) participants indicated that they know the reasons for keeping the patients' health records. Major reasons identified include; education (66, 22.0%), continuity of patients' care (51, 17.0%) and research purposes (50, 16.7%). The majority of these participants (253, 85.2%) have weekly access to patients' health records (94, 37.8%) and they are mostly (200, 67.3%) aware of their respective limits to access the records.

Table 1: Socio-demographic characteristics (N=300)

	Frequency (N)	% (100)
Sex		
Male	77	25.7
Female	223	74.3
Age group (in years)		
21-25	9	3.0
26-30	44	14.7
31-35	37	12.3
36-40	67	22.3
41-45	53	17.7
46-50	55	18.3
51-55	14	4.7
56-60	21	7.0
Profession		
Nursing	129	43.0
Medicine & Surgery	64	21.3
MLS	39	13.0
Clerical officers	27	9.0
HIM	20	6.7
Pharmacy	14	4.7
Patients affairs	7	2.3
Work experience (in years)		
5	58	19.3
6-10	81	27.0
11-15	59	19.7
16-20	56	18.7
21-25	15	5.0
26-30	11	3.7
31-35	19	6.3
>35	1	0.3

Legend: MLS = Medical Laboratory Sc. HIM = Health Information Management

Awareness on medical confidentiality

The vast majority of participants (275, 92.3%) have heard about medical confidentiality. Fig 1 below shows that the majority (196, 65.3%) became aware of medical confidentiality in their respective hospitals. These were distantly followed by those

who got to know about it right from their institutions of learning (96, 32.0%).

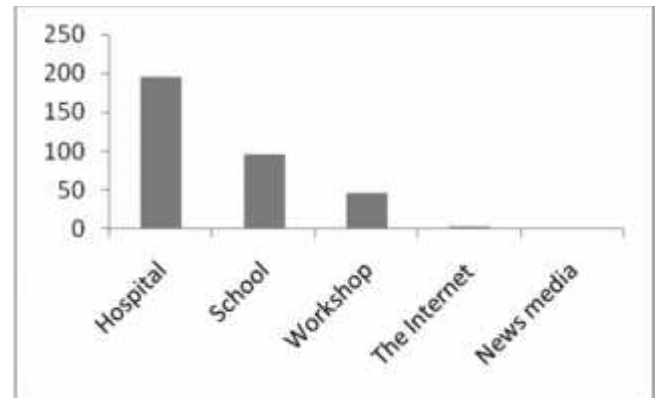


Figure 1: Sources of awareness on medical confidentiality

Responsibility for medical confidentiality

Fig 2 that follows depicts that a larger portion (189, 63.0%) of the participants identified HIM professionals alone as having the obligations to maintain medical confidentiality in any hospital setting. While only a few (11, 3.7%) knew it is the responsibility of all health workers.

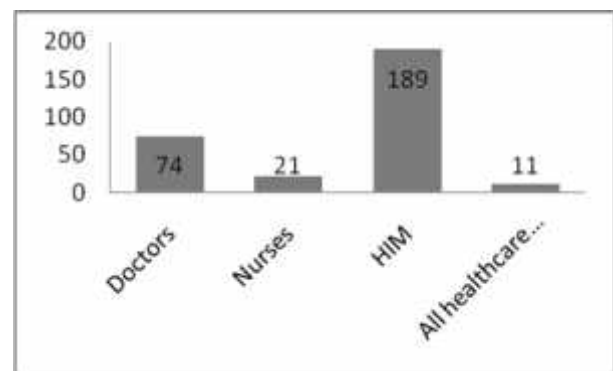


Figure 2: Participants' opinion of who should be responsible for medical confidentiality

Awareness on FOI Act

Nearly two-third (191, 64.3%) of the participants had not heard about Freedom of Information Act and a small portion (11, 3.7%) reported to have attended special workshops on FOI. Fig 3 reveals that, of the over one-third (106, 35.7%) participants who indicated to have heard about FOI Act, not up to one in every five (20, 18.9%) knew that the FOI Act was passed into law in Nigeria in the Year 2011.

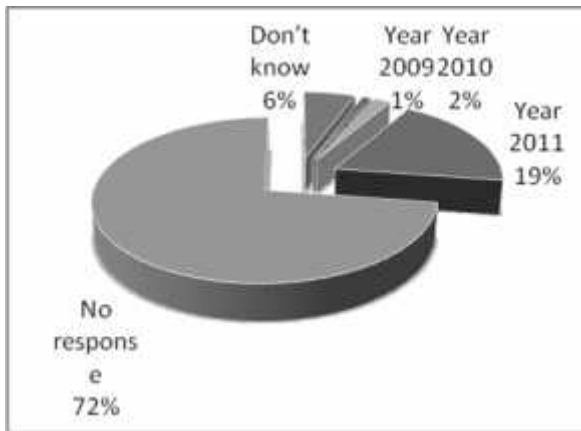


Figure 3: Year of emergence and passage of FOI Act

Perspectives of medical confidentiality in the era of FOI

Table 2 displays perspectives of medical confidentiality in the emergence of FOI Act among the participants. Almost half of the participants (142, 47.8%) were apprehensive that FOI Act will constitute threats to medical confidentiality and more than half of them (155, 52.2%) were concerned that patients may not want to reveal sensitive information for the fear of the unknown. Just about two-third (184, 62.0%) of the participants shared

concerns that healthcare consumers may lose trust in the healthcare providers.

Table 2: Perceptions of participants on medical confidentiality in the era of FOI

Perception	True (%)	False (%)	Don't know (%)
Patients' health records will be freely accessible with the emergence of FOI Act (n=297)	187 (63.0)	47 (15.8)	63 (21.2)
Patients' health records will be freely shared among healthcare providers with the emergence of FOI Act (n=297)	184 (62.0)	53 (17.8)	60 (20.2)
FOI Act will constitute threats to medical confidentiality (n=297)	142 (47.8)	94 (31.6)	61 (20.5)
The emergence of FOI Act will reduce patients' patronage in the hospital (n=297)	80 (26.9)	157 (52.9)	60 (20.2)
Patients may not reveal sensitive information for the fear of breach due to the FOI Act (n=297)	155 (52.2)	80 (26.9)	62 (20.9)
Patients may lose trust in their healthcare providers with the emergence of FOI Act (n=297)	184 (62.0)	57 (19.2)	56 (18.9)

Factors influencing perspectives of medical confidentiality and FOI Act

Tables 3 and 4 present work-related and demography-related factors associated with participants' perceptions of medical confidentiality in the wake of FOI Act. These factors include in their order of strength of association; profession, age, sex and years of experience. For instance, profession is strongly associated ($P=.000$) with perceptions that FOI Act will constitute threats to medical confidentiality, that patients may not reveal sensitive information for the fear of the unknown, and that patients may lose trust in healthcare providers.

Table 3: Work-related factors associated with participants' awareness and perspectives of medical confidentiality in the wake of FOI Act

Perception	χ^2	c	df
Profession			
Responsibility for medical confidentiality – 8 (12.5%) of doctors selected all health workers correctly	76.758*	.253	24
Participants who knew their limits to access patients' health records – 7 (100%) of patients' affairs knew their limits	1.066*	.422	12
Patients' health records will be freely accessible with the emergence of FOI Act - 7 (100%) of patients' affairs had concerns	60.731*	.260	18
Patients' health records will be freely shared among healthcare providers - 7 (100%) of patients' affairs had concerns	39.930*	.211	18
FOI Act will constitute threats to medical confidentiality - 7 (100%) of patients' affairs had concerns	92.584*	.321	18
The emergence of FOI Act will reduce patients' patronage in the hospital - 7 (100%) of patients' affairs had concerns	70.809*	.280	18
Patients may not reveal sensitive information for the fear of breach due to the FOI Act - 7 (100%) of patients' affairs had concerns	59.796*	.258	18
Patients may lose trust in their healthcare providers with the emergence of FOI Act - 7 (100%) of patients' affairs had concerns	64.695*	.268	18
Years of experience			
Responsibility for medical confidentiality – 10 (90.9%) of those who selected all health workers correctly were less than 20 years in service	49.062*	.202	28
Participants who have heard about FOI Act - 95 (89.6%) of those who have heard about FOI Act were less than 20 years in service	25.078**	.204	14

Legend: χ^2 = Chi square; c = Cramer's V; df = degree of freedom; * = p<0.01; ** = p<0.05.

Table 4: Demography-related factors associated with participants' awareness and perspectives of medical confidentiality in the wake of FOI Act

Perception	χ^2	c	df
Age			
Participants who have heard about FOI Act - 75 (70.8%) of those who have heard about FOI Act were aged 35 years and above	31.403*	.229	14
Participants who knew their access limits to access patients' health records – 139 (46.8%) of those who know this limit were aged 35 years and above	28.540**	.218	14
FOI Act will constitute threats to medical confidentiality – 117 (82.4%) of participants who shared this concern were aged between 26 and 50 years	41.331*	.214	21
The emergence of FOI Act will reduce patients' patronage in the hospital – 61 (76.3%) of participants who shared this concern were aged between 31 and 50 years	36.934**	.203	21
Patients may not reveal sensitive information for the fear of breach due to the FOI Act - 130 (83.9%) of participants who shared this concern were aged between 26 and 50 years	34.509**	.196	21
Patients may lose trust in their healthcare providers with the emergence of FOI Act - 153 (83.2%) of participants who shared this concern were aged between 26 and 50 years	35.792**	.199	21
Sex			
Responsibility for medical confidentiality – 6 (54.5%) of those who selected all health workers correctly were females	16.476*	.234	4
Participants who knew their limits to access patients' health records – 161 (80.5%) of those who knew this limit were females	14.300*	.218	2
Participants who have heard about FOI Act - 69 (65.1%) of those who have heard about FOI Act were females	8.013**	.163	2

Legend: χ^2 = Chi square; c = Cramer's V; df = degree of freedom; * = p<0.01; ** = p<0.05.

Recommendations for better handling of medical confidentiality in the wake of FOI Act

Participants recommended some ways to ensure better handling of medical confidentiality even in the wake of FOI Act as shown on Table 5. These include; education of healthcare providers on medical confidentiality (79, 29.1%), creation of awareness on FOI Act among patients and healthcare providers (64, 31.7%) and to organize periodic workshop on medical confidentiality and FOI (36, 17.8%).

Table 5: Participants' recommended ways for better handling of medical confidentiality in the wake of FOI Act (N=202)

Perception	Frequency (%)
Educate staff on medical confidentiality	79 (39.1)
Create awareness on FOI Act	64 (31.7)
Organize periodic workshop on medical confidentiality and FOI Act	36 (17.8)
Set and enforce policies on release and access to patients health records and medical confidentiality	16 (7.9)
Staff monitoring	2 (1.0)
Classify sensitive information	1 (0.5)
Assign specific responsibilities on medical confidentiality	1 (0.5)
Evolve good health records practice	1 (0.5)
Educate patients on FOI Act	1 (0.5)
Encourage professionalism	1 (0.5)

Discussion

Health record is the foundation block of healthcare delivery and its primary purpose is to document the course of patient's healthcare and provide a medium of communication among healthcare providers for current and future use. To fulfil these purposes, significant amount of data must be revealed and

recorded. More so, the quality of information shared with healthcare professionals depends on their ability to keep it confidential. Otherwise, the patient may withhold critical information, which may affect the quality of the care provided^{4,7}. Medical confidentiality underpins the doctor-patient relationship and ensures privacy so that intimate information can be exchanged to improve, preserve, and protect the health of the patient. The right to information applies to the patient alone, and, only if expressly desired, can it be extended to family members¹⁷. As long as the physician gathers private information, that is, information that only concerns the confider and harbours no element of past or potential harm, confidentiality will concern exclusively the patient and any disclosure would be nothing but a malicious act¹⁸. If breaches of confidentiality occur, they do so necessarily after the communication and therefore retroactively introduce unfairness into the clinical encounter¹⁸. It is obvious that emerging issues and current trends in healthcare such as health information technology and meaningful use of computing and communication technologies¹⁹⁻²³, informed-consumers demanding rights and service satisfaction²⁴⁻²⁶, and the need for better healthcare systems management^{7,27-29}, require healthcare professionals to assume their duties of maintaining medical confidentiality and to effectively manage patients' health information. Such is the case with the emerging FOI Act with its attendant issues.

Most participants in our study were young adults (40±9) with moderately vast professional

experience. These providers, so much require patients' health records primarily for patient's healthcare and for other invaluable secondary uses such as research. Many of them (77%) knew much about the values of patients' health records especially as a tool for education (22%), continuity of patients' care (17%) and for research purposes (17%), among others. Of all participants, 85% have access to patients' health records on weekly basis (38%) and most of them were aware of their respective limits to such access. The vast majority of them have heard about medical confidentiality especially on-the-job (65%) while 32% indicated that they first heard about medical confidentiality right from their institutions of learning. Nevertheless, more than 96% of the participants did not know that all healthcare providers have the responsibility to protect medical confidentiality such that nearly two-third (63%) of them conceded the responsibility to HIM professionals alone. Similarly, about two-third (64%) of the participants had no knowledge of FOI Act; a few correctly affirmed that the Act was enacted in 2011 and very few (4%) had attended workshops on FOI. Our findings coincide with previous studies such as Shrier et al⁶ and Adeleke et al⁷ where researches have shown that most healthcare providers do not fully understand their respective responsibilities toward medical confidentiality. However, ethical and legal requirements mandate all healthcare providers to protect patient confidentiality^{4,9-11,30}. Also, our findings tread the path of Adeleke et al⁷ which reported that only a smaller portion of the participants became aware of medical confidentiality

right from their schools. This is an unsafe trend in the management of health information especially when the society tends to assume FOI Act means free world and free speech in the public. The identified challenges of lack of proper understanding of healthcare providers' obligations toward medical confidentiality and the fact that most health workers lack proper orientation on FOI Act would require training and retraining on the need and obligations to protect medical confidentiality especially, in this era of FOI.

The FOI Act gives access to a plethora of data and the potential of using such data, such as issues of research ethics; frank analysis given by civil servants and the negative reporting employed by the mass media were raised³¹. Incidentally, patients themselves are selective in sharing their personal feelings and thoughts about their diagnosis, medications, treatments, and prognosis and often avoid talking about it³². From this present study, nearly two-third (62%) of the participants (with 100% of staff in patients' affairs in all cases) shared concerns that healthcare consumers may lose trust in the healthcare providers. More than half of them (52%) were concerned that patients may not want to reveal sensitive information for the fear of the unknown, and as much as 48% were apprehensive that FOI Act will constitute threats to medical confidentiality. Findings from this study are corresponding with previous studies³³⁻³⁶ where different concerns were raised over confidentiality as regards FOI Act. For instance, Hayes³³ reported an evidence that FOI Act may be having unintended

consequences as a result of such concerns, as organisations became much more concerned about confidentiality of patient health information³⁴. The rise in privacy and confidentiality concerns has not left government agencies unaffected. In USA, Government policies addressed these concerns by developing three distinct legal frameworks: confidentiality of personal information; regulatory pledges to avoid secondary unintended uses of personal information without informed consent; and enacting sanctions, if seldom used, to punish government agencies or agents that breach confidentiality and informed consent requirements³⁵. In addition, the USA Congress passed HIPAA Privacy Rules in 1996, and this has changed the landscape in health sciences archives. It was intended to facilitate the transfer of health information electronically while addressing concerns over confidentiality and privacy breaches³⁶. Our study shows that work-related and demography-related factors were associated with participants' perception of medical confidentiality in the wake of FOI Act. These factors include in their order of strength of association; profession, age, sex and years of experience. For instance, profession is strongly associated ($P=.000$) with perceptions that FOI Act will constitute threats to medical confidentiality, that patients may not reveal sensitive information for the fear of the unknown, and that patients may lose trust in healthcare providers. More importantly, our findings show that 29% of participants recommended education of healthcare providers on medical confidentiality; 32% supported awareness programs on FOI Act among patients and

care providers, and 18% suggested promotion of periodic workshops on medical confidentiality and FOI as some of the ways to ensure better handling of medical confidentiality even in the wake of FOI Act. Professional influence on attitude and practice of medical confidentiality ranged from formal training, to on-the-job performance and practice. Further analysis of the factors reveals that those with formal education in medical confidentiality shared less concerns relative to those who heard it on-the-job. The FOI Act of Nigeria itself places higher importance on medical confidentiality. It states that FOI Act is to make public records and information more freely available, provide for public access to public records and information, protect public records and information to the extent consistent with the public interest and the protection of personal privacy, protect serving public officers from adverse consequences of disclosing certain kinds of official information without authorization and establish procedures for the achievement of those purposes and; for related matters¹⁵.

Conclusion

Most healthcare professionals as well as other health workers in Nigeria hold much concern over the emerging FOI Act which is largely misconstrued as having the potentials to pose threats to medical confidentiality. Their concerns was as a result of inadequate information about FOI Act and poor understanding of the tenets of medical confidentiality as the majority did not understand their respective responsibilities toward it. This trend

could pose threats to the management of health information especially when the society tends to assume that FOI Act means free world and free speech in the public. These identified challenges i.e. lack of proper understanding of healthcare providers' obligations toward medical confidentiality and the fact that most health workers lack orientation on FOI Act, would require training and retraining of healthcare providers, on the needs and obligations to protect medical confidentiality especially, in this era of FOI. Likewise, it has become necessary to embed responsibilities for medical confidentiality in the curricular of all healthcare professionals in training, orient and reorient healthcare professionals and patients alike on the medical confidentiality related provisions in the FOI Act.

References

1. Joyce P, Ruth F. Privacy and confidentiality; current issues on research ethics. Columbia Centre for New Media Teaching and Learning. Columbia University, 2006.
2. Elger BS. Violations of medical confidentiality: opinions of primary care physicians. *Br J Gen Practice*. 2009;343-350.
3. O'Brien J, Chantler C. Confidentiality and the duties of care. *J Med Ethics* 2003 29: 36-40. doi: 10.1136/jme.29.1.36.
4. Huffman EK. Medical record management. Berwyn, Illinois, Physicians' Records Company; 1990:596-597.
5. Anneke L, Michael P. Confidentiality and serious harm in genetics: preserving the confidentiality of one patient and preventing harm to relatives. *European Journal of Human Genetics*. 2004;12:93-97.
6. Shrier I, Green S, Solin J. Knowledge of an attitude toward patient confidentiality within three family medicine units. *Acad Med*. 1998;73:710-12.
7. Adeleke IT, Adekanye AO, Adefemi SA, Onawola KA, Okuku AG, Sheshi EU, James JA, Francis M, Elegbe TRO, Ayeni AM, Tume AA. Knowledge, attitudes and practice of confidentiality of patients' health records among healthcare professionals at Federal Medical Centre, Bida. *Nigerian Journal of Medicine*. 2011;20(2):228-235.
8. British Medical Association (1974). *Medical Ethics*, p 13.

9. Perez-Carcelez MD, Pereniguez E, Osuna E. Primary care confidentiality for Spanish adolescents: facts or fiction. *J Med Ethics*. 2006;32:329-4.
10. World Medical Association Declaration of Helsinki. 2008. Available at: www.wma.net/en/30_publications/10policies/b3/index.html. Accessed on January 10, 2010.
11. Yousuf RM, Fauzi ARM, How SH, Rasool AG, Rehana K. Awareness, knowledge and attitude toward informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir. *Singapore Med J*. 2007;48(6):559-565.
12. Why confidentiality is important. Available at: www.asph.nhs.uk/attachments/1220_2009-10-22%20Confidentiality%20Scenarios%20with%20notes.pdf. Accessed on April 24, 2011.
13. US Department of Health and Human Services. The Privacy Rule. Available at: www.hhs.gov/ocr/hipaa/finalreg.html Accessed on November 5, 2013.
14. Ifeoma DB, Gregory OU. The Nigerian journalists' knowledge, perception and use of the freedom of information (FOI) law in journalism practices. *Journal of Media and Communication Studies*. 2014;6(1):1-10.
15. National Assembly. Freedom of Information Act: Laws of the Federation of Nigeria. 2011. Available at: <http://www.nigeria-law.org/Legislation/LFN/2011/Freedom%20of%20Information%20Act.pdf>. Accessed on July 4, 2014.
16. Ayuba AA, Yahaya YM, Bulama K, Ibrahim D. International conference on information and finance: Nigeria freedom of information act 2011 and it's implication for records and office security management. *IPEDR*. 2011;21.
17. M D Pérez-Cárceles, J E Pereñiguez, E Osuna and A Luna. Balancing confidentiality and the information provided to families of patients in primary care. *J Med Ethics*. 2005;31:531-535. doi: 10.1136/jme.2004.010157.
18. Kottow MH. Medical confidentiality: an intransigent and absolute obligation. *J Med Ethics*. 1986;12:117-122.
19. Adeleke IT, Erinle SA, Ndana AM, Anamah TC, Ogundele OA, Aliyu D. Health information technology in Nigeria: stakeholders' perspectives of nationwide implementations and meaningful use of the emerging technology in the most populous black nation. *American Journal of Health Research. Special Issue: Health information technology in developing nations: challenges and prospects health information technology*. 2014;3(1-1):17-24. doi:10.11648/j.ajhr.s.2015030101.13.
20. Adeleke IT, Asiru MA, Oweghoru BM, Jimoh AB, Ndana AM. Computer and internet use among tertiary healthcare providers and trainees in a Nigerian public hospital. *American Journal of Health Research. Special Issue: Health Information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1):1-10. doi: 10.11648/j.ajhr.s.2015030101.11.

21. Adeleke IT, Lawal AH, Adio RA, Adebisi AA. Information technology skills and training needs of health information management professionals in Nigeria: a nationwide study. *Health Information Management Journal*. 2015;44(1):30-38. doi:10.12826/18333575.2014.0002.Adeleke
22. Oweghoro BM, Adeleke IT, Mshelia PP, Ogundiran LM, Yusuf AMJ, Adeoti DI. Knowledge, access and use of internet-based health information for personal healthcare among employees of the foremost Nigerian University. *American Journal of Health Research. Special Issue: Health information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1):25-31. doi: 10.11648/j.ajhr.s.2015030101.14.
23. Adeleke IT, Salami AA, Achinbee M, Anamah TC, Zakari IB, Wasagi MH. ICT knowledge, utilization and perception among healthcare providers at National Hospital Abuja, Nigeria. *American Journal of Health Research. Special Issue: health information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1):47-53. doi: 10.11648/j.ajhr.s.2015030101.17.
24. Adefemi SA, Adeleke IT, Gara P, Abdulghaney OO, Omokanye SA, Yusuf AMJ. The rate, reasons and predictors of hospital discharge against medical advice among inpatients of a tertiary health facility in North-central Nigeria. *American Journal of Health Research. Special Issue: Health information technology in developing nations: challenges and prospects health information technology*. 2014;3(1-1):11-16. doi: 10.11648/j.ajhr.s.2015030101.12.
25. Adekanye AO, Adefemi SA, Okuku AG, Onawola KA, Adeleke IT, James JA. Patients' satisfaction with the healthcare services at a North-central Nigerian tertiary hospital. *Niger J Med*. 2013;22(3):218-224.
26. Aliyu D, Adeleke IT, Omoniyi SO, Samaila BA, Adamu A, Abubakar AY. Knowledge, attitude and practice of nursing ethics and law among nurses at Federal Medical Centre, Bida. *American Journal of Health Research. special issue: health information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1): 32-37. doi: 10.11648/j.ajhr.s.2015030101.15.
27. Adeleke IT, Adekanye AO, Onawola KA, Okuku AG, Adefemi SA, Erinle SA, Shehu AA, Yahaya OE, Adebisi AA, James JA, Abdulghaney OO, Ogundiran LM, Jibril AD, Atakere ME, Achinbee M, Abodunrin AO, Wasagi MH. Data quality assessment in healthcare: a 365-day chart review of inpatients' health records at a Nigerian tertiary hospital. *J Am Med Inform Assoc* 2012;19:1039-1042. doi: 10.1136/amiajnl-2012-00823.
28. Adeleke IT, Ajayi OO, Jimoh AB, Adebisi AA, Omokanye SA, Jegede MK. Current clinical coding practices and implementation of ICD-10 in Africa: a survey of Nigerian Hospitals. *American Journal of Health Research. Special Issue: Health information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1):38-46. doi:10.11648/j.ajhr.s.2015030101.16.
29. Aliyu D, Adeleke IT, Omoniyi SO, Kolo S, Odofin OM, Ekaete PE. Knowledge, attitude and practice of preoperative visit: a survey of Nigerian perioperative nurses. *American Journal of Health Research. Special Issue: Health information technology in developing nations: challenges and prospects health information technology*. 2015;3(1-1):54-60. doi:10.11648/j.ajhr.s.2015030101.18.
30. Rogers WA, Draper H. Confidentiality and the ethics of medical ethics. *J Med Ethics* 2003;29:220-224.
31. Fowler AJ, Agha RA, Camm CF, Littlejohns P. The UK Freedom of Information Act (2000) in healthcare research: a systematic review. *BMJ Open* 2013;3:e002967. doi:10.1136/bmjopen-2013-002967.
32. Velden MVD, El Elam K. Not all my friends need toknow": a qualitative study of teenage patients, privacy, and social media. *J Am Med Inform Assoc*. 2013;20:16-24. doi:10.1136/amiajnl-2012-000949.
33. Hayes JA. Shock to the system: journalism, government and the Freedom of Information Act 2000. A working paper of the Reuters Institute for the Study of Journalism, University of Oxford, 2009.
34. Thomas M. The NHS's National Programme for Information Technology (NPfIT): a dossier of concerns. Available at: www.homepages.cs.ncl.ac.uk/brian.randell/Concerns.pdf. Accessed on April 4, 2015.
35. Sylvester DJ, Lohr S. The security of our secrets: a history of privacy and confidentiality in law and statistical practice. Available at: http://www.law.du.edu/images/uploads/denver-university-law-review/v83_i1_sylvesterlohr.pdf. Accessed on: April 4, 2015.
36. Carpenter WC, Nichols C, Polirer SA, Wiener JA. Exploring the evolution of Access: classified, privacy, and proprietary restrictions. *The American Archivist*. 2011;74(602):1-25.

Conflict of interest: Ni