

Exceptions to the obligation of medical confidentiality in the context of the protection of public health

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Abstract

Primarily, it should be noted that a doctor has an obligation to ensure the principles inherent to the doctor-patient relationship and to maintain medical confidentiality. These basic rules ensue from both statutory and deontology regulations.

The aim of this paper is to analyse the exceptions to the above rule in relation to public health. In this respect, it is very important to explain the statutory and deontology regulations related to the obligation to maintain confidentiality, as well as to provide a definition of public health. Therefore, the specific nature of the exceptions to the medical confidentiality clause is highlighted. The exceptions are discussed taking into account the fact that public health protection is the requirement justifying their application. Finally, the article ends with a presentation of the conclusions of the analysis.

Key words: patients' rights, doctors' obligations, infectious diseases, prevention, the Code of Medical Ethics

Słowa kluczowe: prawa pacjenta, obowiązki lekarza, choroby zakaźne, profilaktyka, Kodeks Etyki Lekarskiej

Introduction

Regulations concerning medical confidentiality are the legal guarantee of trust, which is the basis behind the special relationship between a doctor and a patient. This can be considered from the perspective of both parties involved in the above relationship – the doctor's duty to maintain medical confidentiality and the patient's right to confidentiality. It must first be stated that the analysis was limited to matters pertaining to the doctor, to the exclusion of other medical professions, such as nurses and laboratory diagnosticians. Therefore, the term 'medical confidentiality' is fully justified in the article. The paper does not consider general issues regarding medical confidentiality, its subject and object scope or issues related to a doctor's responsibility for revealing medically confidential material.

As a prelude to further discussions, an attempt is made to define the concept of public health. Next, the

range of information covered by medical confidentiality is provided, followed by a discussion of the exceptions to its maintenance. The exceptions are analysed and their validity justified by the necessity to protect public health. After analysing the statutory regulations, which include the Act of 5 December 1996 on the professions of doctor and dentist (hereinafter referred to as A.P.D.),¹ the deontological regulations contained in the Code of Medical Ethics are considered. The paper concludes with the results of the analysis.

The concept of public health

To analyse the exceptions to the maintenance of medical confidentiality as indicated above, the preliminary requirement will be to present a definition of public health, as this term is understood in various ways.

When defining the concept in legal terms [1],² reference should be made to Article 2 (2) 1–10 of the Act of

11 September 2015 on public health.³ In light of these regulations, public health is understood as a series of initiatives, including the monitoring and assessment of the society's state of health, as well as of the risks to health and quality of life related to public health; providing health education, adapted to the needs of various social groups, particularly children, adolescents and the elderly; promotion of health; disease prevention; actions aimed at identifying, eliminating or reducing the risks and damage to physical and mental health in places of residence, study, work and recreation; the analysis of the adequacy and effectiveness of health care services in relation to the particular society's identified health needs; initiating and conducting scientific research and international cooperation in the field of public health; aiding in the development of personnel involved in the implementation of initiatives in the scope of public health; reduction of inequalities in health resulting from the social and economic environment and actions promoting – physical activity. It has been pointed out that because of this very broad description and the generality of the tasks, the regulations do not provide a legal definition of the concept of public health [2].

Therefore, attention should be paid to the approaches to public health that appear in other normative acts. These can be seen in Article 1 of the State Sanitary Inspection Act of 14 March 1985,⁴ in which its duties were defined as the implementation of public health initiatives, in particular monitoring the conditions of the following: environmental hygiene; occupational hygiene in workplaces; radiation hygiene; the hygiene of educational processes; the hygiene of rest and recreation; healthy food, nutrition and equipment; hygiene and sanitation requirements that should be met by medical personnel; equipment and the facilities where health services are provided to protect human health from the adverse effects of a harmful or stressful environment and to prevent the development of diseases, including infectious and occupational diseases.

In addition, the concept of public health is also defined by the Act of 5 December 2008 on the prevention and control of infections and infectious diseases in humans (hereinafter referred to as A.P.I.D.).⁵ According to Article 2.35 of the Act, public health means the conditions of health of the entire society, or its part, determined on the basis of epidemiological and demographic indicators.

Additionally, it is worth recalling the doctrinal approach to public health, understood to be the science and art of disease prevention, extending life and promoting physical health and fitness through the organised efforts of society aimed at the hygienisation of the environment, combating infections occurring in communities, educating individuals on the principles of personal hygiene, the organisation of medical and nursing services to achieve early diagnosis and prophylactic targeted treatment, and the development of social mechanisms to provide individuals with a standard of living appropriate for maintaining health. In consequence, the emphasis is placed on the improvement of society's health and its protection [3]. Public health requires full knowledge about disease prevention and health promotion, which are public activi-

ties based on a society's organised effort, emphasising the importance of health promotion, disease prevention and early diagnosis, not individual efforts and measures [4]. The essence of public health is monitoring the health of the society, preventing the spread of diseases, especially infectious and social ones, the training and professional development of doctors and other medical personnel, and the identification and control of risk factors [4].

Concluding these consideration, it is worth noting the World Health Organisation's definition, which regards public health as an organised social effort implemented primarily through the joint actions of public institutions, aimed at improving, promoting, protecting and restoring the health of a population. Thus, public health includes such activities as health analysis, health surveillance, health promotion, prevention, combating infectious diseases, environmental protection and sanitation, preparing for disasters and the provision of emergency health and occupational medicine.⁶

Exceptions to the obligation to maintain medical confidentiality presented in the statutory regulations

Article 40 of the A.P.D. defines the scope of medical confidentiality very broadly, to include all information related to the patient, their state of health, data on social contacts, their material situation or living conditions. It should be noted that for some diseases, information defining the group of social contacts that are potentially at risk of contracting a contagious disease might be very important. For the doctor⁷ to implement the necessary action, it is essential that the relevant information and data about the patient are obtained, regardless of the source of the information. Generally, the doctor is also bound by the confidentiality clause after the patient's death.⁸ Prior to indicating the exceptions to medical confidentiality, it is worth emphasising the special nature of this regulation, in which a provision is in place that limits patient information disclosure to the necessary extent. However, the patient, as the source of information, will have some influence on the scope of information when consenting to disclosure.

As indicated earlier, the requirement to maintain medical confidentiality is not absolute. Both statutory regulations and deontological norms allow for situations in which it can be set aside. However, due to its special nature, each of the exceptions to medical confidentiality should be based on legitimate reasons and a broad interpretation should not be pursued. The relevant academic literature indicates two categories of exceptions to the obligation to maintain medical confidentiality. The first is when it is justified by the patient's best interests, while the second permits information to be provided for the protection of significant public interest or that of third parties [5]. The subject of the paper does not permit a full exploration of these issues, so both categories will be analysed within the scope of the criterion of public health protection. The existence of public interest is not the same as the premise for public health, which – as

a subject – has a different scope. The objective is to determine how the premise of public health, understood in the manner described above, is shaped from the perspective of the two above-mentioned basic justifications.

Article 40 (2) of the A.P.D. lists the following exceptions to the medical confidentiality clause: the provisions of other acts (point 1), conducting medical examinations at the request of the entitled, on the basis of separate acts, organs and institutions, when the doctor is obliged to inform only those authorities and institutions about the patient's state of health (point 2), when keeping confidentiality may pose a danger to the life or health of the patient or other persons (point 3), when the patient or his/her legal representative agree to disclosure after being informed about possible adverse consequences of disclosure (point 4), when there is a need to provide the required information about the patient to a court doctor (point 5), and when there is a need to provide necessary information about the patient relevant to the provision of health services by another doctor or eligible persons providing these services (point 6).

The provisions of other acts

Among the exemptions to the obligation to maintain medical confidentiality, the first to be discussed pertains to doctors, resulting from the provisions of the Act (Article 40 [2] 1 of the A.P.D.). In this context, attention should be paid to the provisions of the Act of 5 December 2008 on preventing and combating infections and infectious diseases in humans (A.P.I.D.).⁹ The regulations provide an exception to the medical confidentiality clause if maintaining it stands in conflict with public health tasks and objectives, especially when appropriate measures have to be undertaken to prevent the spread of infectious diseases. According to Article 27 (1–2) of the A.P.I.D., a doctor who suspects or identifies an infection, an infectious disease or death due to an infection or an infectious disease¹⁰ is obliged to immediately inform the appropriate state sanitary inspector. Undoubtedly, such notification should contain information regarded as medically confidential. The data detailed in Article 27 (4) of the A.P.I.D. puts forward the transparent provision of the patient's personal information (his/her name, surname, national identification number [PESEL], address) alongside the diagnosis, the symptoms and the information on the circumstances in which the infection, disease or death occurred. The catalogue of data is relatively open as according to Article 27 (4) 6 of the A.P.I.D., it also includes *other information necessary for carrying out epidemiological surveillance in accordance with the principles of modern medical knowledge*. Thus, it is worth noting that – according to Article 27 (4) of the A.P.I.D. – a person infected with HIV or AIDS may restrict the data enabling identification to his or her initials or password, age, gender, name of the district of residence, the diagnosis of a clinical infection or contagious disease, and the route of infection (Article 41 [1] of the A.P.I.D.). Therefore, solutions have been provided which while implementing the tasks required for public health in some cases enable the

necessary information to be transferred without allowing for the identification of a specific person.

However, if suspecting or diagnosing a particularly dangerous or highly contagious disease posing a threat to public health or reporting a death as the result of such a disease,¹¹ the doctor is obliged to immediately inform the state sanitary inspector of actions taken to prevent the disease spreading (Article 28 of the A.P.I.D.). These actions include referring a person suspected of being infected, becoming ill or who is already infected or suffering from a contagious disease to a specialized hospital able to provide isolation and treatment, immediately informing the hospital, organising transport and instructing the entities, including the sick person, about the obligations indicated in Article 5 (1) of the A.P.I.D.¹² After the patient is admitted to hospital, the doctor must immediately notify the state sanitary inspector responsible for the hospital, place of isolation or quarantine, providing the same personal data as in the case of suspicion or diagnosis of an infection, infectious disease or death due to an infection or infectious disease. At the same time, in accordance with the further wording of Article 35 of the A.P.I.D., the doctor is obliged to inform the person suspected of becoming ill, ill or exposed to infection, as well as his or her closest persons, about the grounds justifying the actions undertaken and to make a suitable entry in the medical documentation. The requirement ensuing from Article 35 (4) of the A.P.I.D. to inform the closest persons signifies that there is no need to refer to exceptions justified by dangers posed to the life or health of other people (Article 40 [2] 3 of the A.P.D.).

Another exception justified by the prevention of the spread of infectious diseases in the Act applies to a situation when people suffering from pulmonary tuberculosis, syphilis or gonorrhoea attempt to evade compulsory treatment. According to Article 40 (1c) of the A.P.I.D., in such a case the doctor conducting medical treatment is obliged to immediately notify the state district sanitary inspector responsible for the location where the health service is provided.

In this context, it is worth mentioning the problems arising from the refusal to accept mandatory protective vaccinations by a patient or a statutory representative of a child, and the relation of such a situation to the obligation to maintain medical confidentiality. According to Article 17 (8) of the A.P.I.D., the personnel responsible for protective vaccinations¹³ are required to document the administered mandatory vaccinations and the state of inoculation of people covered by preventive health care, which they then forward to the state district sanitary inspector. The details are specified in the decision of the Minister of Health of 18 August 2011 on obligatory preventive vaccinations,¹⁴ specifying the deadline for submitting quarterly reports to the authority (7 days after the end of the quarter), which should include the number of persons evading the obligation to vaccinate together with their names.¹⁵

Summing up, the considerations given in the regulations of the A.P.I.D. provide an example of where public health interests take precedence over an individual patient's right to confidentiality [6].

An exception to the obligation to maintain medical confidentiality arising from separate provisions and related to the need to protect public health is established in Article 11 (8) 1 of the Act of 31 January 1959 on cemeteries and burials.¹⁶ The regulation stipulates the requirement to immediately notify the appropriate sanitary inspector if, upon inspecting a corpse, the doctor is certain or suspects that the cause of death was an infectious disease necessitating mandatory notification.¹⁷

Dangers posed to the life or health of a patient or other persons

The next group of exceptions refer to situations in which maintaining confidentiality can pose a danger to the life or health of a patient or other people. The implementation of the provisions of Article 40 (2) 3 of the A.P.D. has led to many debates, especially regarding the protection of third parties who may be at risk because of a specific patient's behaviour. The exception is formulated very generally. The lack of a precise scope for its application or of information concerning the circumstances allowing for its application leads to significant differences in its interpretation. The ambiguity of the regulation necessitates a restrictive interpretation, and any doubts should be resolved in favour of maintaining medical confidentiality [7]. The regulation can potentially be applied to people suffering from infectious diseases, HIV-infected persons or the mentally ill [8]. Due to its special nature, each case should be assessed individually. It seems that an algorithm of conduct that is separate from the factual circumstances of a given case cannot be indicated.

To illustrate this exception, a case has been described in the pertinent academic literature of a patient suffering from AIDS or that is HIV-positive, who does not want to inform his or her sexual partner of the potential danger [9]. Another exception is a situation in which the patient does not warn persons who are exposed to risk and, additionally, does not intend to abstain from high-risk sexual activity or to ensure the partner's safety by other means [5]. However, the justification for not upholding confidentiality must be based on medical findings, under the condition that these are real findings and not hypothetical [10]. A doctor's duty to notify another person or persons in contact with the patient should be preceded by an attempt to persuade the patient to personally inform any people, who – to his or her knowledge – may be, or may have been, exposed to the disease [11]. It is, therefore, necessary to discuss this matter with the patient [5]. This obligation also results from the content of Article 26 of the A.P.I.D. It imposes the duty on a doctor who suspects or identifies an infection or an infectious disease to inform the patient of the measures needed to prevent transmission of the infection to other people and the obligations imposed by the Act. In addition, when identifying an infection that can be transmitted through sexual contact, the obligation includes notifying the sexual partner or partners of the infected patient about the necessity to seek medical advice. Its implementation is noted in the appropriate medical documentation and confirmed by the

infected person's signature. This regulation reinforces that the doctor should first notify the patient about the threat to third parties and indicates the procedure needed to overcome the existing risk [8]. Only the doctor's rational opinion that the patient poses a threat to other people may lead to the breaching of confidentiality and the obligation to inform third parties about the risk [12]. The unique nature of this regulation requires its strict interpretation. The disclosure of facts is justified only to the extent necessary to achieve a specific goal, which is the protection of the health or life of another specific person [11], only when there is a threat of direct exposure to infection [13].

The exception in Article 40 (2) 3 of the A.P.D. needs to be considered in the context of the danger posed to other people by the mentally ill [14], can mental illnesses nowadays can present a significant problem to public health. The question of psychiatric confidentiality is regulated in Article 50 of the Act of 19 August 1994 on the protection of mental health (hereinafter referred to as A.P.M.H.).¹⁸ The obligation to maintain confidentiality is extended fundamentally into two areas: the subject (the obligation addressed to people performing activities resulting from the A.P.M.H. and doctors) and the object (confidentiality covers all the information these persons receive in connection with the performance of their duties) [1, 15].¹⁹ In this context, it is not about exceptions resulting from the provisions of this Act (Article 50 [2] of the A.P.M.H.), but situations in which maintaining confidentiality may pose a threat to the life or health of other people. Disregarding the controversies surrounding the relationship between the regulations on medical confidentiality and psychiatric secrecy, one should opt for a position recognising that in such a case there is no rational justification for not applying Article 40 (2) 3 of the A.P.D. by a doctor who performs activities resulting from the A.P.M.H. In this context, M. Filar has expressed the opinion that a doctor is entitled to breach medical confidentiality related to a patient's mental disorders if the resulting risks *are real and apply to specific persons or at least an identified group of persons* [16].

This exception may also be appropriate if an illness is diagnosed that could have a negative impact on the ability to drive in the case of a patient who is a driver, identified during his or her visit to a primary healthcare doctor, unrelated to the need for a medical examination to obtain a driving licence or during a test carried out while in hospital. There is some doubt as to whether the doctor is obliged to report the facts of the case to the proper local authorities. Consideration of this issue is closely related to the confidentiality clause, as road accidents – due to the number of victims and the psychological, social and material consequences – are one of the biggest public health problems.

According to Article 3 (1) of the Act of 5 January 2011 on motor vehicle drivers (hereinafter referred to as the A.M.V.D.),²⁰ one of the requirements that must be met by every driver is the appropriate level of physical and mental fitness. In consequence, a driving licence can be granted only to a person who has obtained a medical

certificate confirming that he or she shows no signs of any health impediments to driving (Article 11 [4] of the A.M.V.D.).²¹ It cannot be stated unequivocally that a doctor is obliged to report every case of finding a condition that could negatively affect the person's ability to drive. Applying his or her knowledge and experience, the doctor should make an appropriate assessment, taking into account both the strictly medical diagnosis and the patient's behaviour. If it is believed that the patient poses a real danger, the doctor should inform the patient that driving with the diagnosed condition cannot be approved and warn him or her of the potential consequences of continuing to drive. If – despite the actions taken – the patient-driver is not inclined to stop driving, the disclosure of information to the local mayor can be justified by the exception given in Article 40 (2) 3 of the A.P.D. The disclosure of the circumstances may be made only to the necessary extent, which in this case means only the notification of the impediment affecting the ability to drive, without specifying the type of diagnosis. At this stage, the disclosure of a specific and detailed diagnosis would exceed the scope of the documented exception. After receiving the information about the driver's health from a doctor, the mayor may consider it necessary to refer such a person for a medical examination (Article 99 [1] 2b of the A.M.V.D). Medical examinations carried out on the basis of such a referral aim to determine only the existence or absence of a medical condition affecting the ability to drive vehicles. As a result, the authorised doctor confirms whether the person examined is fit to drive a vehicle.

A patient's consent

The exception indicated in Article 40 (2) 4 of the A.P.D. may also be considered in the context of public health protection. The patient's or his or her legal representative's consent to a breach of confidentiality may serve the purposes and tasks required for ensuring public health. The pertinent literature on the topic indicates that the agreement of the patient may include a breach of confidentiality to the fullest extent, without any limitation as to the specific purpose [10]. However, the effectiveness of the consent is related to the degree of the patient's awareness, including concerning the subject of consent, any unfavourable consequences of its disclosure, and the specific entities to which the data will be disclosed. This may refer to situations in which the doctor is conducting scientific research to promote health or to prevent or diagnose diseases. In addition, the consent granted by the patient may allow for the implementation of further public health initiatives, such as the training of medical personnel, e.g. medical students in the didactic process. The results obtained may serve the interests of the general public and health activities from a global perspective. It should be stressed that obtaining the consent of a patient is required when the data for accomplishing scientific and didactic goals is not to be used anonymously.

Exceptions to the obligation to maintain medical confidentiality in a deontological regulation

Analysing the subject in a comprehensive manner, considered in light of the Code of Medical Ethics (hereinafter C.M.E.),²² is perfectly justified. The violation of C.M.E. norms updates the possibility of the doctor's liability to be brought before a medical court, the general basis of which is provided in Article 53 of the Act of 2 December 2009 on medical chambers.²³ The deontological basis of the obligation to maintain medical confidentiality is explicitly announced by Article 23 of the C.M.E., defining the scope of the obligation in a broader way than in the A.P.D., not only regarding information obtained about a patient by a doctor during the performance of professional activities, but also about matters relating to the patient's environment. Generally, as in the statutory regulations, there are circumstances in which the breach of medical confidentiality may take place. Three exceptions are given in Article 25 of the C.M.E: patient's consent, a situation in which maintaining confidentiality significantly jeopardises the health or life of the patient or other persons, and when the law allows it. When comparing statutory and deontological regulations in the context of exceptions to medical confidentiality, it should be emphasised that in the case of revealing a medical condition, justified by a threat to the life or health of a patient or other persons, Article 24 of C.M.E. specifically requires the threat to be of a significant nature. However, considerations concerning the exceptions to maintaining medical confidentiality for the protection of public health are valid in the remaining scope. Consider the following circumstances. The breach of medical confidentiality described in Article 40 (2) 2, 5 and 6 of the A.P.D. is justified by carrying out a medical examination at the request of the entitled, on the basis of separate acts, bodies and institutions, and informing these entities about the patient's state of health, as well as passing the necessary information on to the court doctor or conveying the data related to the provision of health services to another doctor. However, according to Article 24 of the C.M.E., providing information about the patient's state of health to another doctor if it is necessary for further treatment or issuing a decision on the patient's state of health is not regarded as a violation of medical confidentiality. Moreover, it is not a breach of medical confidentiality if, after conducting a medical examination at the request of a body empowered by law, the results of the examination are given to that body (Article 26 of the C.M.E.). However, it is essential to inform the patient in advance and to convey only the data that is necessary to justify the conclusions arising from the examination. The statutory regulations treat such situations as exceptions to the obligation for medical confidentiality, while C.M.E. does not recognise them as violations of medical confidentiality; therefore, there is no need to be released from the obligation.

Conclusions

Bearing in mind the analysis, it should be pointed out that both statutory norms and deontological regulations establish the doctor's obligation to maintain medical confidentiality, however, it is not absolute. Nevertheless, the particular role associated with the obligation in question requires a justification for each of the exceptions. The analysis reported in this paper confirms the thesis that public health protection is a premise for breaching medical confidentiality. Although it has not been explicitly mentioned in the statutory or deontological regulations, its manifestations are clear in light of all the regulations in this respect. Considering select exceptions, based on the criterion of health protection, shows that they comprise objectives established for ensuring public health. The regulations in force take into account the implementation of initiatives, such as monitoring the society's state of health, preventing the spread of infectious and social diseases, educating medical personnel and identifying and combating risk factors aimed at ensuring the health security in the global perspective.

Notes

¹ The Act of 5 December 1996 on the professions of doctor and dentist (Journal of Laws 2017, item 125, as amended).

² For more on the definition of the concept of public health, see Izdebski H., in: Dercz M. (ed.), *Ustawa o zdrowiu publicznym. Komentarz (Public Health Act. Commentary)*, Wydawnictwo Wolters Kluwer, Warszawa 2016: 20–21.

³ The Act of 11 September 2015 on public health (Journal of Laws 2017, item 2237).

⁴ The State Sanitary Inspection Act of 14 March 1985 (Journal of Laws 2017, item 1261, as amended).

⁵ The Act of 5 December 2008 on preventing and combating infections and infectious diseases in humans (Journal of Laws 2016, item 1866, as amended).

⁶ http://www.who.int/healthsystems/hss_glossary/en/index8.html#17 (accessed: 14.12.2017).

⁷ Compare the content of Article 2 of the A.P.D., in which practising the medical profession is understood not only as providing health services but also conducting research in the field of medical science or health promotion, educating doctors, managing a medical entity or employment in entities obliged to finance healthcare services from public funds or the offices serving those entities under which activities related to the preparation, organization or supervision of the provision of healthcare services are performed.

⁸ Compare the content of Article 40 (3 & 3a) of the A.P.D.

⁹ The Act of 5 December 2008 on preventing and combating infections and infectious diseases in humans (Journal of Laws 2016, item 1866, as amended).

¹⁰ The list of infections and contagious diseases, which in the case of suspected or diagnosed infections, infectious diseases or death are to be reported, has been provided in Annex 1 to the Regulation of the Minister of Health of 10 July 2013 on the notification of a suspected or diagnosed infection, a contagious disease or death due to an infection or an infectious disease (Journal of Laws 2013, item 848). It includes diphtheria, tuber-

culosis, syphilis, chicken pox, foot-and-mouth disease, rabies and malaria (a total of 58 list items). In addition, the regulation also specifies how to report suspected or diagnosed infections, infectious diseases or deaths due to an infection or an infectious disease and provides model forms for submission. It should be pointed out that this situation should take into account both a person's individual interest (the protection of personal data) and the broader social interest (solutions aimed at effective epidemiological surveillance and determining the degree of the threat of infection or spread of a contagious disease).

¹¹ According to Article 2. 4 of the A.P.I.D., any particularly dangerous and highly infectious disease that is easily spread and has a high mortality rate, such as cholera, the plague, smallpox, viral haemorrhagic fever, which are a serious threat to public health and require special methods of control.

¹² According to Article 5 (1) of the A.P.I.D., persons residing in the territory of the Republic of Poland are obliged, under the Act, inter alia, to undergo protective vaccinations, sanitary-epidemiological tests, quarantine, treatment, hospitalisation, isolation, and to comply with the orders and prohibitions of the State Sanitary Inspection bodies for prevention and combating infections and infectious diseases. They are also obliged to provide data and information to the appropriate authorities that are necessary for conducting epidemiological surveillance of infections and infectious diseases and for the prevention and eradication of infections and infectious diseases.

¹³ On the basis of Article 17 (6) of the A.P.I.D., these include doctors or doctors' assistants, nurses, midwives and school hygienists, possessing the qualifications specified in § 6 of the Decision of the Minister of Health of 18 August 2011 on compulsory preventive vaccinations (Journal of Laws 2016, item 849).

¹⁴ The Decision of the Minister of Health of August 18 2011 on compulsory preventive vaccinations (Journal of Laws 2016, item 849).

¹⁵ The draft report is attached as Annex No. 4 to the Decision.

¹⁶ The Act of 31 January, 1959 on Cemeteries and Burials (Journal of Laws 2017, item 912, as amended).

¹⁷ Also Article 11 (7) of the above-mentioned Act provides an exception to the doctor's confidentiality clause when declaring death and its causes; however, it is justified by the requirements of public statistics provision and not public health protection.

¹⁸ The Act of 19 August 1994 on the protection of mental health (Journal of Laws 2017, item 882).

¹⁹ For more about psychiatric confidentiality, see Eichstaedt K.Z., in: Bobińska K., Eichstaedt K. Z., Gałecki P., *Ustawa o ochronie zdrowia psychicznego. Komentarz (The Act on Mental Health Protection. Commentary)*, Wydawnictwo Wolters Kluwer, Warszawa 2016, and on the relation between Article 40 (1) of the A.P.D. and Article 50 of the A.P.M.H., see Rusinek M., *Tajemnica zawodowa i jej ochrona w polskim prawie karnym (Professional Confidentiality and Its Protection in Polish Criminal Law)*, Oficyna Wydawnicza Wolters Kluwer, Warszawa 2007.

²⁰ The Act of 5 January 2011 on motor vehicle drivers (Journal of Laws 2017, item 978).

²¹ The scope of medical examinations for the assessment of the examined person's health status is specified in § 4 in the

Decision of the Minister of Health of 17 July 2014 on medical examinations of persons applying for driving licences and drivers (Journal of Laws 2017, item 250). This catalogue contains a list of what is included in such a health assessment, including their eyesight, whether they have diabetes, identification of any symptoms indicating alcohol addiction or its abuse, and an open category described as other serious health disorders that may constitute a threat to driving.

²² The Resolution of the Extraordinary National Congress of Physicians of 14 December 1991. The uniform text of the resolution is attached to announcement No. 1/04/IV of the President of the Supreme Medical Council of 2 January 2004 regarding the publication of a uniform text of the resolution on the Code of Medical Ethics, http://spolecznosc.gazetalekarska.pl/_data/assets/pdf_file/0014/3317/1_2004.pdf (accessed: 8.12.2017).

²³ The Act of 2 December 2009 on medical chambers (Journal of Laws 2016, item 522).

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- Ustawa z dnia 14 marca 1985 r. o Państwowej Inspekcji Sanitarnej (tekst jednolity Dz. U. 2017, poz. 1261 ze zm.).
- Ustawa z dnia 5 grudnia 2008 r. o zapobieganiu oraz zwalczaniu zakażeń i chorób zakaźnych u ludzi (tekst jednolity Dz. U. 2016, poz. 1866 ze zm.).
- Rozporządzenie Ministra Zdrowia z dnia 10 lipca 2013 r. w sprawie zgłoszeń podejrzenia lub rozpoznania zakażenia, choroby zakaźnej lub zgonu z powodu zakażenia lub choroby zakaźnej (Dz. U. poz. 848).
- Rozporządzenie Ministra Zdrowia z dnia 18 sierpnia 2011 r. w sprawie obowiązkowych szczepień ochronnych (Dz. U. tekst jednolity 2016, poz. 849).
- Ustawa z dnia 31 stycznia 1959 r. o cmentarzach i chowaniu zmarłych (tekst jednolity Dz. U. 2017, poz. 912 ze zm.).
- Ustawa z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego (tekst jednolity Dz. U. 2017, poz. 882).
- Ustawa z dnia 5 stycznia 2011 r. o kierujących pojazdami (tekst jednolity Dz. U. 2017, poz. 978).
- Rozporządzenie Ministra Zdrowia z dnia 17 lipca 2014 r. w sprawie badań lekarskich osób ubiegających się o uprawnienia do kierowania pojazdami i kierowców (tekst jednolity Dz. U. 2017, poz. 250).
- Ustawa z dnia 2 grudnia 2009 r. o izbach lekarskich (tekst jednolity Dz. U. 2016, poz. 522).

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