

Confidentiality: reporting gunshot and knife wounds

- 1 In our *Confidentiality* guidance, we advise that:
 - 6 Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care. But appropriate information sharing is essential to the efficient provision of safe, effective care, both for the individual patient and for the wider community of patients.
 - 53 Disclosure of personal information about a patient without consent may be justified in the public interest if failure to disclose may expose others to a risk of death or serious harm. You should still seek the patient's consent to disclosure if practicable and consider any reasons given for refusal.
 - 54 Such a situation might arise, for example, when a disclosure would be likely to assist in the prevention, detection or prosecution of serious crime,¹ especially crimes against the person. When victims of violence refuse police assistance, disclosure may still be justified if others remain at risk, for example, from someone who is prepared to use weapons, or from domestic violence when children or others may be at risk.
 - 55 If a patient's refusal to consent to disclosure leaves others exposed to a risk so serious that it outweighs the patient's and the public interest in maintaining confidentiality, or if it is not practicable or safe to seek the patient's consent, you should disclose information promptly to an appropriate person or authority. You should inform the patient before disclosing the information, if practicable and safe, even if you intend to disclose without their consent.
- 2 The guidance in *Confidentiality* applies to all violent crime, but gunshot and knife wounds raise issues that warrant special consideration. That is not to suggest that information should not be disclosed to assist in the prevention, detection or prosecution of other serious crime.
- 3 This guidance describes a two-stage process:
 - a You should inform the police quickly whenever a person arrives with a gunshot wound or an injury from an attack with a knife, blade or other sharp instrument. This will enable the police to make an assessment of risk to the patient and others, and to gather statistical information about gun and knife crime in the area
 - b You should make a professional judgement about whether disclosure of personal information about a patient, including their identity, is justified in the public interest.

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- 4 The police are responsible for assessing the risk posed by a member of the public who is armed with, and has used, a gun or knife in a violent attack. They need to consider:
 - a the risk of a further attack on the patient
 - b the risk to staff, patients and visitors in the A&E department or hospital, and
 - c the risk of another attack near to, or at, the site of the original incident.
- 5 For this reason, the police should be informed whenever a person arrives at hospital with a gunshot wound. Even accidental shootings involving lawfully held guns raise serious issues for the police about, for example, gun licensing.

- 6 The police should also be informed when a person arrives at a hospital with a wound from an attack with a knife, blade or other sharp instrument.
 - 7 The police should not usually be informed if a knife or blade injury is accidental, or a result of self-harm. If you are in doubt about the cause of the injury, you should if possible consult an experienced colleague.
 - 8 Quick reporting at this stage may help prevent further incidents or harm to others. If you have responsibility for the patient, you should make sure that the police are contacted, but you can delegate this task to another member of staff.
 - 9 Personal information, such as the patient's name and address, should not usually be disclosed in the initial contact with the police. The police will respond even if the patient's identity is not disclosed. The police need to be informed quickly in order to respond to the risk to patients, staff and the public. They also need statistical information about the number of gunshot and knife injuries, and when and where they occur, to inform their own and their crime reduction partners' operational and strategic priorities.
- b disclosure is likely to help in the prevention, detection or prosecution of a serious crime.
- 14 If there is any doubt about whether disclosure without consent is justified, the decision should be made by, or with the agreement of, the consultant in charge, or the trust's Guardian.
 - 15 If practicable, you should seek the patient's consent to the disclosure, or tell them that a disclosure has been made unless, for example, that:
 - a may put you or others at risk of serious harm, or
 - b would be likely to undermine the purpose of the disclosure, by prejudicing the prevention, detection or prosecution of a crime.
 - 16 You must document in the patient's record your reasons for disclosing information without consent and any steps you have taken to seek their consent, to inform them about the disclosure, or your reasons for not doing so.
 - 17 If there is no immediate public interest reason for disclosing personal information, no further information should be given to the police. The police may seek an order from a judge or a warrant for the disclosure of confidential documents.²
 - 18 You should tell those responsible for the continuing care of the patient that further discussion with the patient is needed to ensure, for example, that they are fit to hold a firearms licence.

Making the care of the patient your first concern

- 10 When the police arrive, you should not allow them access to the patient if this will delay or hamper treatment or compromise the patient's recovery.
- 11 If the patient's treatment and condition allow them to speak to the police, you or another member of the healthcare team should ask the patient whether they are willing to do so. If they are not, you should explain what the consequences, if any, might be. You, the rest of the healthcare team, and the police must abide by the patient's decision.

Disclosing personal information without consent

- 12 If it is probable that a crime has been committed, the police will ask for more information. If the patient cannot give consent because, for example, they are unconscious, or refuses to disclose information or to allow you or your colleagues to do so, you can still disclose information if it is required by law or if you believe it is justified in the public interest.
- 13 Disclosures in the public interest may be justified when:
 - a failure to disclose information may put the patient, or someone else, at risk of death or serious harm, or

Children and young people

- 19 Any child or young person under 18 arriving with a gunshot wound or a wound from an attack with a knife, blade or other sharp instrument will raise obvious child protection concerns. You must inform an appropriate person or authority promptly of any such incident.
- 20 Knife or blade injuries from domestic or occupational accidents might also raise serious concerns about the safety of children and young people. You should consider the advice on child protection in *0-18 years: guidance for all doctors* whenever you are concerned that a child may be the victim of abuse or neglect.
- 21 You must be able to justify a decision not to share a concern that children or young people are at risk of abuse, neglect or other serious harm, having taken advice from a named or designated doctor for child protection or an experienced colleague, or a defence or professional body.

22 See *0-18 years: guidance for all doctors* for more information and advice about doctors' roles and responsibilities towards children and young people.

Endnotes

- 1 There is no agreed definition of 'serious crime'. *Confidentiality: NHS Code of Practice* (Department of Health, 2003) gives some examples of serious crime (including murder, manslaughter, rape and child abuse; serious harm to the security of the state and public order and 'crimes that involve substantial financial gain or loss' are mentioned in the same category). It also gives examples of crimes that are not usually serious enough to warrant disclosure without consent (including theft, fraud, and damage to property where loss or damage is less substantial).
- 2 See Schedule 1 to the *Police and Criminal Evidence Act 1984*, Schedule 1 to the *Police and Criminal Evidence (Northern Ireland) Order 1989* and section 135 of the *Criminal Procedure (Scotland) Act 1995*. The police can also use powers to seize evidence, such as clothing, that may help in detecting or prosecuting crime.

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