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Cell Phone Cameras

Does your institution have policies regarding the use of cell phone cameras to photograph patients, particularly without the patient's permission? It may not be possible to obtain permission from certain patients after severe trauma or with unconscious patients. Unlike film and digital cameras, cell phone cameras facilitate instant distribution, sometimes to recipients who are not involved with the care. Do residents photograph patient's injuries and send the photos to attendings who are not on site, for advice or consultation? What are the boundaries for using such photographs (taken without permission) as educational materials in grand rounds and other presentations?

Carl A. Patow, MD, MPH, FACS
Associate Dean for Academic Affairs at HealthPartners
University of Minnesota School of Medicine
Executive Director
HealthPartners Institute for Medical Education

We have an overall policy that addresses use of photography, video, and audio of patients. It requires consent even if used for internal educational purposes.

Richard Liebowitz
New York Presbyterian

Yes. Their use is banned under any circumstance.

Wm. Pinsky, M.D.
Ochsner

Any picture recorded for patient care purposes must be kept in the medical record. It needs to have appropriate permission documented. The policies specifically exempt taking a picture on behalf of the patient or family such as an employee snapping a picture of the parents with their new baby with the family's camera.

Our policy reads, "Use of any equipment other than that owned/authorized by the Medical Center . . . shall be prohibited unless the Medical Center-owned equipment is unavailable or not in proper working condition. This shall include any devices, including digital cameras, VCRs, and cell phones. In the event that using non-Medical Center equipment is necessary, the photograph must be deleted or destroyed immediately after the photograph has been entered into the patient record or upon completion of the consented/authorized purpose."

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We forbid pictures of patients by any means unless they are utilized as part of the medical record and either have a consent or a justifiable reason why a consent could not be obtained. The rationale for any photograph must be that it facilitates a diagnostic or therapeutic goal in the patient's care and should be incorporated into the record. The arguments that a picture may be sent to a consulting or supervising physician off site are a bit specious, but may be appropriate in very rare cases (we have a very busy Trauma Level 1 program). And most of our consulting physicians have access to diagnostic imaging studies via the internet. In those rare cases where an attending or resident wants to transmit a photo a departmental camera can be utilized with the photo sent via an encrypted system. I'd argue that the physical description of an injury from an examining physician to a consulting physician should be thorough and complete.

The educational rationale needs similar justification and reasoning. If an injury is of sufficient rarity or has a presentation that is highly unusual a picture should be made for the medical record, and then can be utilized in an educational presentation with masking of identifying detail or information. The policy or guidelines on this should be worded in POSITIVE LANGUAGE that respects and values the privacy rights of the patient and our professional duty to protect those rights rather than a proscriptive negative rationale. There is a culture of "pushback" from some physicians on the stricter federal regulations on patient privacy...you will hear from both the Generalization Mongers ("In my extensive experience...") as well as the Exception Ferrets ("Yeah, but what about the 1 in 100,000 cases where XYZ happens!!")...good luck.

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