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

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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- 1 Burns K, Belton S. "Click first, care second" photography. Med J Aust 2012; 197: 265.
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TO THE EDITOR: Burns and Belton¹ are to be commended for their reminder that informed consent is required before taking patient

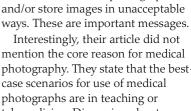


Clinicians must be aware that the same ethical and legal protocols apply to images of patients taken on personal digital devices as those

applying to any

medical record

Chakrabarti et al



photographs. They warn that many

clinicians are unaware of copyright

standards for clinical photographs

issues, fail to meet required hospital

mention the core reason for medical photography. They state that the bestcase 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.

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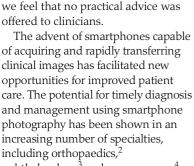
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1 Burns K, Belton S. "Click first, care second" photography. Med J Aust 2012; 197: 265.

TO THE EDITOR: Burns and Belton's negative, alarmist approach to clinical photography¹ 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



"Click first, care second"

interest the article by Burns and

TO THE EDITOR: We read with great

Belton regarding the deficiencies in

knowledge and attitudes of health

professionals towards understanding

legal considerations of photographic

escalation of smartphone use among

clinicians in daily practice. However,

ownership, storage and disposal.¹

This article is timely, given the

photography

and management using smartphone photography has been shown in an increasing number of specialties, including orthopaedics,² ophthalmology³ 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

MJA 198 (1) · 21 January 2013

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 offsite 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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- 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. 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

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a warning ...
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critical



Burns et al

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.

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