

Confidentiality: reporting gunshot and knife wounds

- 1** In our guidance *Confidentiality: good practice in handling patient information* we say:
 - 1** Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid seeking medical help, or may under-report symptoms, if they think that their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared.
 - 60** Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public.
 - 62** You should ask for a patient's consent to disclose information for the protection of others unless the information is required by law or it is not safe, appropriate or practicable to do so.¹ You should consider any reasons given for refusal.
 - 64** If it is not practicable or appropriate to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential.
 - 67** Before deciding whether disclosure would be justified in the public interest you should consider whether it is practicable or appropriate to seek consent.¹ You should not ask for consent if you have already decided to disclose information in the public interest but you should tell the patient about your intention to disclose personal information, unless it is not safe or practicable to do so. If the patient objects to the disclosure you should consider any reasons they give for objecting.
 - 68** When deciding whether the public interest in disclosing information outweighs the patient's and the public interest in keeping the information confidential, you must consider:
 - a** the potential harm or distress to the patient arising from the disclosure – for example, in terms of their future engagement with treatment and their overall health
 - b** the potential harm to trust in doctors generally – for example, if it is widely perceived that doctors will readily disclose information about patients without consent
 - c** the potential harm to others (whether to a specific person or people, or to the public more broadly) if the information is not disclosed

- d the potential benefits to an individual or to society arising from the release of the information
- e the nature of the information to be disclosed, and any views expressed by the patient
- f whether the harms can be avoided or benefits gained without breaching the patient's privacy or, if not, what is the minimum intrusion.

If you consider that failure to disclose the information would leave individuals or society exposed to a risk so serious that it outweighs the patient's and the public interest in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority.

About this guidance

- 2 This explanatory guidance sets out how the principles in our guidance *Confidentiality* apply when a patient presents with a gunshot wound or a knife wound that is not self-inflicted.
- 3 The principles in *Confidentiality* and this guidance apply to all violent injuries, but gunshot and knife wounds raise issues that warrant special consideration, given the potential immediacy of risk to others.

Reporting gunshot and knife wounds

- 4 The police are responsible for assessing the risk posed by a member of the public who is armed with, and has used, a gun or knife in a violent attack. They need to consider:
 - the risk of a further attack on the patient
 - the risk to staff, patients and visitors in the emergency department or hospital
 - the risk of another attack near to, or at, the site of the original incident.

The police also need statistical information about the number of gunshot and knife injuries, and when and where they occur, to inform their own and their crime reduction partners' operational and strategic priorities.

- 5 For these reasons, the police should usually be informed whenever a person presents with a gunshot wound. Even accidental shootings involving lawfully held guns raise serious issues for the police about, for example, firearms licensing.² The police should also usually be informed when a person presents with a wound from an attack with a knife, blade or other sharp instrument.
- 6 The police should not usually be informed if a knife or blade injury appears to be accidental, or a result of self-harm. There may also be other circumstances in which you consider that contacting the police is not proportionate. For example, this might be the case if you consider that no one other than the patient is at risk of harm, and that contacting the police might cause the patient harm or distress, or might damage their trust in you or in doctors generally.
- 7 If you are in doubt about the cause of an injury, you should if possible consult an experienced colleague.

Making the report

- 8 If you are responsible for the patient, you should make sure that the police are contacted where appropriate, but you can delegate this task to another member of staff.
- 9 Personal information, such as the patient's name and address, should not usually be disclosed in the initial contact with the police. The police will respond even if the patient's identity is not disclosed.

Make the care of the patient your first concern

- 10 When the police arrive, you should not allow them access to the patient if this will delay or hamper treatment or compromise the patient's recovery.
- 11 If the patient's treatment and condition allow them to speak to the police, you or another member of the healthcare team should ask the patient whether they are willing to do so. If they are not, you, the rest of the healthcare team, and the police must abide by the patient's decision.

Disclosing personal information without consent

- 12 If it is probable that a crime has been committed, the police will ask for more information. If practicable or appropriate, you should ask for the patient's consent before disclosing personal information unless, for example, doing so:
 - may put you or others at risk of serious harm
 - would be likely to undermine the purpose of the disclosure, by prejudicing the prevention, detection or prosecution of a serious crime
 - you have already decided to disclose information in the public interest (see *Confidentiality: good practice in handling patient information*, paragraph 67 on page 1 of this guidance).
- 13 If the patient refuses consent or cannot give it (eg because they are unconscious), you can still disclose information if it is required by law or if you believe disclosure is justified in the public interest.
- 14 Disclosures in the public interest may be justified when:
 - failure to disclose information may put someone other than the patient at risk of death or serious harm (you should not usually disclose information against the

wishes of an adult patient who has capacity if they are the only person at risk of harm)³

- disclosure is likely to help in the prevention, detection or prosecution of a serious crime.
- 15 If there is any doubt about whether disclosure without consent is justified, the decision should be made by, or with the agreement of, the consultant in charge or the healthcare organisation's Caldicott or data guardian.
 - 16 You must document in the patient's record your reasons for disclosing information with or without consent. You must also document any steps you have taken to seek their consent or inform them about the disclosure, or your reasons for not doing so.
 - 17 Unless it is not practicable or safe to do so, you should tell the patient about any disclosures that have been made as soon as possible after the disclosure.
 - 18 If there is no immediate reason for disclosing personal information in the public interest, no further information should be given to the police. The police may seek an order from a judge or a warrant for the disclosure of confidential information.⁴

Children and young people

- 19 Any child or young person under age 18 years arriving with a gunshot wound or a wound from an attack with a knife, blade or other sharp instrument is likely to raise child protection concerns. Knife or blade injuries from domestic or occupational accidents, or from possible selfharm, might also raise serious concerns about the safety of children and young people.
- 20 You should follow the advice in *Protecting children and young people: The responsibilities of all doctors* whenever you are concerned that a child or young person has experienced, or is at risk of, serious harm.

Endnotes

- 1 We give examples of when it might not be practicable to seek consent in paragraph 14 of *Confidentiality: good practice in handling patient information*. You can find all of our guidance online at www.gmc-uk.org/guidance.
- 2 The police are responsible for deciding whether an individual is fit to hold a shotgun or firearms licence. Disclosure of information to the police may be justified in the public interest to inform this decision if failure to disclose the information may expose others to a risk of death or serious harm.
- 3 See *Confidentiality: good practice in handling patient information*, paragraphs 57–59, for further guidance.
- 4 See schedule 1 to the Police and Criminal Evidence Act 1984, schedule 1 of The Police and Criminal Evidence (Northern Ireland) Order 1989 and section 135 of the Criminal Procedure (Scotland) Act 1995. The police can also use powers to seize evidence, such as clothing, that may help in detecting or prosecuting crime.