**Original Article**

**Hospital-media relationship and patients privacy: codifying the ethical guideline**

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**Conflict of interest:**

None

**Ethical issues:**

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

**Abstract**

The media-healthcare system relationship could be mutually beneficial. Appealing 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 overcome. So, 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 literatures 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 consists of 79 articles in 6 themes was obtained including general principles, work flow in media-health relationship, duties of hospital representative, physicians guide, media guide and patients guide. The guideline concentrates on patients’ privacy, confidentiality and the privacy of the health care system in mutual hospital-media relationships. It is suggested that by implementing the guideline, the patient’s right would be respected and the public trust to health system be fostered.

**Keywords**: confidentiality, media, media-health 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 view by sharing news via the internet and that news are shared by users and by the time the number of audiences will increase. Kim et al. state that the media has a butterfly effect begins via a message and spreads over the globe, which may have a catastrophic effect (1).The users share their views and common interests with media and build a relationship (2). From the other point of view, media, and especially 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 the more emotional effect regardless of psycho-social and ethical impact, 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 audiences make important medical decisions based on the information provided in media (5). In the 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). The negative impact affects the patient-physician relationship and disrupts valuable trust in the healthcare system (4). As the 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 health system; also, the health system especially the hospitals should safeguard the privacy of patients and health system to prevent public distrust.

One prominent Iranian example is a hospital crisis in 2014 following the spread of Acinetobacter infection in NICU. After finding some cases of death because of Acinetobacter infection in premature neonates who had several disabilities, a journalist from news media (TV) reported the issue by interviewing to families, physicians, and the supervisor regardless of their privacy and confidentiality. As there was no ethical framework for media-health system relationship, the nonprofessional staff behavior outside the ethical framework and improper interaction of hospital staff with 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 the public trust was negatively affected in less than a week and created national excitations with rumors and disinformation rapidly distributing through media and social networks. There are similar universal events in which the false and misinterpreted information have to gain much attention including the overspreading 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 health system, similar crisis has other devastating effects; firstly, because of breaching privacy and confidentiality of the patients, their families, and healthcare providers; and secondly, because of diminishing the reputation of the physicians, the 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 audiences and their reaction to the issue (10,11). Medical journalism sensitizes the general public sphere by exaggerating medical information and 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 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 media-health system relationship. The devastating effect of crisis which made by media finally affects the public health because of diminishing the trust in between.

Respecting patients privacy is an important duty for health care professionals and has been recognized as a patient right in the Iranian Patients Right Charter; all of the professionals ought to observe it (chapter 4) (16). According to it and for fulfilling 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 that named Professionalism in the Use of Social Media (17). This means that media-health relationship needs ethical and professional considerations. This event followed by the adoption of the other guidelines related to the American Nurses Association (ANA), American Society of Health-System Pharmacists (ASHP), etc.; which shows the importance of the issue. All of these guidelines acknowledge the credibility, privacy, and efficiency of both parties; the media and health system.

The concept of privacy has been not explicitly addressed in Iranian laws and regulations; however, implicit evidence about the 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). It is not unreasonable; the 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, at all processes of the preliminary investigations, publishing any information such as image by the media and the judicial system that could disclose the accused identity is prohibited (20). We can see similar articles in the new Iranian Code of Criminal Procedure such as article 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 achieving a comprehensive framework for more accurate communication between hospital as an important part of the health system and media is highly felt. So, we aimed at defining an ethical framework for appropriate hospital-media relationship for day-to-day practice.

**Method:**

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 in two phases. To facilitate a reliable, useful, and culturally acceptable research engagement, and to provide the first draft of the framework, we did a content analysis of current policies and relevant literature. Accordingly, the most relevant literature and guidelines(21-32). were reviewed; their contents were analyzed, the 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 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 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 discussions addressing general aspects, and feasibility of the guideline. In the second focus group, the heads of the hospitals and hospitals officials, ethicists, physicians, and journalists participated. In both focus group discussions (FGDs), the participants were asked to write down their points 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.

**Results:**

The final draft consisted of 79 articles in 6 themes and eight subthemes (table 1). The themes are primarily concentrating on patients privacy and confidentiality and secondly on the privacy of the health system. Table 1 represents the articles of the guideline.

*The first theme*

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

How the media can approach the hospitals was generally explained at first. The important point in this theme is that hospital officials should appoint a person as a representative who is responsible for media and should reply to the media request at the first convenience. Because in Iran all of the hospitals are affiliated to or under supervision of medical universities, all media requests should be presented to university's public relation, then the public relation evaluates and refers their request to the hospital's officials if possible. The public relation 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 eight 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 way of reporting patient’s condition, location, and information respectively. The information about the patient's condition and location may only be released if the patient has not been requested for failing 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 definition.

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

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

The access of the 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 patient’s 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 were described.

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

Hospital-media relationship in disasters and in confronting with unidentified patients was briefly outlined in the seventh and eighth subthemes, respectively.

*The third theme*

The third theme of the guideline indicates the duties of public relation (hospital) representative. According to the guideline, the journalists should obey the rules and respect the physical and informational patients’ privacy while they are in the hospital and try not to disrupt 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 “The physicians should cooperate with hospital representative and be aware of the hospital policy in the relationship with media”. Further, according to the article “The physicians should not disclose patients prognosis but they may provide patients problem, severity, and patients condition with patients written consent.” The physicians are guided what and how to state while they are providing patients information.

Physicians privacy was included in the article “The name of the responsible physician may be disclosed only with 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 about their rights to call on media, and how to answer to media application for an interview. Concerning the issue, the guideline presents that “If the patient wishes to be interviewed, the interview in the hospital should be coordinated by hospital officials” and “The patient 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 was led to drafting the confidentiality guideline in clinical practice (14). It was cleared that the notion of privacy and confidentiality in clinical practice has been neglected for years especially patients privacy about media. So, in the proposed framework, we tried to provide a practical ethical guide 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 one in our country which addresses individual privacy. According to article 14 of this law, “if the requested information is part of personal privacy, the access to the information should be limited”. The need for written consent to disclose personal information was listed in article 15 (33). For the first time, the definition of privacy was explicitly presented in the executive by-law (article 1) (34). Accordingly, access to personal information without patients 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 (34). 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; so, it clarifies the hospital, physicians, media, and patients responsibility and approach. However, some guidelines do not pay enough attention to the holistic approach (25,27).

The first theme of this guideline presents general principles outlining the hospital-media relationship. These principles insist on mutual responsibility of health system and media for promoting the proper relationship. Gagnon and Sabus introduced societal, organizational, professional and individual considerations for media-health system relationshi0 (35). 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 (35). All health care providers are committed to their ethical and professional standards in all circumstances even in interaction with media. Gagnon and Sabus recommend not using a set of “do's and don'ts” and prohibition of negative conduct in guidelines and policies but provide a mindful, helpful and practical use of media (35).

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 (21-32). All of the studied guidelines were the same some special situations such as child/elderly abuse, household violence, disasters, and unidentified patients, the importance of proper and urgent news broadcasting is augmented. At these situations, some concerns about the dissemination of inaccurate information raise (3). Given the different hospital policies for dealing with specific injuries including poisoning, burns, shooting, rape, etc., our guideline does not define the approach in those situations.

At disasters, massive dissemination of information including the information obtained from the public and presented to it occurs (36). So, this guideline tries to maintain the integrity of the hospital-media relationship at these circumstances.

The duties of physicians in hospital-media relationship were explained in the fourth theme. In the health system, the physicians have the highest level of responsibility to their patients and are mostly facing the media requests for an interview. Such communication may impose potential risks to patients privacy and/ or confidentiality, potential risks to professionals integrity (privacy, improper information sharing) and may harm the physician-patient relationship (37,38). Also, communication may create serious ethical concerns for the community; in which conjunction with political considerations sometimes makes a distinction between physicians’ education and persuasion (39). It is not clearly defined whether physicians respond to media inquiry and perform potentially ethical challenging relationships with competent direction. Former reviews found little ethical direction about physicians public relationship as well (40).

While the right of privacy was emphasized in the *Patients Right Charter*, most of the 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 on an independent, transparent and trustworthy manner (41). These obligations were defined in our framework insisting on respecting patient’s privacy and not disturbing patients care while in hospital.

In disasters provision of health care services is facing many ethical challenges like as respecting patient’s autonomy (42). Although media is proving to be effective for rapid response at special situations, observing patients 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 (43). To respect the patient’s privacy in special situations, the seventh subtheme of the first theme indicates coordination between the hospital and the Ministry of Health (MOH) before community level notification.

Availability of the 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, the patient’s permission was assumed to be necessary for photography and camerawork in the hospital. There is the possibility that every patient or patient family prepares a comprehensive video report of each hospital and broadcast it via the internet. This type of action grossly invades the privacy of patients, health staff, and the health system. Unfortunately, conflict 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 media and health system which is created by patients or their families is not included in this guideline; while 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 the more detailed framework of the media-health system relationship at disasters.

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

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Table 1. The resulted themes and articles of the final draft

| **Themes** | **subtheme** | **Articles** |
| --- | --- | --- |
| General principles |  | * Hospitals should have proper relations with the media. The information should be provided with extreme caution, regarding regulations, the rights of stakeholders and in the least convenient. * The stakeholders of this guideline including healthcare providers and media should spread health information considering clarity, caution, honesty and without bias. * Whenever needed and possible, the hospital should make a place for gathering information. * If possible, physicians and other health care providers should cooperate with media without diminishing the health services. * If possible, health care providers should confirm the interviewed text. * According to this guideline, the reporters, news writers, and photographers accept to provide health information just from the official news feeds of the hospital and attend in the hospital just with official permission. * The public relation of the medical universities is the first licensing authority for preparing a report from affiliated hospitals. The license should mention the media, the reporter’s name, the time and location and the subject of the report. * Finally, the license should be signed by the hospital chief. |
| Work flow in media-health relationship | Media request | * The media must apply to the public relation of the medical university. * The request should provide information about the media, the reporter, patients name and/or physicians name, time and location and the subject of the report. * The public relation evaluates the request and refers it to the hospital chief. * The hospital chief makes a decision based on this guideline. * Acceptance or rejection of the media request is based on the patient’s condition and willing. It should be assured that making a report does not diminish health care. |
| Reporting Patients condition by hospital | * The hospital could report the patient’s condition and location as briefly as possible without the patient’s consent; if the patient did not ask for specific privacy. This rule is considered for outpatients and patients in an emergency room. * Patient’s information should be limited to the following comments: undetermined, treated and is going to be released, stable and transferred, satisfactory, serious, critical, deceased, and released. |
| Patients room and admission | * Patient’s location in the hospital should not be disclosed to the media without the patient’s permission. * Disclosing special information which may put the patients or health care providers at risk is prohibited. |
| Media in hospital | * The reporters should be accompanied by a hospital representative. * Attendance of the reporters in some hospital wards is limited. These wards include operation room, ICU, emergency room, gynecology and maternity, psychiatry, pediatrics, and substance abuse wards; but not limited to these wards. * In critical and emergency situations, the limitation may be expanded to the other parts of the hospital. * In order to control infection, there is the possibility that the reporters were asked to wear on a special gown or disinfect their instruments and not to touch the hospital equipment. |
| Media access to patients and their information | * Patients may do not accept to have an interview with media. At first, the hospital should inform the patient about his health records and what is going to be disclosed; so, the patient can opt-out. In this occasion, the hospital cannot provide patient information for media. * For incompetent patients the hospital should ask the patients surrogate decision maker; otherwise, the patient’s information may be disclosed if not incompatible with the patient’s interests. * By patient’s written informed consent, the hospital could provide more information. * At these occasions, a patient’s written consent is necessary: photography, description of the patient’s condition, patient interview. * In the written informed consent, the time of beginning and ending the interview should be mentioned. * Media should be cautious in disclosing the identity of the victims. Disclosing the information about alcohol or substance abuse, psychiatric patients and patients having STDs including HIV/AIDS without consent is prohibited. * The information about child abuse, elderly abuse, sexual assault, HIV/AIDS, domestic violence and violence against girls and women and suicide should be kept confidential. * After hospital release, all of the media requests should be referred to the patient and/or his surrogate. |
| Special conditions | * The information about the crimes and crashes are interesting for media; when the issue is related to the public society, considering patients privacy is fundamental. * Sometimes the hospital should provide patients information because of legal obligations; at these occasions maximum possible level of confidentiality should be regarded. * The hospital report should be limited to medical information. * The hospital may refer the media to responsible organizations such as police station, fire station, etc. * Request for interviewing or photography of the arrested patient is only possible by legal permission. |
| Disasters | * In disasters, the hospitals may change their routine and accordingly may prepare an information center for proper response. * In disasters, the essential information should be provided as soon as possible. There should be a balance between public awareness and patients’ privacy; however, patient’s safety should not be diminished. * In disasters, community level notification should be coordinated with the Ministry of Health and the medical university. |
| Unidentified patients | * Having unidentified patients in the hospital, only a picture of the patient may be given to the media to find the patients family. |
| Duties of hospital representative |  | * Hospital staff and physicians should be aware of the policy of the hospital and the affiliated university with regard to media relations. * The hospital should determine its representative who is a responsible person for media even in holidays. * The hospital representative should be accessible and accountable in the least convenient. * The hospital representative should inform the patient and/or his family about media request. * The hospital representative should organize the patient’s interview with the physician. * The hospital representative should accompany the reporter in the hospital. |
| Physicians guide |  | * The physicians should cooperate with the hospital representative and be aware of the hospital policy in relationship with media. * The physicians should not disclose patient’s prognosis but they may provide more information about patient’s problem, severity, patient’s condition with patient’s written consent. * The name of the responsible physician may be disclosed only after physicians permission and consent, but if disclosing that information may specify patients details (for example psychiatrist), it is forbidden. * 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. * If possible, health care providers should confirm the interview text before publishing. * Contributing to the TV programs or public conferences, health care providers should have fair appraisal based on the cultural context and principles of professional ethics. * The physicians may provide information for media if their relationship with patients keep safe and consider patients privacy, confidentiality and trust. |
| Media guide |  | * Editors in chief, reporters, and photographers should regard the patient’s physical, psychological and emotional privacy and cooperate with physicians. * The media should be aware of the rules and regulations and avoid breaching confidentiality. * Before contacting patients or attending in hospitals, the reporters should inform the hospital representative even if they have been invited by the patient or his family. * The reporters should attend in the hospital by accompaniment of the hospital representative even if they have been invited by the patient or his family. * The reporters should take the patient as little time as possible. * The reporters should note that according to the patient's or the other patients’ condition, the hospital representative may cut the interview or limit their access to the hospital. * While taking picture of a patient, other patients or health care providers should not be included except after their written consent. * In order to safeguard the patient or health care providers, the name of the hospital or the ward should be kept confidential. * The reporter should note that the only responsible person for determining the patient’s condition are physicians. * In order to increase data accuracy, the information should be provided via hospital authorities, otherwise, the reporter is responsible. * The reporters should note that the first responsibility of the physicians is providing health care and accordingly they may be proclaimed during the interview. * The hospital is not permitted to provide the information about a critically ill or unconscious patient before contacting patient’s family. * If the reporter should access the patient or his information periodically, the hospital should be informed formerly. * It is necessary that all the reporters and photographers be aware of this guideline. |
| Patients guide |  | * The patients have the right to contact with media on their own. * If the patient wishes to be interviewed, the interview in the hospital should be coordinated by hospital officials. * The patients have the right not to accept media request for an interview. * The patient request for an interview with media should be documented. |