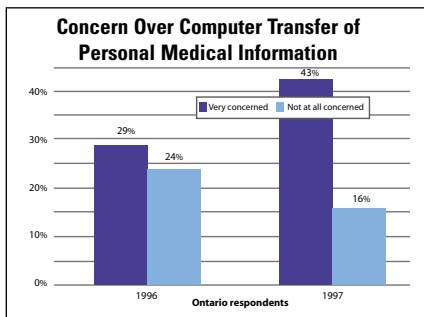


Quarterly Index

PUBLIC AMBIVALENT OVER PRIVACY ISSUES IN HEALTHCARE

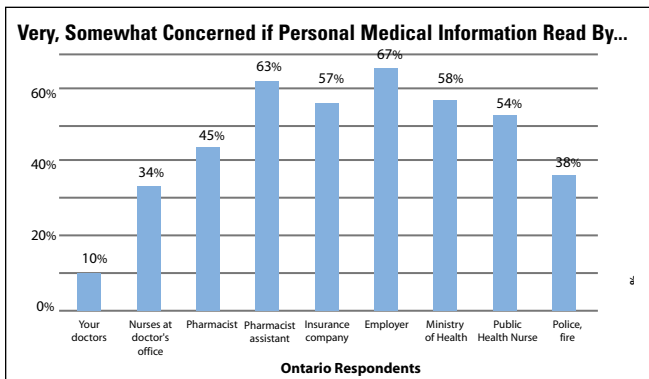
Long-term tracking of the public's view on their personal privacy in the context of healthcare shows both ambivalence and shifts over the years that indicate challenges for health providers.

Surveys among Ontarians in the mid-90s found increasing concern over the computer-based transfer of their personal medical information.



The proportion reporting they were "very concerned" increased in a six month period from 29% to 43%, and the proportion reporting they were "not at all concerned" decreased from 24% to 16%.

These concerns extended to all categories of providers, including physicians.



Ten percent did not want their physicians to see all their medical records. This is consistent with other data indicating that similar percentages of Canadians have sexually transmitted diseases, or are checking for such diseases, and do not want their family physicians to know.

A third would be reluctant to have their doctor's nurse see all their medical records and two-thirds are concerned about their pharmacist's assistant.

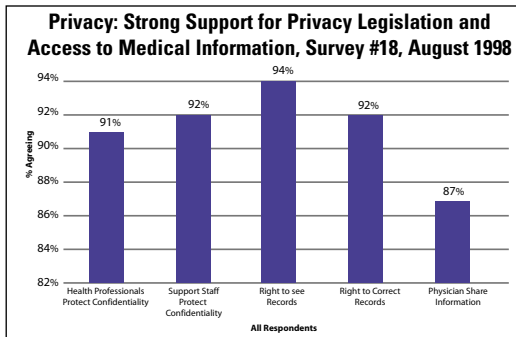
These results suggest the strong social component of privacy of medical records.

It is significant that only 40% of Ontarians were concerned about making their personal information available to the police and fire departments "in case of an accident."

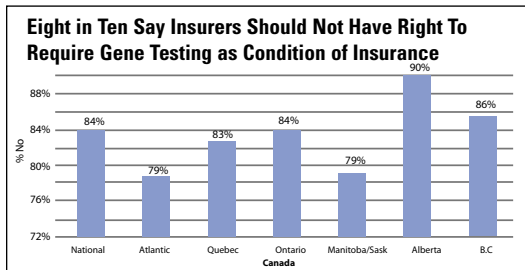
Also, half of Ontarians would agree to let the Ministry of Health see their records if it helped "find people who are cheating the health system" or to "do research on health conditions."

A year later, in 1998, these Ontario results were supported by a national sample which reported almost unanimous agreement for legislation to protect patient confidentiality by health professionals and their support staff.

More recent work, however, indicates that concerns about privacy remain high. For example, in 2001, the majority of Canadians



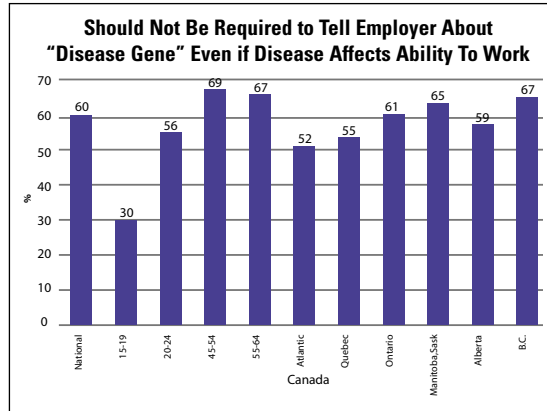
opposed giving insurance companies permission to require genetic testing as a condition of health insurance.



The regional differences are interesting but not significant in the overall picture.

Similarly, in 2001 six in 10 Canadians opposed an obligation to tell their employers they have a gene that indicates they may get a disease and the disease would affect their ability to work.

Here again, the age and regional differences are interesting but not significant in the overall picture, except



for teenagers who do not appear to be concerned about – or perhaps aware of – the risks to future employment.

Another survey, however, found that concerns about the transfer of personal medical information decreased somewhat if the context and reason for the transfer were explained. For example, 40% of employees reported they would be willing to fill out a confidential questionnaire about their medical conditions and health needs if their employer wanted to start a health program.

Preliminary 2002 survey results suggest high levels of support for genetic testing – which often involves hospitals – but it is also clear there are also high levels of concern over who has access to test results. Privacy issues remain complex.

Data supplied by The Berger Population Health Monitor; surveys were administered to ±2,500 respondents 15 years of age and older.

Topics in The Berger Population Health Monitor, which continues the Canada Health Monitor, are selected in consultation with subscribers and The Hay Healthcare Consulting Group. For more information contact, Earl Berger, Managing Director of The Monitor, 416-815-6405 or e-mail: Earl_Berger@haygroup.com