

adrenal insufficiency. Nonetheless, we thank Wael Haddara and Stan van Uum for describing this important point.

Ronik Kanani
Aleixo Muise

Department of Paediatrics
Hospital for Sick Children
Toronto, Ont.

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Privacy of pharmacy prescription records

On behalf of the National Association of Pharmacy Regulatory Authorities (NAPRA), Canada's voluntary umbrella association of provincial and

territorial pharmacy regulatory bodies, I am writing to respond to the commentary by Dick Zoutman and associates¹ about pharmacy prescription records.

The statement in that commentary that "patient identifiers . . . stream from pharmacy computers via commercial compilers to pharmaceutical companies" is incorrect, and there is no basis for the broad allegation that patient information has been improperly disclosed from pharmacies. The authors state that they "are unaware of a PIPEDA- [Personal Information Protection and Electronics Documents Act] based challenge to the selling of patient information by Canadian pharmacies." The simple reason why they are unaware of any challenge is that such disclosure does not occur.

The personal health information of patients ("patient information") and professional practice information about physicians ("physician-linked prescrip-

tion information") are not equivalent. Patients' health information is personal information about the patient and deserving of the highest level of protection the privacy legislation can confer. However, physician-linked prescription information is not personal information under PIPEDA and is afforded no such protection. This situation has been confirmed in a decision of the Privacy Commission of Canada.²

The legislative mandate of pharmacy licensing bodies is to protect the health and safety of the public, not to protect the interests of health care providers, including pharmacists. Although requirements, standards and guidelines for the practice of pharmacy may vary at the provincial level — because each province has its own legislation in this area — the requirement for patient consent for the disclosure of identifiable patient information (absent a legal exception) is universal. As of January 2004, PIPEDA applied to pharmacies

and private practice in all provinces that have not enacted substantially similar privacy legislation.

NAPRA has publicly available guidelines for the protection of an individual's health-related information.³ The guidelines do not permit disclosure of any information to a third party, such as a commercial data compiler, where there is a reasonable expectation that such disclosure would identify the patient.

Barbara Wells

Executive Director
National Association of Pharmacy
Regulatory Authorities
Ottawa, Ont.

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[The authors respond:]

Barbara Wells disagrees with our statement that potential patient identifiers are disclosed from pharmacies located across Canada.¹ We based this assertion on the findings of the office of the Alberta privacy commissioner,² which were in turn largely based on the testimony of IMS Health; that organization reported compiling up to 37 data fields from over 4000 pharmacies across Canada.² Furthermore, in our survey the pharmacy regulatory authorities of British Columbia, Saskatchewan, Ontario, Prince Edward Island, and Newfoundland and Labrador reported that it was permissible to sell

patient birth date and sex, as well as the identity of third-party payers.¹ The evidence is clear that potential patient identifiers are disclosed from Canadian pharmacies.

Our thesis is that modern computer database management allows for personal health information downloaded from pharmacies without patient names and addresses to be subsequently linked with databases that contain such information. We do not state that this linkage is occurring, only that there is a danger of it happening. We think it is best to err on the side of caution when it comes to the confidentiality of personal health information.

Wells makes hay out of our statement that we are unaware of a PIPEDA-based challenge to the selling of patient information from pharmacies. This is to be expected, given that PIPEDA only came into full force, with application to pharmacies, on Jan. 1, 2004. The primary reason, though, is that patients are unaware of the downloading practices of pharmacies, and pharmacy pamphlets do not inform patients of disclosures to data compilers.^{3,4}

Wells contends that members of the NAPRA are mandated to protect the interests of patients and not health care providers. It should be understood by everyone that allowing pharmaceutical sales representatives to have access to physicians' prescribing histories negatively affects prescribing practices⁵ and is detrimental to patient health.^{6,7}

We recommend that NAPRA re-examine its policies and guidelines in light of the probable effects of modern technology on the confidentiality of patient and physician information held in trust in Canadian pharmacies.¹ NAPRA should put the interests of patients and

physicians ahead of those of the data compilation industry.

Dick E. Zoutman

B. Douglas Ford

Assil R. Bassili

Department of Pathology and Molecular
Medicine
Queen's University
Kingston, Ont.

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Correction

The Health and Drug Alerts article on Zelnorm¹ contained 2 errors. First, the complete description for Zelnorm is "the serotonin 5-HT₄ receptor partial agonist, tegaserod (Zelnorm)." Second, the approximate number of people who will have very serious diarrhea is 1 in 2500 (or 0.04%), not 1 in 250 (or 0.4%) as stated in the article.

Reference

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