

Postprint

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Case Study:

Privacy in the Context of “Re-Emergent” Infectious Diseases

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The Case

James is a 31-year-old information technology worker who has been referred to you by the Department of Health for tuberculosis (TB) screening. A work colleague, Susan, has been recently diagnosed with pulmonary tuberculosis, and those working in the office are potentially at risk of having been infected. Contacts may have contracted latent tuberculosis infection (LTBI), which does not have immediate symptoms but can develop into active disease at some future stage. If LTBI is identified during screening, treatment can be provided to prevent active TB developing, most commonly with the anti-tuberculosis medication isoniazid.

James is aware that someone at his workplace has had TB. Susan, however, has not told others of her diagnosis and has asked the Department of Health not to notify them of her identity. James, therefore, is not able to provide you with information about the extent of his contact with the sick person and is frustrated that he has not been told who it is.

You are aware of Susan’s identity, including details of her medical treatment, as you have been caring for her during a recent hospital stay. You are also aware that Susan has a drug-resistant strain of TB, and isoniazid (the standard preventive therapy) would be ineffective for people infected due to their contact with her. During her stay, Susan had no visitors and was adamant that she did not want anyone to know about her diagnosis.

Before he agrees to have further screening, James wants to know how likely he is to have contracted TB—information that is difficult to offer him without a detailed discussion about the extent of

contact he has had with Susan over the past few months. Further, if screening did suggest that James has contracted latent tuberculosis, the standard preventive therapy would need to be changed for an alternative. Explaining the rationale for an alternative treatment would mean disclosing to James that you are aware of Susan's identity, which you are reluctant to do given both her wishes and James' evident frustration with his lack of information.

James is angry that "this is about my health, and it's being kept from me," and he stands up to leave.

How should you handle this situation? What information does James have a right to know in relation to his risk of TB? Does Susan's desire not to be identified preclude you from using your knowledge about this strain's drug resistance in guiding treatment for James? Would deception be justified in providing James appropriate treatment?