



Baby Quentin's Story

An excerpt from the recent College publication, *My Timor Heart*

Of all the patients who have been helped by the College's Timor Leste program, few are as famous as the adorable baby Quentin. The little girl's mother gave birth at an Australian-funded birthing centre north of Dili in December 2008, just an hour before a planned visit from Australian Governor-General Quentin Bryce.

She was born with a cleft lip. When Ms Bryce arrived to tour the facility, she picked the newborn up and cradled her, forming an immediate bond with parents Virginia Ingrazia and Vencisolao Pereira, who decided to name their precious baby after Australia's Governor-General.

In March 2009, when baby Quentin was only a few months old, Dr Mark Moore, a Plastic and Reconstructive surgeon based in Adelaide, operated on her and repaired her cleft lip. "Baby Quentin was seen by the Governor-General on her first overseas visit to Timor Leste," Dr Moore said. "She was keen on arranging for the lip repair and her staff became aware of our team visiting and I was contacted by the Embassy and AusAID who arranged for her to attend our next clinic."

Baby Quentin is now a healthy, beautiful four-year-old, and met up with her namesake again when the Governor-General returned to Timor Leste for independence celebrations last year. Dr Moore said Ms Bryce had also generously

made the time to call in on him while she was in Adelaide to pass on her personal thanks.

The College's Plastic and Reconstructive Surgery program has been operating in Timor Leste since Dr Moore made his first trip in early 2000. He took over from Dr John Hargrave, the legendary Plastic and Reconstructive surgeon who had been making visits to West Timor and East Timor since 1990.

Some things have changed in that time. There appear to be less people presenting with traumatic injuries caused by violence and civil unrest. Now, most of the work of the program involves repairing cleft lips and palates in babies and children.

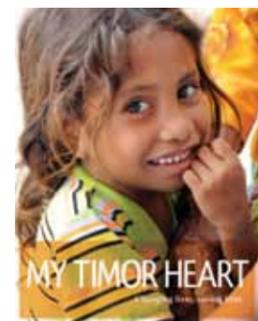
In adults, it's repairing scarring and disfigurement, and Dr Moore sees hundreds of patients suffering from dreadful burns, which have healed in ways that have fused their limbs, faces, or fingers and toes. There are also some adults who have struggled for years with cleft lips or palates.

"Clefts are twice as common in Asian populations as they are in Caucasian populations," Dr Moore said. "In Australia, cleft palates and lips are repaired when children are very young, but in Timor Leste, with no specialists available locally, many people go into adulthood without any surgical intervention.

"On a trip to Oecussi in March 2011, we saw seven patients over the age of 35 with cleft palates and lips. Two were grandfathers. Neither had been to school."

Dr Moore said there had been improvements since the early days, when he used to buy pigs trotters from the markets to train nurses and community health workers how to insert sutures. He paid tribute to Dr Joao Pedro Xavier, whom he first met as a medical student in 2000, and who is now a qualified surgeon.

"Dr Joao Pedro is symbolic of the steps forward. Also to have a Timorese surgeon now doing excellent cleft and burn surgery – Dr Joao Ximenes – is what we have worked towards, and will continue to support," he said.



All proceeds from the purchase of *My Timor Heart* go directly to the College's Foundation for Surgery to fund the Timor Leste program. An order form can be found on page 46.

To order a copy please contact
 Emily.salt@surgeons.org or
 call +61 3 9249 1230.

Photographs, X-rays, medical images and privacy

Ensure there is patient consent when documenting your work

In our current digital era, we have increasing access to instant, easy recording of images through mobile phones, as well as other digital media. The medical field is no exception. It is therefore important to recognise that there is no general right for medical practitioners to use patient photographs, x-rays or other visual images, whether for education, research or otherwise.

Current privacy legislation introduces a set of 10 National Privacy Principles, which establish the minimum standards for handling of personal information. Clinicians may be liable for fines of up to \$100,000 if they store or distribute clinical photos incorrectly.

A medical practitioner can only use or disclose health information for the purpose for which it was collected, unless the individual's consent has been obtained – and not doing so may have serious consequences. (Recent research undertaken at a Melbourne hospital* found that only a quarter of doctors surveyed had obtained appropriate patient permission to obtain clinical images.)

Use of clinical images for other purposes, such as education, without consent from a patient not only works against a sense of confidentiality for the patient, but may also have severe legal ramifications. Several recent cases illustrate this:

- An investigation has been carried out in Western Australia in relation to breach of patient confidentiality, after a newspaper published a photograph, obtained from a hospital's internal website, of a patient being treated at that hospital.
- A chief resident of general surgery at a US hospital faces disciplinary proceedings after taking photos of a patient's tattoo, using his mobile phone.
- An apocryphal story tells the tale of a surgeon who objected when

a colleague included during a PowerPoint presentation at an educational conference, used x-rays of the first surgeon without his consent. The surgeon giving the presentation was the treating surgeon.

Property of medical imagery is different to that of normal documents – the right of ownership of these images is also accompanied by a duty of confidence. Taking or recording an image does not necessarily mean ownership of the image either – in the public sector these photographs may become both the property and responsibility of the hospital.

These obligations are not necessarily new. Doctors have always had an obligation to maintain confidentiality in relation to patients and patient information. A breach of privacy or confidentiality can also lead to a complaint of professional misconduct, and potential disciplinary proceedings before medical boards and authorities.

Photographs and other medical imagery can be used for many useful purposes, and are included in patient records as an addition to clinical care – and may be displayed to colleagues, Trainees and others for treatment purposes.

However, any use beyond the treatment of the patient runs the risk of a breach of privacy. A breach of privacy or confidentiality can lead to a complaint of professional misconduct, and potential disciplinary proceedings before medical boards and authorities.

As technology improves into the future, clinical photography will also

increase. It is important to be aware of the ramifications and consequences of using this imagery – and mobile apps such as the recently released PicSafe aim to guide medical practitioners in the safe usage and storage of such files.

It is also crucial to remember to gain the patient's consent before the images are used. The patient's consent should be recorded, and what the images will be used or potentially used for should be discussed with the patient.

It is also acceptable under privacy legislation for a medical practitioner

to have a Privacy Statement or privacy consent document (either signed by or given to the patient) which indicates that images may be used for research, training and education purposes – and allowing the patient to 'opt out' from this by indicating that such permission is not given.

Practitioners operating in hospital environments should check their hospital's Privacy Statement or consent document to determine the extent of consent encompassed within these documents.

(*Research conducted by Dr David Hunter-Smith in the Department of Surgery at Peninsula Health found that only a quarter of doctors surveyed had obtained appropriate patient consent to take clinical images.)

With Isla Tobin



Michael Gorton,
 College Solicitor

