

## Privacy vs. accountability balance (Legislative/regulatory support)

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There is a tension between promoting public good and upholding personal rights. Some jurisdictions recognise this tension and provide reporting channels which respect personal privacy. In most jurisdictions it is possible to breach medical confidentiality to protect the safety of others.(1) Important barriers which prevent concerned individuals from reporting mental illness include potential financial loss through loss of medical certification, loss of self-esteem and image, and the perception of punitive regulatory approaches. Dedicated programmes addressing substance use, and management of pilots with depression have demonstrated improved reporting and treatment.(2-4) In line with established aviation safety management principles, a culture which promotes reporting, but safeguards the individual's privacy as far as possible, is recommended.(5, 6) This means that:

1. Medical confidentiality remains a fundamental ethical obligation in aerospace medicine.
2. A regulatory framework incorporates health promotion (wellbeing) and pathways to recovery.
3. Regulators should facilitate the development of a 'safe harbour' for disclosing mental problems and receiving treatment.
4. Blanket mandatory reporting of all pilots with mental health problems to the aeromedical authorities should not be encouraged, as it will likely deter people from seeking help.(7-17)
5. Regulators, operators and industrial groups should explore ways of minimising the risk of income loss due to mental illness. Suitable insurance should be mandated.

## References

1. Rieder P, Louis-Courvoisier M, Huber P. The end of medical confidentiality? Patients, physicians and the state in history. 2016;42(3):149-54.
2. Drane AM. Aircrew Mental Health - The Australian Regulator's Perspective. Aerospace Medical Association Annual Meeting, Dallas 2018.
3. Pilot Mental Health: Expert Working Group Recommendations - Revised 2015. Aerospace medicine and human performance. 2016;87(5):505-7.
4. Ross J, Griffiths K, Dear K, Emonson D, Lambeth L. Antidepressant use and safety in civil aviation: a case-control study of 10 years of Australian data. Aviation, space, and environmental medicine. 2007;78(8):749-55.
5. De Rooy D, Mulder, S. Addressing mental health in flight crews: how Just Culture may help. Aerospace Medical Association Annual Meeting, Dallas 2018.
6. Mulder S, de Rooy D. Pilot Mental Health, Negative Life Events, and Improving Safety with Peer Support and a Just Culture. Aerospace medicine and human performance. 2018;89(1):41-51.
7. Aaronson AL, Backes K, Agarwal G, Goldstein JL, Anzia J. Mental Health During Residency Training: Assessing the Barriers to Seeking Care. Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry. 2018;42(4):469-72.

8. Bismark MM, Mathews B, Morris JM, Thomas LA, Studdert DM. Views on mandatory reporting of impaired health practitioners by their treating practitioners: a qualitative study from Australia. *BMJ open*. 2016;6(12):e011988.
9. Bismark MM, Spittal MJ, Morris JM, Studdert DM. Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law. *The Medical journal of Australia*. 2016;204(1):24.
10. Cellini MM, Serwint JR, Chaudron LH, Baldwin CD, Blumkin AK, Szilagyi PG. Availability of Emotional Support and Mental Health Care for Pediatric Residents. *Academic pediatrics*. 2017;17(4):424-30.
11. Cohen D, Winstanley SJ, Greene G. Understanding doctors' attitudes towards self-disclosure of mental ill health. *Occupational medicine (Oxford, England)*. 2016;66(5):383-9.
12. Dunn LB, Moutier C, Green Hammond KA, Lehrmann J, Roberts LW. Personal health care of residents: preferences for care outside of the training institution. *Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*. 2008;32(1):20-30.
13. Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. *Academic medicine : journal of the Association of American Medical Colleges*. 2002;77(9):918-21.
14. Milliken CS, Auchterlonie JL, Hoge CW. Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Jama*. 2007;298(18):2141-8.
15. Roberts LW, Hardee JT, Franchini G, Stidley CA, Siegler M. Medical students as patients: a pilot study of their health care needs, practices, and concerns. *Academic medicine : journal of the Association of American Medical Colleges*. 1996;71(11):1225-32.
16. Roberts LW, Warner TD, Carter D, Frank E, Ganzini L, Lyketsos C. Caring for medical students as patients: access to services and care-seeking practices of 1,027 students at nine medical schools. Collaborative Research Group on Medical Student Healthcare. *Academic medicine : journal of the Association of American Medical Colleges*. 2000;75(3):272-7.
17. Schwenk TL, Gorenflo DW, Leja LM. A survey on the impact of being depressed on the professional status and mental health care of physicians. *The Journal of clinical psychiatry*. 2008;69(4):617-20.