HOSPITAL-MEDIA RELATIONSHIP AND PATIENTS’ PRIVACY: CODIFYING THE ETHICAL GUIDELINE

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Abstract
The hospital-media relationship could be mutually beneficial. Appealing to maximum readers and surviving in business are priorities in journalism. Without adherence to an ethical framework and main ethical principles including privacy and confidentiality, some detrimental impacts may occur. Thus, we aimed at codifying an ethical guideline for hospital-media relationship in Iran to maintain a proper and ethical relationship by emphasizing on patients’ privacy and confidentiality. The study was performed using the qualitative approach in two phases. The current policies and relevant reports in the literature were reviewed and their contents were analyzed. Subsequently, the first draft of the guideline was codified which was followed by the second phase in which the draft was finalized by two focus groups. Finally, a draft of an ethical guideline consisting of 79 articles in 6 themes was developed including the general principles, work flow in hospital-media relationship, duties of hospital representative, physicians’ guide, media guide, and patients’ guide. The guideline focuses on patients’ privacy, confidentiality and the privacy of the healthcare system in mutual hospital-media relationships. It is suggested that by implementing the guideline, the patients’ right would be respected and the public trust to the healthcare system will be fostered.

Keywords: Confidentiality, Media, Hospital-media relationship, Privacy, Ethical framework


INTRODUCTION
In the modern world, media, regardless of its specification, could be a game changer. Mass media and social media potentially affect community views by sharing news via the internet. That news is shared by users and in time, the number of audiences will increase. Kim et al. state that the media has a butterfly effect which begins via a message and spreads all over the globe, which may have a catastrophic effect [1]. Users share their views and common interests with media and build a relationship [2]. From the other point of view, media, particularly social media, are open systems with no center [3]. Because of telematics, the information volume increases and journalists obtain many stories in a community; they select the one which has more emotional effect regardless of its psychosocial and
ethical impacts, and consequently, media easily influences public opinion [4].

Based on the Association of Health Care Journalists: “Journalists have a special responsibility in covering health and medical news” [5], and they believe that the audience can make important medical decisions based on the information provided by the media [5]. In health reports, journalists summarize information and interviews that can change the original story [6]. The journalists’ concerns are mostly centered at precise reporting; they are less sensitive to the consequences of their report, which may negatively affect the public [7,8].

A negative impact affects the patient-physician relationship and disrupts valuable trust in the healthcare system [4]. As hospitals are the core of every health system, we believe that the media should regard ethical principles by following an ethical framework in its relationship with the health system. Also, the health system particularly hospitals should safeguard the privacy of patients and the health system to prevent public distrust.

One prominent example in Iran is a hospital crisis in 2014 following the spread of Acinetobacter infection in the NICU. After finding some cases of death due to Acinetobacter infection in premature neonates who had several disabilities, a journalist from the news media (TV) reported the issue by interviewing families, physicians, and the supervisor regardless of their privacy and confidentiality. As there was no ethical framework for hospital-media relationship, the nonprofessional staff behavior outside the ethical framework and improper interaction of hospital staff with the journalist led to a devastating impact on hospital-media relationship. Furthermore, the report consisted of contradictory news by insisting on what was judged as professional mistakes by the journalist. Through negative recounting, the public sphere and public trust were negatively affected in less than a week and created national excitations with rumors and disinformation rapidly spreading through mass media and social networks. There are similar universal events in which false and misinterpreted information gains much attention including the overspreading of misinformation about Ebola, vaccination, diabetes, etc. [9]. Given the lack of knowledge of having a mutual and useful relationship with media, there is a need for a multidisciplinary approach to the issue.

Obviously, other than broadcasting contradictory news about the health system, a similar crisis has other devastating effects, firstly because of the breaching of the privacy and confidentiality of patients, their families, and healthcare providers, and secondly, because of the diminishing reputation of physicians, families, and the health system as a whole and the public trust. Similar events are frequently repeated in the Iranian news media.

Studies show that in crisis communication, the media ignores the audience and their reaction to the issue [10,11]. Medical journalism sensitizes the general public sphere by exaggerating medical information and this creates unrealistic hope or superfluous fear [12]. Stefanadis believes that incorrect and unrealistic medical journalism may mislead the general population; however, media could be a proper and useful measure for auditing a system or may have an educational role [13]. From the ethical point of view, respecting confidentiality emanates from autonomy (one of the four main ethical principles introduced by Beauchamp and Childress and respected as a religious teaching). It is considered as a principal element for trust building in the physician-patient relationship [14,15]. Patient privacy and trust are two important ethical components which are affected by hospital-media relationship. The devastating effect of a crisis which is made by the media finally affects public health because of the diminished trust in the relationship.

Respecting patients’ privacy is an important duty of healthcare professionals and it has been recognized as a patient’s right in the Iranian Patients Right Charter; all professionals are mandated to observe it (Chapter 4) [16]. In accordance with this right and to fulfill privacy and confidentiality in the Iranian health system, a general ethical guideline focusing on confidentiality was compiled [14].

In the USA, the right to patient privacy is under legal protection. After the establishment of HIPAA, state medical associations have provided guidelines to protect the privacy of healthcare recipients in interacting with news media. The American Medical Association (AMA) was the first organization adopted social media guideline named Professionalism in the Use of Social Media [17]. This means that hospital-media relationship needs ethical and professional considerations. This event was followed by the adoption of other guidelines related to the American Nurses Association (ANA) and American Society of Health-System Pharmacists (ASHP) among others, which shows the importance of the issue. All of these guidelines acknowledge the credibility, privacy, and efficiency of both parties; the media and the health system.

The concept of privacy has not been explicitly addressed in Iranian laws and regulations; however, implicit
evidence about privacy can be obtained. Article 22 of the Iranian Constitution indicates that “the dignity, life, property, rights, residence, and occupation of the individual are inviolate, except in cases sanctioned by law” [18]. This is not unreasonable; privacy is not an independent concept in Roman legal systems such as Iran [19]. This implication is also seen in the Iranian Code of Criminal Procedure established in 2014. According to article 96, in all processes of the preliminary investigations, publishing any information such as an image by the media and judicial system that could disclose the accused identity is prohibited [20]. We can see similar articles in the new Iranian Code of Criminal Procedure, namely, articles 146 and 150 [20], which cannot independently affirm the concept of privacy.

Regarding the mentioned hospital crisis, it is important to know how to prevent and how to respond and cope with such a crisis in the health system.

Therefore, the need for developing a comprehensive framework for a more accurate communication between the hospital as an important part of the health system and the media is highly felt. Thus, we aimed at defining an ethical framework for appropriate hospital-media relationship for day-to-day practice.

METHODS The focus of this study was on defining an ethical guideline for a hospital-media relationship using a qualitative approach in the Tehran University of Medical Sciences. The qualitative study was conducted from 2019 to 2020 in two phases. To facilitate a reliable, useful, and culturally acceptable research engagement, and to provide the first draft of the framework, we performed a content analysis of current policies and relevant literature. Accordingly, the most relevant literature and guidelines [21-30] were reviewed; their contents were analyzed, and notes were taken, interpreted, and categorized with full attention to the cultural and religious considerations and their applicability. Also, the available hospital policies in cooperation with the media on the web were analyzed and codified. The first draft of the guideline consisted of 78 articles divided into 27 themes. The second phase was initiated by asking for the comments and opinions of three ethicists, one journalist, and one journalist-ethicist about the draft. Then, the revised guideline was presented in two focus groups as consultative meetings. The first focus group participants consisted of hospital staffs, physicians, hospital officials, and ethicists from Tehran University of Medical Sciences. The facilitator supported the discussions addressing the general aspects and feasibility of the guideline. In the second focus group, the hospital heads and hospitals officials, ethicists, physicians, and journalists participated. In both focus group discussions (FGDs), the participants were asked to write down their viewpoints about each sentence of the guideline and its feasibility if applicable. Each focus group lasted for about 2 hours. The draft was revised based on the received feedbacks and all relevant comments.

The study was conducted considering the ethical principles of research; anonymity of all participants was maintained. The study was approved in 2016 by the Ethics Committee of Tehran University of Medical Sciences, Tehran, Iran (IR.TUMS.VCR.REC.1395.115).

RESULTS The final draft consisted of 79 articles in 6 themes and 8 subthemes (Table 1). The themes are firstly concentrated on patients’ privacy and confidentiality and secondly on the privacy of the health system. Table 1 shows the articles of the guideline.

The first theme
The first theme of this framework focuses on the general principles of hospital-media relationship. The audience of the guideline and their responsibilities were indicated in the general theme.

How the media can approach hospitals was generally explained at first. The important point in this theme is that hospital officials should appoint a representative who is responsible for the media and who should reply to the media’s request at their earliest convenience. As all hospitals in Iran are affiliated with or under the supervision of medical universities, all media requests should be presented to the university’s public relations representative, then the public relations representative evaluates and refers their request to the hospital’s officials if possible. The public relations representative of the hospital should accompany the journalist in the hospital all the time.

The second theme
In the second theme, the workflow of the hospital-media relationship was outlined as 8 subthemes below:

The first subtheme refers to how the media should request for reporting, who evaluates the request and how, and the conditions at which the media can report.

The second, third, and fifth subthemes of the framework clarifies the manner of reporting a patient’s condition, location, and information, respectively. The information
about the patient’s condition and location may only be released in brief if the patient has not requested not to provide information. Also, patients’ consent for information disclosure and the conditions at which information disclosure is necessary were explained. This information should be released briefly and limited to the following comments as undetermined, treated and is going to be released, stable and transferred, satisfactory, serious, critical deceased and released. Each comment has its own definition.

Likewise, the exceptional wards where the patient is hospitalized should not be disclosed as described in the third subtheme.

The fourth subtheme indicates accompaniment of a media representative by a hospital representative for access to a hospital. The media access to some specific sections of the hospital including the ICU, emergency ward, and drug abuse ward was limited.

The access of a media representative to patients and their information was explained in the fifth subtheme. In this subtheme, patient consent was considered necessary for taking pictures or video records, and for conducting patient interview. Also, the necessity of having a special policy for highly confidential information such as child, sexual or elderly abuse, domestic violence, suicide, HIV/AIDS patients, and violence against girls and women was described.

Media access to patients’ information at special condition was included in the sixth subtheme consisting of information about crimes, crashes or other special issues.

Hospital-media relationship in disastrous conditions and in facing with unnamed hospitalized patients was briefly outlined in the seventh and eighth subthemes, respectively.

The third theme
The third theme of the guideline indicates the duties of a public relation (hospital) representative. According to the guideline, journalists should follow the rules and respect the patients’ physical and informational privacy while they are in the hospital and try not to disrupt the patients’ care.

The fourth theme
In the fourth theme, the physicians were guided on how to cooperate with the media in the hospital, what information and at which conditions should be provided by them. In addition to physicians’ privacy, their participation in news conferences and interviews were regarded. In this theme, it was mentioned that “Physicians should cooperate with the hospital representative and be aware of the hospital’s policy on relationship with media”. Furthermore, according to the article, “Physicians should not disclose the patients’ prognosis but they may provide information on the patients’ problem, severity, and condition with the patients’ written consent.” The physicians are guided on what and how to state while they provide patients’ information.

A physician’s privacy was included in the article “The name of the responsible physician may be disclosed only with the physician’s permission and consent, but if disclosing that information may specify patients’ details (for example psychiatrist), it is forbidden”.

The fifth theme
In the fifth theme, the media companions were clarified; their duties before attendance in the hospital and after that, and how to deal with health staff while on work was explained. Furthermore, the condition at which photography and camerawork are permitted was presented.

The sixth theme
The sixth theme guides the patients regarding their rights to call on media, and how to answer media application for an interview. Concerning these issues, the guideline describes that “If the patient wishes to be interviewed, the interview in the hospital should be coordinated by hospital officials” and “The patient’s request for an interview with media should be documented”.

DISCUSSION
The obtained framework for the hospital-media relationship is mostly based on the concerns of privacy and confidentiality. The study of challenges of confidentiality in clinical practice led to the drafting of the confidentiality guideline in clinical practice [14]. It was clarified that the notion of privacy and confidentiality in clinical practice has been neglected for years especially patients’ privacy about media. Thus, in the proposed framework, we attempted to provide a practical ethical guideline to preserve privacy as a patient’s right, without affecting the hospital-media relationship.

It can be claimed that the law on Publication and Free Access to Information is the first law in our country which addresses individual privacy. According to article 14 of this law, “if the requested information is part of personal privacy, access to the information should be limited”. The
need for written consent to disclose personal information was listed in article 15 [31]. For the first time, the definition of privacy was explicitly presented in the executive by-law (article 1) [32]. Accordingly, access to personal information without the patient’s consent is considered a privacy violation. Physical and mental diseases and medical information are considered as components of personal information in the executive by-law [32]. Despite this fact, the right to privacy is not considered for patients in the Iranian legal system; thus, it requires enacting new articles.

Our draft tries to shed light on our approach to hospital-media relationship as much as possible; thus, it clarifies the responsibilities and approaches of hospitals, physicians, media, and patients. However, some guidelines do not pay sufficient attention to the holistic approach [25].

The first theme of this guideline presents general principles outlining the hospital-media relationship. These principles insist on mutual responsibility of the health system and media for promoting the proper relationship. Gagnon and Sabus introduced societal, organizational, professional and individual considerations for hospital-media relationship [33]. They believe that these considerations require some clarifications according to the terms of services, professional standards, organizational policy, and individual best practices; also, they assume that media cannot work in isolation [33]. All healthcare providers are committed to their ethical and professional standards in all circumstances even in interaction with media. Gagnon and Sabus recommend a mindful, helpful, and practical use of media and not the use of a set of “do’s and don’ts” and prohibition of negative conduct in guidelines and policies [33].

Regarding the necessity of clarifying the organizational policy and respecting professional standards, the second and third themes of the guideline show the hospital policies for hospital-media relationship. Similar to the other guidelines, our guideline respects patient’s autonomy and considers the opt-out approach [21-30]. All of the studied guidelines were the same special situations such as child/elderly abuse, household violence, disasters, and unidentified patients, and the importance of proper and urgent news broadcasting is augmented. At these situations, some concerns about the dissemination of inaccurate information have been raised [3]. Given the different hospital policies for dealing with specific injuries including poisoning, burns, shooting, or rape, our guideline does not define the approach in these situations.

In disasters, there is massive dissemination of information including information obtained from the public and presented to the public [34]. Thus, this guideline attempts to maintain the integrity of the hospital-media relationship in these circumstances.

The duties of physicians in hospital-media relationship were explained in the fourth theme. In the health system, physicians have the highest level of responsibility to their patients, and they mostly face media requests for an interview. Such communication may impose potential risks to patients’ privacy and/ or confidentiality, potential risks to professional integrity (privacy, improper information sharing), and may harm the physician-patient relationship [35,36]. Also, communication may create serious ethical concerns for the community; in which conjunction with political considerations occasionally makes a distinction between physicians’ education and persuasion [37]. It is not clearly defined whether physicians respond to media inquiry and perform potentially ethical challenging relationships with competent direction. Previous reviews have found little ethical direction about physicians’ public relationship [38].

Although the right of privacy was emphasized in the Patients Right Charter, most patients are not aware of it or they may violate their privacy for the sake of public judgment. According to the framework, the patient’s right about media was respected.

Lipworth et al. believe that health journalists should inform the public in an independent, transparent, and trustworthy manner [39]. These obligations were defined in our framework insisting on respecting a patient’s privacy and not disturbing a patient’s care while in hospital.

In disasters, the provision of healthcare services is facing many ethical challenges such as respecting a patient’s autonomy [40]. Although media is proving to be effective in providing a rapid response in special situations, ensuring a patient’s privacy and confidentiality is hardly possible even by healthcare providers. Kiani et al. stated that in disasters, an ethical guideline is needed to overcome the emotional influence of the situation in medical practice [41]. To respect a patient’s privacy in special situations, the seventh subtheme of the first theme indicates coordination between the hospital and the Ministry of Health before community level notification.

Availability of new electronic devices and smartphones which can be used as a recorder demonstrates their
potential for broadcasting video reports and pictures, and also the sensitivity of the issue. In this framework, a patient’s permission was assumed to be necessary for photography and camera work in the hospital. There is a possibility that every patient or patient’s family prepares a comprehensive video report of each hospital and broadcasts it via the internet. This type of action grossly invades the privacy of the patients, health staff, and health system. Unfortunately, conflicts of interest and private interest affect the accuracy of those video clips which often negatively criticizes the health system and public trust. This type of indirect relationship between the media and the health system which is created by patients or their families is not included in this guideline, although it may be the most harmful and unethical relationship. We recommend considering the ethical challenges of using cyberspace for transferring medical video clips or medical information as a different project to design a new guideline. Furthermore, it is of critical importance to clarify a more detailed framework of the hospital-media relationship in disasters.

In conclusion, it is suggested that the draft guideline can serve as a useful ethical guideline in hospital-media relationship by providing the best ethical approaches as general principles, workflow in hospital-media relationship, duties of a hospital representative, and a proper guideline for physicians, media, and patients in their mutual relationships. However, the draft will be further evaluated and possibly revised by higher authorities, and if possible, it will be approved and released by the responsible officials shortly.

The presented recommendations and guidelines may be of value to other nationalities. However, minor modifications may be necessary because of cultural differences.

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DISCLAIMER

No part of this manuscript has been copied, published or submitted elsewhere in whole or in part in any languages.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

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<th>Themes</th>
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| General principles          |                                                                          | - Hospital-media relationship; Providing information regarding regulations and the rights of stakeholders  
                             |                                                                          | - Consider clarity, caution, and honesty when providing information  
                             |                                                                          | - Hospital-media cooperation  
                             |                                                                          | - Hospital-media cooperation regarding the quality of health services  
                             |                                                                          | - Confirm the interview text by healthcare providers  
                             |                                                                          | - Provide health information just from the official news feeds  
                             |                                                                          | - Attend hospital just with official permission  
                             |                                                                          | - The public relations office of medical universities is the first licensing authority for preparing a report  
                             |                                                                          | - The content of the license and its signature  
                                                                                           |
| Media request               |                                                                          | - Apply to the public relations office of a medical university  
                             |                                                                          | - The content of the application  
                             |                                                                          | - The evaluation procedure and the authorities  
                                                                                           |
| Reporting a patient's condition by hospital |                                                                          | - Report a patient’s condition and location  
                             |                                                                          | - Report a patient’s information  
                                                                                           |
| Patient’s room and admission |                                                                          | - Patient’s permission  
                             |                                                                          | - Disclose special information  
                                                                                           |
| Media in hospital           |                                                                          | - The role of a hospital representative  
                             |                                                                          | - Attendance of reporters in hospitals and limitations  
                             |                                                                          | - Limitations in critical and emergency situations  
                             |                                                                          | - Infection control  
                                                                                           |
| Media access to patients and their information |                                                                          | - Patient’s interview with media  
                             |                                                                          | - Incompetent patients  
                             |                                                                          | - Patient’s written informed consent  
                             |                                                                          | - Content of patient’s written informed consent  
                             |                                                                          | - Disclose the identity of special groups of patients  
                             |                                                                          | - Disclose sensitive information  
                                                                                           |
| Special conditions          |                                                                          | - Information about crimes and crashes  
                             |                                                                          | - The hospital’s legal obligations for disclosing information  
                             |                                                                          | - The hospital report in special conditions  
                             |                                                                          | - Refer media to responsible organizations such as the police station, fire station, etc.  
                             |                                                                          | - Request for an interview at a special condition  
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| Disasters                   |                                                                          | - Hospital’s responsibility in disasters  
                             |                                                                          | - Essential information about disasters  
                             |                                                                          | - Community level notification  
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<td>- Hospital policy regarding media relations</td>
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<td>- Hospital’s representative duties and responsibilities</td>
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<td>- The physicians should cooperate with the hospital representative and be aware of the hospital policy on relationship with media.</td>
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<td>- The physicians should not disclose a patient’s prognosis but they may provide more information about the patient’s problem, severity, and condition with the patient's written consent.</td>
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<td>- The name of the responsible physician may be disclosed only after the physician’s permission and consent, but if disclosing that information may specify a patient’s details (for example psychiatrist), it is forbidden.</td>
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<td>- Physicians in the private sector may ask for an interview or a news conference. At this occasion, if the conference is being held in the hospital or it is about a patient, the hospital representative should be informed and give permission.</td>
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<td>- If possible, healthcare providers should confirm the interview text before publishing.</td>
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<td>- When contributing to TV programs or public conferences, healthcare providers should have a fair appraisal based on the cultural context and principles of professional ethics.</td>
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<td>- Physicians may provide information to media if their relationship with their patients ensures safety and considers privacy, confidentiality, and trust.</td>
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| Media guide | - Editors-in-chief, reporters, and photographers should regard the patient’s physical, psychological, and emotional privacy and cooperate with physicians. <br> - The media should be aware of the rules and regulations, and avoid breaching confidentiality. <br> - Before contacting patients or visiting hospitals, reporters should inform the hospital representative even if they have been invited by the patient or his family. <br> - Reporters should visit hospitals with the accompaniment of the hospital representative even if they have been invited by the patient or his family. <br> - Reporters should take as little time as possible with a patient. <br> - Reporters should note that the hospital representative may discontinue the interview or limit their access to the hospital in accordance with the patient’s or the other patients’ condition. <br> - While taking picture of a patient, other patients or healthcare providers should not be included except after their written consent. <br> - To safeguard patients or healthcare providers, the name of the hospital or the ward should be kept confidential. <br> - Reporters should note that the only responsible persons for determining the patient’s condition are physicians. <br> - To increase data accuracy, information should be provided by hospital authorities; otherwise, reporters are responsible. <br> - Reporters should note that the first responsibility of physicians is to provide healthcare and accordingly they may be proclaimed during the interview. <br> - The hospital is not permitted to provide information about a critically ill or unconscious patient before contacting the patient’s family. <br> - If a reporter needs to access a patient or his/her information periodically, the hospital should be informed beforehand. <br> - It is necessary that all reporters and photographers be aware of this guideline. |}

| Patients guide | - Patients have the right to contact the media on their own. <br> - If a patient wishes to be interviewed, the interview in the hospital should be coordinated with the hospital officials. <br> - Patients have a right not to accept media requests for an interview. <br> - A patient’s request for an interview with media should be documented. |
АУРУХАНАЛОРДЫҢ БАҚ-ПЕН БАЙЛАҢЫСЫ ЖӘНЕ ПАЦИЕНТТЕРДІҢ ҚУПИЯЛЫЛЫҒЫ: 
ЭТИКАЛЫҚ НУСҚАУЛЫҚТЫ КОДТАУ

Түйінделеме
БАҚ пен денсаулық сақтау жұйесінің қарым-қатынассы зерада тиімді болуы мүмкін. Оқырмандардың өз көп санын тарту және бизнесте аман қалу журналистиканың басымдықтары болып саналады.

Этикалық нетіздер мен нетізілгі этикалық қағидаларды, оның ішінде қуиялылық пен қуійылылықты қағамдаган және жағдайда қызметке асырылады. Бұл жұмыста авторлар және жемі өмір ішіндегі қағидаларының ақпаратына қоюылыс жықтырарын анықтайды.

СМІ және және экономикалық міндеттері ағылшында, денсаулық сақтау арқылы қызметке асырылған қуійылылықтар қызмет көрсету қағыдаттарының құқығына қарай өзге атынасындағы құқығына қарай көптеген. Бұл мәселелер ауруханалардың және СМІ ортасында қызмет көрсету қағыдаттарының құқығына қарай көптеген.

Кейіннен басының жоғасы құқығы, содан кейін екінші кезең етті, оңда жоға екі фокус-топын ажыраталды. Жаңы ағылшындар, БАҚ пен денсаулық сақтау арқылы қарым-қатынастың жұмысын процессі, аурухана екілідерінің міндеттерін, дәрігерлерге арналған басындықтары, БАҚ-қа арналған нусқаулықтар және таралған асқырлар арқылы өз арналған нусқаулықты қоса алғанда, бұл әкімдік бойынша 79 мақаладан тұратын этикалық нусқаулық жоғасы жасалды.

Басының ауруханалар мен БАҚ арасындағы зерада қарым-қатынасында және және аурухана сақтау жұйесінің қуійылылығына байытталған. Басының аурухана және аурухана жұйесінің акырына науқ астың құқықтары құқығы, денсаулық сақтау жұйесінің орта құқығы қатысында деп болған.

Ауруханалардың, БАҚ пен денсаулық сақтау құқығы, және аурухана сақтау құқығы, қуійылылық құқығы.


ҚОМИКАЛОРАБИИ БОЛЫНІС СО СМІ ҚАНДІРЫССЫЗДІГІ ПАЦИЕНТОР: КОДИФИКАЦИЯ ЭТИЧЕСКОГО РУКОВОДСТВА

Резюме
Отношения СМИ и системы здравоохранения могут быть взаимовыгодными. Приоритетами журналистики являются привлечение максимального количества читателей и выживание в бизнесе. Без соблюдения этических принципов и основных этических принципов, включая неприкосновенность частной жизни и конфиденциальность, могут быть отрицательные последствия. В данной работе авторы стремились систематизировать этические принципы взаимоотношений больниц и СМИ в Иране, чтобы поддерживать надлежащие и этические отношения, уделяя особое внимание частной жизни и конфиденциальности пациентов. Исследование проводилось в два этапа. Были рассмотрены и проанализированы текущая политика и актуальные литературные источники. Впоследствии был разработан первый проект руководства, за которым последовал второй этап, на котором проект был окончательно доработан двумя фокус-группами. Был составлен проект этического руководства, состоящего из 79 статей по 6 темам, включая общие принципы, рабочий процесс в отношениях между СМИ и здравоохранением, обязанности представителей больниц, руководство врача, руководство для СМИ и руководство для пациентов. Руководство сосредоточено на неприкосновенности частной жизни пациентов и конфиденциальности системы здравоохранения во взаимоотношениях между больницами и СМИ. Предполагается, что путем реализации руководства будут соблюдены права пациента, укрепится общественное доверие к системе здравоохранения.

Ключевые слова: конфиденциальность, СМИ, отношения между СМИ и здравоохранением, конфиденциальность, этическая основа