

But is a secret still a secret if it is shared, even if the recipient does not know whose secret it is? While sharing patient information for research is not the worst sort of breach of confidentiality—as releasing identifiable patient information to the media would be—it is nevertheless a breach: the secrets are no longer entirely secret. New Zealand is a small country; there is always the chance that the detail of the information may enable researchers to identify practices, practitioners or even patients.

In deciding whether to share patient information for research, we must balance the potential harms and benefits. Protecting relationships is important, but good sharing of information is important too. In the case of research using anonymised patient health information, the potential benefits (improved patient care) may be great and the potential harms (loss of privacy/confidentiality) may be minimal, but they are not zero. In deciding, we need to assess both the threat to confidentiality and the potential benefits of the proposed research. While we might fear the research leading to discovery of our incompetence or having accountability repercussions, these are ignoble and unfounded concerns given our ethical obligation to work in our patients' best interests and the rules governing research and ethical committee oversight.

In conclusion, while the detail, accessibility and transmissibility of information in the electronic health record create new opportunities for research to improve the quality of health care, they also pose a threat to the patient's right to control access to information about her or himself, and to the doctor's duty to maintain confidentiality. Confidentiality might be no longer sacrosanct, but it nevertheless remains an important ethical principle. On balance, so long as data anonymisation processes are robust, the loss of privacy and confidentiality is likely minimal, making the sharing of anonymised patient information for research the right thing to do.

#### References

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#### about older patients

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- Limited evidence for maintenance treatments for depression in older people
- Exercise programmes beneficial for people with dementia
- Withdrawing antipsychotics in older people with dementia can be beneficial

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