



VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Disrespecting confidentiality isn't the answer to FGM

Margaret McCartney *general practitioner, Glasgow*

On 31 October new provisions of the Serious Crime Act came into force in England and Wales. This new law compels healthcare professionals, social workers, and teachers to report to the police any cases of female genital mutilation (FGM) in girls or women who appear to have had the procedure before age 18.¹

The law is one of several interventions that the government has offered to try to reduce such abuse. These include guidance on commissioning new services for women, money for international development, and the ability for courts to charge guardians for failing to protect girls from FGM. And doctors must now take part in the Department of Health's "enhanced data collection" on FGM. This means that we must submit information that identifies patients, which will later be anonymised and published.

Will this stop FGM? As others have pointed out, this approach "has no evidence of benefit, wastes precious clinical time, and will profoundly damage trust in health professionals."²

This stipulation is part of a wider malaise of misunderstanding about what doctors and patients say to each other. The broadcaster Nick Ross wrote recently on thebmj.com that, "in socialised medicine," we should follow the example of Norway, which publishes tax returns online: "Why should my medical records be any different? Secrecy is secrecy even when dressed up in the more agreeable word 'privacy.'"³ Although he said that some conditions such as sexual infections might be worthy of non-publication, "stigma about disease flourishes in the darkness of concealment."

But, behind closed doors, there's the story about stress that ends up being about domestic abuse. Or the request for a sick note that is in fact about the predatory behaviour of a boss. A man has sex with a man while married to his wife. A teenager is wondering about being transgender. A boyfriend is worried about his girlfriend's obsessive-compulsive disorder. A woman with multiple sclerosis and back pain can't afford the bus because her benefits have been stopped.

And a woman has ongoing distress and pain caused by FGM as a child. Will she feel better or worse for having her

information disclosed? Will it do her, or the girls and women after her, a favour? Doctors can always do harm, even—and especially—when well intentioned.

I don't expect employees of the Department of Health to understand the land behind the consulting room door. The ground is fragile. The space is precious. The duty of confidentiality means that it is rarely fully described. The power of consultation means that it is often, in itself, the treatment. Freedom to speak is permissible often only because of an implicit assurance of privacy. Socialised medicine means acting for the common good: it does not mean that medical records become common property.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

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Follow Margaret on Twitter, @mgmtmccartney

- 1 Ministry of Justice, Home Office. Serious Crime Act 2015: factsheet—female genital mutilation. Mar 2015. www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf.
- 2 Bewley S, Kelly B, Darke K, et al. Mandatory submission of patient identifiable information to third parties: FGM now, what next? *BMJ* 2015;351:h5146.
- 3 Ross N. Show the public why they should share their data. 28 Jul 2015 (response to *BMJ* 2015;351:h3853). www.bmj.com/content/351/bmj.h3853/rr-4.

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