

# PRIVACY IN HEALTH CARE

by Professor Roosevelt Fitzgerald



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To offset any suspicion that I might not be cognizant of matters other than those having to do with racial problems, I thought I would pen a small piece having to do with a problem which has to do with us all. We are all guaranteed the right to privacy but do we really get it when it matters the most? I think not.

I finally figured out why I prefer shopping for groceries in the wee hours of the morning. Those of you who also do so have undoubtedly noticed that there are fewer shoppers out and about at two or three in the morning. For the longest time I had unconsciously thought that I shopped at such hours because I did not like to feel rushed — that I was a smart shopper. Not so. The actual reason I do so is because of what happens when one shops during normal hours, amongst many other shoppers, upon arriving at the check-out counter.

Most others, who are in line at that time, seem to spend their waiting time examining what is in other peoples' carts. I've observed them scrutinizing and, when they know their victim is not watching, commenting to their companions on others' selections. The expressions on their faces are very revealing. Here's a woman with blonde hair and she has some sort of rinse and the scrutinizer gazes at the product, stares at the victim's head and then turns and points with an almost sneer as though to say: "If she's blonde, so's my grandmother." Then there's the person, male or female, who by their selections and the volume of those selections signal that they are indeed single. One can tell — a pint of orange juice, a pint of milk, a small loaf of bread, several different frozen dinners, a six pack and so on. Onlookers examine such people carefully and make attempts to figure out why such a person "has nobody." You can tell people without children by the almost total absence of stuff that has absolutely no nutritional value. Anymore, those who smoke make futile attempts to hide the cartons of cigarettes because, after all, everyone knows that anyone who buys cigarettes is a slob — a crazy slob who does not realize that if he gave up smoking he would live forever. Right now, thanks to the AIDS epidemic, there are some who seek to advertise the extent of their sexual

activity. They boldly present ten boxes of a hundred each of condoms and seem to have a look on their faces which suggests that these might be enough to last them through the weekend. Always there can be found a strikingly beautiful woman standing in line with a lone box of condoms and every man in sight presents a face that seems to say: "Let me help you use a few of those."

The point of this enlarged introductory is to show with what ease we lose our right to privacy and how some are more than happy to do so and others are happier still to assist us. In the matter of groceries and other such aforementioned products, there is really no major invasion except for those who are particularly sensitive and really do not wish for everyone to know what they consume. Many times, and I'm sure it has happened to some of you, I've stood in line behind someone who is buying sanitary napkins and the clerk, while ringing up the price, feels obligated to make some pertinent comments: "Those are great. I use them myself. They are even good when you're standing up all day."

It doesn't have to be anything as private as the above. Some people are very timid about buying grits or chittlings or neck bones. My great fear is watermelon. Everyone "knows" that black people "just love" watermelon — a great stereotype. I only purchase watermelon between three and four in the morning when the cash registers are down and I cover the melon with a blanket so no one can see it. I push rapidly through the check out, flash the blanket as though giving a smoke signal, hand the cashier a five spot, say keep the change and rush out under the cover of night. After all, it just wouldn't look right for me to be seen with a watermelon — I'm an educated man.

A few nights ago, a very dear friend and I, while driving, had cause to initiate a very humorous conversation which soon evolved into a most serious recognition of the almost total absence of privacy in the matter of health care. It didn't just happen just like that because, really, I had no conscious interest in the matter. Seems that on two occasions, since January, there have been letters written to "Dear Abby" on the subject of privacy violations. The one

has to do with a woman being prescribed a medication by her doctor during an afternoon visit to his office. During the early part of the night, of that same day, she received a phone call from a friend who asked of her health and wondered why she was taking a certain medication. Obviously, someone at the pharmacy or at the doctor's office had violated her privacy by having informed her friend of the medication. The other letter had to do with a woman, who several years earlier, while yet little more than a child herself, had an abortion. Twelve years later she is married and hopefully pregnant and making her first visit to the gynecologist. After the medical examination is completed and she has been informed that she is indeed pregnant and she is merrily speaking with the receptionist to arrange her next visit, the receptionist commented, in an off-handed way: "Gonna keep this one, huh?" The woman changed doctors and rightly so because between examining room and receptionist station, her medical history and her right to privacy had been violated.

In both of the above mentioned instances, a clear violation of one's medical privacy occurred. It does not always require an overt act on anyone's part. Sometimes it occurs blatantly as in the initially humorous conversation my friend and I recently started to have. Consider the following.

We were the third car in a turning lane on a certain street and when the light changed to green and the traffic moved, one of the two cars ahead of us made an almost immediate left turn after having made the initial left turn. I was about to sound my horn when my eye caught notice of the sign on the side of the building which was their destination.

I did not strike the horn. I felt like a chump. The car was pulling into a CANCER CENTER. Unconsciously, I determined that the occupants had enough trouble. They didn't need some wise guy honking a car horn at them.

Our conversation had to do with people pulling in to eye, ear, nose and throat specialists; hoof and mouth centers, bunion pluckers and so on. Then I remembered the times that I, with a heart "condition," would pull into the HEART SHOP and each time some pedestrian would gaze at me with such sad eyes and

a face that seemed to say "poor you." Once inside, there would be many others waiting to get their hearts fixed and we would sit there opposite each other imagining who's in the worse shape — heart attack, open heart, transplant, valve job or what? No semblance of privacy.

Anyone who happened to be passing when someone enters a medical building with such descriptive names would know immediately what one's health condition

is. Privacy? No way. Those places should change their names to something less revealing.

Imagine, I've just given a student the "F" that he deserves and he's upset. Shortly afterwards, he observes me entering the heart shop.

"There goes Prof. Fitz. into the HEART SHOP."

"So?"

"I'm going to scare Prof. Fitz. to death."

## JACOB

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about a deficit fueled by the economic costs of unemployment.

It's amazing that a nation that spends a trillion dollars a year and runs a deficit of \$150-200 billion doesn't take immediate action to end the fiscal drain of unemployment.

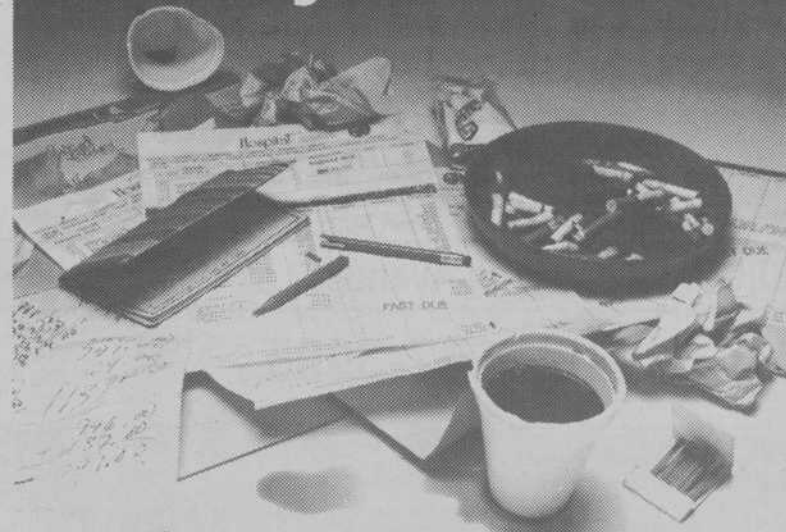
We need to invest in human resources to ensure a workforce that can be productive in today's high tech

economy. We need a job creation program that helps rebuild the nation's infrastructure — creating business for private industry and jobs and training for the unemployed.

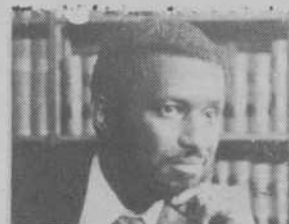
It's time for a national full employment policy. The deficit should not be an excuse not to do it, but a rationale for doing it swiftly.

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