

CASE STUDY RESPONSE

Use the data but take consent

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The author has identified a number of ethical issues in the case study (1). I am particularly interested in two of these, interconnected with each other and with other issues, including those raised by the team. The first of them is whether information shared in a counselling session can be used for research. The second is the issue of confidentiality of information collected through counselling sessions.

Counselling victims of domestic violence is a very private and sensitive activity. Such women must reach an extreme situation before they are able to use sustained counselling or, for that matter, simply seek help. It is widely accepted that the number of women seeking help for domestic violence is a miniscule percentage of those actually facing abuse. In such a scenario, those who are equipped to help women facing abuse – and to reach out to those who have not yet sought help – cannot afford to sit back and be happy by helping a handful of them. This is important when information on the nature of the abuses and profiles of abusers can help us identify, anticipate and better deal with cases of violence. It can enable us to help other victims better. It can also help us help other organisations doing similar work, by sharing our experiences. This argument is, of course, based on the principle of beneficence and working for the larger good of others.

However, the principle of non-maleficence attempts to prevent harm to people approaching the crisis centre, by ensuring confidentiality, privacy and anonymity. Confidentiality in the

present context is particularly necessary to win people's trust and to prevent sensitive information from going into the wrong hands. However, before entering into a counselling relationship, consent can be taken for the use of *anonymous* information emerging from the sessions. This information would be used for the benefit of others in a similar situation as the client herself. Such information would be used only after the removal or camouflaging of any kind of identifying markers. If this is done, I believe we are upholding the principle of beneficence as well as that of non-maleficence. Of course some women might decline to have their information used in this manner, and their will should be respected.

In a context such as that described in the case study, such consent can be taken even retrospectively, only where the need for research was felt later. However, there is one issue that I might like to raise here. The research is being done after more than two years of the beginning of the crisis centre. It is safe to assume that most of the original clients have stopped coming to the centre. How does the research team plan to seek them out? Approaching them directly at their homes, or sending a written request (even if it does not state the purpose of a requested visit to the centre), can seriously compromise their anonymity and thus their safety.

Reference:

1. Deosthali P. Can case documentations be used for research? *Ind J Med Ethics* 2005; 2; 129.

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