"Click first, care second" photography

To the Editor: We read with great interest the article by Burns and Belton regarding the deficiencies in knowledge and attitudes of health professionals towards understanding legal considerations of photographic ownership, storage and disposal.[1] This article is timely, given the escalation of smartphone use among clinicians in daily practice. However, we feel that no practical advice was offered to clinicians.

The advent of smartphones capable of acquiring and rapidly transferring clinical images has facilitated new opportunities for improved patient care. The potential for timely diagnosis and management using smartphone photography has been shown in an increasing number of specialties, including orthopaedics,[2] ophthalmology[3] and neurosurgery.[4] This is most relevant to patients in rural and remote areas where access to specialist services may be limited and accurate diagnosis and timely referral of emergent pathology is required.

Based on the existing standards for medical photography, there are several pertinent "good practice" points that clinicians must follow.[5] Clearly, the principles of informed consent and confidentiality are required at all times and, when possible, this must be documented in the notes. Patients must be clearly informed of the purpose and intended audience of the photograph. Photos of the face and features that may easily identify an individual must be avoided unless clinically relevant. Importantly, images must be securely stored. This is particularly important if the patient wishes to obtain a copy of that photograph at a later stage. It is advisable to delete photographs from personal devices at the earliest opportunity to avoid the potential for unsolicited distribution and access to images.

Clinicians must be aware that the same ethical and legal protocols apply to images of patients taken on personal digital devices as those applying to any medical record. We agree with the authors that further education is required for health care professionals. This may be facilitated with guidelines in the broader context of clinical safety governance for electronic health records.[6] With appropriate guidance, smartphone photography will be a useful adjunct to enhance patient care.

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Acknowledgements: We thank Prasanna Venkataraman for legal consultation.

Competing interests: We are co-editors-in-chief of the *Journal of Mobile Technology in Medicine*.

doi: 10.5694/mja12.11401

1 Burns K, Belton S. "Click first, care second" photography. *Med J Aust* 2012; 197: 265.

2 Padmasekara G, Nazarian N, Wall C. The reliability of mobile multimedia messaging (MMS) for decision making in distal radius fractures: an effective alternative. *J Mobile Technolog Med* 2012; 1: 8-12. http://www.journalmtm.com/2012/the-reliability-of-mobile-multimedia-messaging-mms-for-decision-making-in-distal-radius-fractures-an-effective-alternative/ (accessed Dec 2012).

3 Lamirel C, Bruce BB, Wright DW, et al. Nonmydriatic digital ocular fundus photography on the iPhone 3G: the FOTO-ED study. *Arch Ophthalmol* 2012; 130: 939-940.

4 Demaerschalk BM, Vargas JE, Channer DD, et al. Smartphone teleradiology application is successfully incorporated into a telestroke network environment. *Stroke* 2012; 43: 3098-3101.

5 Creighton S, Alderson J, Brown S, Minto CL. Medical photography: ethics, consent and the intersex patient. *BJU Int* 2002: 89: 67-71; discussion 71-72.

6 Coiera EW, Kidd MR, Haikerwal MC. A call for national e-health clinical safety governance. *Med J Aust* 2012; 196: 430-431.

To the Editor: Burns and Belton[1] are to be commended for their reminder that informed consent is required before taking patient photographs. They warn that many clinicians are unaware of copyright issues, fail to meet required hospital standards for clinical photographs and/or store images in unacceptable ways. These are important messages.

Interestingly, their article did not mention the core reason for medical photography. They state that the best-case scenarios for use of medical photographs are in teaching or telemedicine. Discussion about medical photography should begin from the premise that clinical photographs are often an important part of the clinical record. Capturing an image and storing it with the patient file is part of appropriately documenting the physical signs at that presentation. There may be reasons for not taking photographs, but the basic tenet of keeping accurate medical records remains fundamental to good medical practice. I see patients where photographs taken by a clinician at a previous consultation are in the patient file. Having this record can make my assessment more certain and, in some cases, allows initiation of treatment which otherwise would be delayed for some weeks.

It is important that we address the concerns that Burns and Belton raise about secondary uses of medical photographs. At the same time, we should consider how technological advances in photography are increasing opportunities for medical images to routinely be part of the patient record.

> "Clinicians must be aware that the same ethical and legal protocols apply to images of patients taken on personal digital devices as those applying to any medical record"
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Competing interests: No relevant disclosures.

doi: 10.5694/mja12.11380

1 Burns K, Belton S. "Click first, care second" photography. *Med J Aust* 2012; 197: 265.

To the Editor: Burns and Belton's negative, alarmist approach to clinical photography[1] is at odds with our clinical experiences and the attitudes of our patients.

Camera phone use in Australian hand trauma assessment was first described in 2004.[2] Smartphones are now ubiquitous and young doctors commonly send images via

smartphones as an adjunct to diagnosis and management. Our patients are increasingly taking smartphone photographs of their injuries, postoperative wounds and x-rays. Photographs are an accepted adjunct in telemedicine, conveying what words cannot. They can permit immediate decision making by an off-site specialist, facilitating timely and appropriate management. In paediatric patients dressing removal can be a traumatic experience for the patient, parents and clinical staff. Photography can prevent the distress of repeated preoperative examinations.

We recently presented initial results of our 2012 study of 140 hand surgery patients on attitudes to the use of camera phone images for clinical communication in hospitals. Ethics approval for the study was granted by the Hunter New England Research Ethics and Governance Unit.

Hand surgery patients completing confidential survey forms in outpatient clinics were overwhelmingly positive about the use of camera phone photography in their clinical care and for audit and teaching purposes. Ninety-seven per cent of patients agreed or strongly agreed that such use of images may improve the accuracy of communication. No patients disagreed or strongly disagreed with the practice of sending a photograph of a wound or x-ray from the emergency department to the on-call hand specialist, nor with the use of clinical photographs in audit meetings and teaching, nor of intraoperative photos taken to assist with planning of future treatment. Our patients are as accepting of the transmission and display of clinical hand photographs in these situations as they are of the transmission and display of radiological images.

We agree with Burns and Belton that there are practical, legal and ethical issues for clinicians who take medical photographs. However, "Click first, care second" prioritises theoretical and potential problems of clinical photography. As clinicians, we make patient care our first priority. Our research demonstrates that we have the support of our patients in doing so.

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Competing interests: No relevant disclosures.

doi: 10.5694/mja12.11440

1 Burns K, Belton S. "Click first, care second" photography. *Med J Aust* 2012; 197: 265.

2 Lam TK, Preketes A, Gates R. Mobile phone photo messaging assisted communication in the assessment of hand trauma. *ANZ J Surg* 2004; 74: 598-602.

In reply: We are grateful for the interest in our article on medical photography. We plan to publish a more comprehensive article on our research results shortly, to provide a better understanding of the issue in one Australian tertiary hospital.

Medical photographs aid diagnosis by becoming part of the patient file, providing a highly useful visual record for case management. Among 167 clinicians surveyed in our research, 70 out of 80 took photographs for the patients' medical record.[1] The eight main reasons for photography were documenting cases, tracking transient symptoms, tracking wounds, education, publication, telehealth, personal record, and at the patient's request.[2]

Image use in wound surveillance is multifaceted. In addition to aiding diagnosis, a photograph can reduce unnecessary, expensive dressing changes and associated physical and psychological discomfort.[3] We also suspect progress images can be used to counsel patients undergoing long-term wound healing, improving treatment compliance and resulting in better health outcomes.

However, our study identified the major issue of lack of compliance with hospital policy. Research ethics compliance is mandatory, and Tomlinson et al's 2012 study of hand surgery patients' attitudes to the use of camera phone images will no doubt enshrine best practice. In our research, most clinicians who were unaware of guidelines did not meet the mandatory requirements set out by hospital policy or state legislation, thus opening up the possibility for legal recourse and questionable ethical practices. Patients may accept the benefits of using mobile phone technology to aid diagnosis in hand surgery, but context is very important. We suspect that if genital areas were photographed on a mobile phone, the perceptions and reactions of patients may be different.

We believe that soon the use of picture-taking handheld devices to aid diagnosis and management will become a norm. This is why a warning and discussion about the pitfalls of consent and incorrect or unethical image capture, use, storage and retention is timely, relevant and critical.

> "a warning … about the pitfalls of consent and incorrect or unethical image capture, use, storage and retention is … critical"
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Competing interests: No relevant disclosures.

doi: 10.5694/mja12.11507

1 Burns K, Belton S. "Click first, care second" photography. *Med J Aust* 2012; 197: 265.

2 Burns KR. Examining issues and compliance with hospital policy when clinicians take medical photographs [honours thesis]. Melbourne: RMIT University, 2011.

3 Lam TK, Preketes A, Gates R. Mobile phone photo messaging assisted communication in the assessment of hand trauma. *ANZ J Surg* 2004; 74: 598-602.