

Survey on Medical Confidentiality (anonymous)

Fields marked with * are mandatory.

Survey on Medical Confidentiality

Background:

The reason for creating this survey is to gather insights and perspectives from medical doctors on the role and importance of medical confidentiality in the context of the increasing digitisation of healthcare, electronic health data sharing, and the emerging principle of data availability.

The landscape of medical data collection and usage is rapidly changing. The upcoming establishment of [the European Health Data Space \(EHDS\)](#) and other European and national legislative proposals is raising concern among medical practitioners about their impact on medical confidentiality.

Understanding how countries address similar issues can help National Medical Associations (NMAs) to respond more effectively to these legislative changes and healthcare digitisation. This survey explores how the medical profession in different countries is adapting to these changes, particularly in maintaining or redefining medical confidentiality.

Additionally, with discussions on data-altruism^[1] and data-availability for secondary use purposes, such as policy-making, research, and innovation, we are interested to learn how other countries balance these new demands with the traditional principles of medical confidentiality.

[1] Data altruism is when individuals and companies give their consent or permission to make available data that they generate – voluntarily and without reward – to be used for objectives of general interest, such as healthcare, combating climate change, improving mobility, official statistics, etc. A common European consent form for data altruism will allow the collection of data across Member States in a uniform format, ensuring that those that share their data can easily give and withdraw their consent.

To whom is the survey addressed to:

Medical doctors, medical residents, junior doctors, medical students working with electronic health records.

By engaging with doctors in other countries, we hope to gain a comprehensive understanding of their perceptions, attitudes, practices and main legal framework concerning medical confidentiality. We want to learn and discover new approaches that could inform and enrich internal discussions on medical confidentiality.

By collecting and analysing responses to this survey, we want to broaden our perspective and potentially identify novel manners to safeguarding medical confidentiality in the digital context.

The results will serve to support advocacy activities of your NMA and CPME - Standing Committee of European Doctors (www.cpme.eu), to which your NMA is a member or associated member, to safeguard the principle of medical confidentiality in view of the digitisation of healthcare. Your responses are anonymous, unless you prefer otherwise (please see Section III). The anonymised results will be made publicly available.

We would be very grateful if you could reply to the questions below by Monday, 12 May 2025.

If you have any questions, please contact CPME Secretariat (secretariat@cpme.eu).

I - About you:

*** 1. What is your age bracket?**

- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

*** 2. Are you currently doing your residency or postgraduate training?**

- Yes
- No

*** 3. What is your medical specialty (if you have more than one, or you are doing a postgraduate training, please select only the most recent one, or the one you are currently doing your training on)?**

- Accident and emergency medicine
- Allergology
- Anaesthetics
- Biological chemistry
- Biological haematology
- Cardiology
- Child psychiatry
- Clinical biology
- Clinical neurophysiology
- Communicable diseases
- Community medicine
- Dental, oral and maxillo-facial surgery (basic medical and dental training)
- Dermatology
- Dermatovenereology
- Diagnostic radiology
- Endocrinology

- Gastroenterological surgery
- Gastroenterology
- General (internal) medicine
- General Haematology
- General practitioner
- General Surgery
- Geriatrics
- Immunology
- Maxillo-facial surgery (basic medical training)
- Medical Oncology
- Medical genetics
- Microbiology — bacteriology
- Neurological surgery
- Neurology
- Neuropsychiatry
- Nuclear medicine
- Obstetrics and Gynaecology
- Occupational medicine
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology
- Paediatrics
- Paediatric surgery
- Pathological anatomy
- Pharmacology
- Physiotherapy
- Plastic surgery
- Psychiatry
- Radiology
- Radiotherapy
- Renal diseases
- Respiratory medicine
- Rheumatology
- Stomatology
- Thoracic surgery
- Tropical medicine
- Urology
- Vascular surgery
- Venerology

If you have another medical specialty, please specify:

II - Questions on medical confidentiality *

* For the purposes of this survey, medical confidentiality covers all facts that came to the attention of the doctor in the exercise of his/her profession or because of it.

*** 4. Is medical confidentiality important for you in your medical practice?**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. For which reasons should medical confidentiality be safeguarded?

Please select from "Strongly agree" to "Strongly disagree"

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
* To protect patient's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To protect patients' privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To ensure free access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To trust the healthcare system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* To trust patient-doctor relationship on an individual basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you identify other reasons for which medical confidentiality should be safeguarded, please specify:

*** 6. Medical confidentiality may be compromised with the use of electronic health records in your country.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6.1. By whom may medical confidentiality be compromised with the use of electronic health records?

Please select from "Strongly agree" to "Strongly disagree"

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Government (with additional legal derogations or obligations weakening the principle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Non-medical employers (by using health data for bureaucratic or commercial reasons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private insurance companies (by promoting their commercial interests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public insurance companies (by using health data for bureaucratic reasons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members (for obtaining information for legal purposes, e.g. divorce, child custody, adoption reasons, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other healthcare professionals while providing different services from those provided by the original caring physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If not listed above, please specify

*** 7. What are the most common grounds for you to disclose patients' data ?** Please rank from top (most common) to bottom (least common).

Use drag&drop or the up/down buttons to change the order or accept the initial order.

- With patient voluntary consent
- Legal obligation (duty to disclose)
- Legal authorisation (voluntary to disclose)
- Protect the higher interest of the patient
- Protect the higher interest of relatives
- Protect the higher interest of other people than patient or relatives
- Defend doctor's dignity or honour

If you identify other grounds not mentioned above, please specify

*** 8. How often do you have to disclose patients' information to third parties to comply with legal obligations?**

- Daily

- Weekly
- Monthly
- Couple times per year
- Never
- Prefer not to answer

*** 9. Does your employer (where applicable) provide you with information, guidelines or legal assistance about when you can disclose patient information to third parties?**

- Whenever requested
- Sometimes/intermittently
- Never
- Self-employed, I seek my own legal assistance

9.1 In your opinion, should your employer provide you with information, guidelines or legal assistance about when you can disclose patient information to third parties?

- Yes
- No

9.1.1 In your opinion, how should your employer provide you with information, guidelines or legal assistance about when you can disclose patient information to third parties?

- Specific training
- Website information
- Awareness campaigns when new legislation/policy appears
- Other

If you have any comments, please specify:

*** 10. Do you find any discrepancies between national law and deontology (rules of professional conduct/ethical self-regulation) in relation to medical confidentiality?**

- Yes
- No

10.1 I find the following discrepancies in relation to medical confidentiality:

- The definition in the deontological code is outdated
- The derogations in the deontological code are outdated
- The legal definition is outdated
- The legal derogations are outdated
- The definition in the deontological code is more strict than the legal definition
- The legal definition is more strict than the deontological code
- The principle is not sufficiently protected by national law
- The technological means to protect medical confidentiality (software, cloud service, network grid, etc.) are insufficient
- I cannot specify

None of the above

If you identify other divergencies, please specify:

* The **digitisation of care** refers to the integration and adoption of digital technologies in healthcare systems to enhance the delivery of medical services, improve patient outcomes, and streamline administrative processes. With the term 'digitisation' we refer to developments such as Electronic Health Records (EHRs), Telemedicine, Data Analytics and Artificial Intelligence (AI), remote patient monitoring and so on.

11. I am satisfied with how my medical practice is guaranteeing the principle of medical confidentiality when using electronic health records.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- I do not use electronic health records in my practice

11.1. Please select which measures you find more effective to guarantee the principle of medical confidentiality in a medical practice when using electronic health records?

- Internal policies and procedures
- Robust technical equipment (software and hardware)
- Training and educating staff on managing patient data
- External auditing on internal procedures
- Internal auditing procedures
- Other

If you selected 'other', please specify:

* **12. Which risks are most likely to compromise medical confidentiality when using electronic health records?**

Please rank from top (higher risk) to bottom (lowest risk).

Use drag&drop or the up/down buttons to change the order or accept the initial order.

<input type="checkbox"/> Ransomware
<input type="checkbox"/> Hacking of health information
<input type="checkbox"/> Black-out
<input type="checkbox"/> EHR systems often down

⋮ Lack of training on health data management

⋮ No secure channel to transfer electronic health data

⋮ Easy access by unauthorised people

Any other risk not mentioned above, please specify:

*** 13. Which measures are most important to safeguard the risks of electronic health records?**

Please rank them from top (most important) to bottom (least important).

Use drag&drop or the up/down buttons to change the order or accept the initial order.

⋮ Provision of data management training

⋮ Using secure communications channels

⋮ Having rigorous access systems (password or fingerprint protected)

⋮ Robust cybersecurity systems in place against unauthorised access, disclosure, alteration

⋮ Timely updating software licenses

⋮ Contractual regulation of the confidentiality of health information

Any other measure not mentioned above, please specify:

*** 14. The digitisation of healthcare will improve medical confidentiality in the future?**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

*** 15. There have been positive developments for the principle of medical confidentiality after the COVID-19 pandemic (since 2020).**

- Strongly agree
- Agree
- Neutral
- Disagree

Strongly disagree

If you have comments, please specify:

16. New legislation will oblige certain hospitals, clinics and possibly specific doctors to make available the patient information they hold in the electronic health records (EHRs) to certain competent authorities for research, innovation and policy making purposes (secondary use purposes). What would you expect from your National Medical Association (NMA) to safeguard medical confidentiality?

Please select from "Strongly agree" to "Strongly disagree"

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
* Support actively the disclosure of EHRs to the competent authorities for secondary use purposes, ensuring that appropriate safeguards are in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Prepare a toolkit explaining new circumstances for doctors, including guidelines on what should a doctor do in case a patient opposes the disclosure of his /her health information to secondary use purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have other suggestions, please specify:

17. Please provide your key recommendations for healthcare digitisation either related to measures and/or risks, if possible:

III - Closing questions

18. Country of respondent:

- AL - Albania
- AT - Austria

- BE - Belgium
- BG - Bulgaria
- HR - Croatia
- CY - Cyprus
- CZ - Czech Republic
- DK - Denmark
- EE - Estonia
- FI - Finland
- FR - France
- GE - Georgia
- DE - Germany
- EL - Greece
- HU - Hungary
- IE - Ireland
- IL - Israel
- IT - Italy
- XK - Kosovo*

* References to Kosovo are without prejudice to positions on status. They are in line with United Nations Security Council Resolution 1244/1999 and the opinion by the International Court of Justice on the Kosovo declaration of independence.

- LV - Latvia
- LT - Lithuania
- LU - Luxembourg
- MT - Malta
- ME - Montenegro
- NL - Netherlands
- MK - North Macedonia
- PL - Poland
- PT - Portugal
- RO - Romania
- RS - Serbia
- SK - Slovak Republic
- SI - Slovenia
- ES - Spain
- SE - Sweden
- TR - Turkey
- UA - Ukraine
- UK - United Kingdom

19. If you would like to be contacted for follow-up questions, please provide your email address:

20. If you would like to receive the survey results, please send an email to secretariat@cpme.eu

