

## GMC CONFIDENTIALITY PODCAST TRANSCRIPT (24 /9/9)

### PRESENTER INTRODUCTION:-

In its new guidance on Confidentiality the General Medical Council has, for the first time, instructed doctors to immediately report to the police all gunshot wounds and knife attack injuries. And the guidance goes further where the patient is a child or under 18, when doctors are strongly urged to consider reporting even accidental knife or blade injuries. So how explicit is the GMC's new guidance? And what does it mean in practice for doctors, for patients, and for the wider community?

### Ambulance siren (5")

PRES: This is Denmark Hill in South London, site of King's College Hospital where, on average, A&E Doctors treat one gunshot or knife attack injury a day. Here Mr Tunje Lasoye is the Emergency Department's Lead Consultant....

SPEAKER: Mr Tunji Lasoye

*"We're an inner city emergency department seeing around 120 thousand patients a year. Five years ago less than 200 were victims of gun and knife. Last year the figure had doubled. And the more concerning part of it was that the age group that's getting involved is getting younger and younger."*

### Sounds of A&E ....

PRES: Here, in daily encounters with the victims of gun or knife attacks, doctors like Mr Lasoye must choose between the rules of patient confidentiality and helping police to break the cycle of violence:

CLIP: LASOYE 2

*"I once treated a 17 year old boy who came in with three stabs to his torso. When I examined him I found scars of previous stabbings and I confronted him saying: "You've been stabbed before". He'd been stabbed 24 times. And I said: "Don't you think you should be telling the police about this?" He blatantly refused – he said: "No, I don't want the police to know. Just treat me and I'll go home". Well, I couldn't live with that but I was in a fortunate position because his 16 year old girlfriend, who was heavily pregnant – about 7 months pregnant – was nearby and it was convenient for me to say: "Well, do you want to be there when the baby is born?" He said: "Yes". And I answered that if I didn't tell the police about this now, "you may not be there to see your newborn baby". At which case he agreed and we informed the police.*

PRES: Mr Lasoye thinks the GMC's new Confidentiality guidance will empower doctors to act more quickly in their patients' interests. So what exactly does it say? Professor Peter Rubin is Chair of the GMC :-

CLIP: Prof Peter Rubin 1

*“Confidentiality is absolutely central to the trust between a doctor and a patient. What we’re aiming to do with this guidance is to help doctors in what will be pretty rare occasions when they may feel in their judgment that the wider public interest, the safety of the public at large, would justify them breaching their duty of confidentiality to a patient.*

*Pres: This new guidance gives doctors a two-stage process to follow when such a patient presents. What is that two-stage process?*

*Rubin: The first stage is that a doctor should inform the police quickly whenever a person arrives with a gunshot wound or an injury with a knife, a blade or any other sort of sharp instrument. So that’s the first stage. The second stage is very important from the standpoint of the doctor as a professional. And it’s to make a professional judgment about whether, in that case, the doctor should release to the police the identity of the patient if the patient has not already consented to that happening.”*

PRES: So although doctors should now quickly report all gun and knife attack wounds to the police, they shouldn’t divulge the patient’s personal information at this stage without their permission. So what can they reveal that’s of use? Tunje Lasoye? (14”)

CLIP: LASOYE 4

*“The guidance makes it clear that we needn’t give anything specific about the patient but there is very useful information you can give the police like where it happened, roughly what kind of age group of patient it happened to, when it happened. This sort of information helps the police in targeting their resources more effectively. And it will help them get to the bottom of things before this sort of attack and counter-attack that we see in these sorts of cases happens.”*

*PRES: But what if the injury was accidental? The GMC Guidance says all gunshot wounds should still be reported, , but accidental knife or blade injuries needn’t – unless the patient is a child or under 18. Then, alarm bells should start ringing. Prof Rubin ....*

CLIP: RUBIN 2

*“Well, when somebody under the age of 18 comes in with, say, a knife wound, it may be the result of a criminal attack but it may raise child-protection issues. And what our guidance says is that when a doctor sees somebody under the age of 18 in that category, in addition to deciding whether to call the police – and they probably would wish to call the police – they should also alert the child-protection services.*

PRES: Of course children are accident prone and not all cuts & scratches warrant a report to social services. First, medical teams must decide whether they suspect foul play. How do they do that? Tunji Lasoye..

CLIP: Lasoye 5

*“To give an example of wounds that would or wouldn’t warrant suspicion. A five year old who was playing with a knife in the kitchen with a cut to the hand – a slash wound – brought in soon after the injury. No suspicion at all. Whereas an apparent slash of a knife across the thigh would seem far-fetched by way of accidental mechanism in a five year old, so that would arouse a bit of suspicion as to whether the wound to the thigh was deliberately inflicted. And what this guideline does is empower doctors to make this kind of value judgement to say, well, this doesn’t really look logical and therefore I’m going to involve the agencies about this.”*

CLIP: RUBIN 3

*Q: Prof Rubin, in view of increasing concerns over child protection, what guidance is there to help doctors be really sure that they’ve made the right reporting decision where children are concerned?*

*Rubin: “ When somebody under the age of 18 comes in with a knife wound we would expect that ordinarily the doctor would inform the relevant child-protection agencies. But if they decide not to do so – and there may well be good reason not to do so – they need to be able to defend those reasons and our advice, very clearly, is that if a doctor is considering not advising child-protection agencies they shouldn’t do so without first having consulted with a designated child-protection doctor or with a defence organisation.”*

PRES: So, with their newfound freedom to report gun and knife attack wounds how big a role can doctors like Tunje Lasoye play in fighting the spread of violent crime?

CLIP: LASOYE 6

*“We see knife crime like a public health issue. With any other condition we’ll treat what’s in front of us, we’ll contact the health protection agency so that they can stem the flow & prevent others from getting injured or coming to harm. So why should it be different? What these new guidelines do is give us the clarity so we can stop further escalation of these unnecessary injuries. To help police and other agencies form an intelligent profile and target their resources more effectively.*

*Q: What do you say to people who say prevention is better than a cure?*

*A: Prevention is obviously better than a cure but at the point we’re seeing the patient and patching them up, we can also play a part in preventing others becoming patients.”*

PRES: The General Medical Council’s new Guidance on reporting of gunshot and knife wounds is part of its new Confidentiality Guidance, affecting all aspects of patient-doctor confidentiality, effective as of 12<sup>th</sup> October. For more information please visit the GMC’s website at: [www.gmc-uk.org](http://www.gmc-uk.org).

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