



## 1. Mental illness like all other human illness

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In July 2022, the Ethics Bureau discussed the question of whether a patient's medical file should contain information about psychiatric illnesses.

Is a disease like diabetes different from schizophrenia? Does a doctor planning to perform a hernia operation not need to obtain full information regarding all the patient's illnesses? The answer seems simple. When it comes to treating a person, all his illnesses, the treatments he received and is receiving, allergies, etc., are all relevant to a complete medical picture. However, for many years, mental illnesses were kept far from the eyes of practitioners and the eyes of the public. Mental hospitals were built separately from general hospitals, inpatient facilities were used for long hospitalizations and were located separately and far from chronic hospitalizations for other diseases.

In recent years, there is an understanding that this separation hurts the mentally ill – it leaves them in the "backyard", the conditions of hospitalization and treatment have deteriorated and treatment is accompanied by stigma.

The State of Israel decided several years ago to unify the treatment of the mentally ill within the framework of the health insurance funds, and not the Ministry of Health as was done in the past, so that the diagnosis and medical treatment are now visible in the medical file of every doctor treating a patient.

The question before us now is: Is it appropriate that the file be consolidated within the framework of public hospitals, so that a doctor who meets the patient in an emergency room or in a hospital ward can see the entire medical history, including the psychiatric illnesses and treatments, upon opening the patient's file?

From the medical perspective, the answer is clear. Some medications and treatments may conflict with each other, and the entire medical background must be taken into account. Some complaints and diagnosis may be inaccurate when the doctor works without all the data, hence the importance of consolidating the files.

How much of the medical file should be exposed to all practitioners?

The diagnosis of mental illness is often made during the exacerbation of the disease, when the patient has confused and/or racing thoughts, imaginary perceptions, a sense of persecution, anger, depression, etc. After receiving clinical or medicinal treatment, the patient may not remember or understand why he had these thoughts. Should these thoughts be exposed to the eyes of every doctor? Or maybe it is appropriate to keep them in a closed record accessible only to the treating doctor, just as certain radiological, cardiology, etc. diagnoses are summarized in the patient's file but without access to the test itself?

With regard to medical confidentiality, the doctor's ethical, medical and legal duty is to maintain the patient's privacy regarding all of the illnesses and problems that he disclosed to the doctor.



- On the other hand, this ethical obligation sometimes conflicts with the need of society in general to limit the freedom of the individual in order to protect itself.
- The rule is that every prisoner or detainee is entitled to be examined and to receive treatment like any other person, without being handcuffed.
- The authority to determine the need for handcuffing is held by the law enforcement authority holding the patient.
- Handcuffing is not a routine procedure and is done only in the absence of some other, less serious, means.
- Handcuffing is not a substitute for a shortage of manpower required to guard the patient.
- If the handcuffing prevents medical treatment, endangers the life of the person handcuffed or is liable to cause him real and irreversible injury, the patient shall be released from his handcuffs even at the price of the risk involved.