ORIGINAL ARTICLE

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The Perception of Privacy in the Emergency Department: Medical Faculty Hospital as a Case in Point

ABSTRACT

Objective: Patient privacy is a complex concept that may be affected by many parameters in healthcare services, especially in Emergency (ER) Departments. To examine the privacy of patients receiving healthcare and medical treatment in the ED, and to evaluate privacy-related problems, if any, from the ethical perspective.

Methods: The data-collecting instrument in this study was a survey form consisting of 11 questions seeking demographic information about participants and 15 privacy-related questions formulated as a 5-point Likert type scale.

Results: The average age of participants was 42.23±1.716. 220 (96.5%) participants reported that they did not change the information they provide to physicians and nurses because such information may be overheard by others. 146 (64.0%) participants agree that paying attention to privacy in the ER is important. Age is a significant factor in perception of privacy. Women are more sensitive than men, and married patients are more sensitive than single patients with regard to privacy.

Conclusion: Expectations related to the protection of privacy are closely associated with patients' trust in physicians. While adhering to the principles of avoiding delays in treatment, physicians are required to respect patient privacy, with a view to meeting patient expectations.

Keywords: Emergency Departments, Confidentiality, Patients' Rights

Acil Serviste Mahremiyet Algısı: Tıp Fakültesi Hastanesi Örneği

ÖZET

Amaç: Sağlık hizmetlerinin sunumunda özellikle acil servislerde hasta mahremiyeti birçok parametreden etkilenen kompleks bir konudur. Bu çalışmada acil serviste hasta mahremiyetinin tıbbi bakım ve tedavi alan hastalar açısından değerlendirilmesi ve eğer varsa mahremiyet temelli eksikliklerin etik açıdan gözden geçirilmesi amaçlanmıştır.

Gereç ve Yöntem: Araştırma verilerini toplamak üzere demografik bilgilerin sorgulandığı onbir soru ve 5'li likert tipinde hazırlanmış 15 sorunun yer aldığı formlar kullanılmıştır.

Bulgular: Araştırmaya katılan hastaların yaş ortalaması 42.23±1.716. dir. Hastaların 220'si (%96.5) duyulur endişesi ile hekim ve hemşirelere verdikleri bilgiyi değiştirmemiştir. Hastaların 146'sı (% 64.0)Acil serviste mahremiyetin korunması ve buna gösterilen özenin önemli olduğu kanaatindedir. Mahremiyetin algılanmasında yaş önemli bir faktördür. Kadınlar erkeklerden, evliler bekarlardan mahremiyet konusunda daha hassastırlar.

Sonuç: Mahremiyetin korunacağı beklentisi hastanın hekimine duyduğu güvenle ilişkilidir. Hastayı riske atacak gecikmelerden kaçınmak, muayene, tetkik ve tedavi süreçlerinde mahremiyete özen göstermek, başvuran hasta beklentilerinin karşılanması açısından önemlidir.

Anahtar Kelimeler: Acil Servis, Mahremiyet, Hasta Hakları

INTRODUCTION

Emergency departments are one of the most important wards in hospitals, and the way they serve can have a strong influence on the functioning of rest of the hospital and also on patients' satisfaction. This is mainly because patients first encounter with emergency departments is at the time when they need urgent and highly specialized treatment in this context, and thus privacy gains a much higher significance(1).

Trust is central to patient-physician relationship. Trust is of major importance in healthcare services. With the increasing social mobility in modern societies, individuals are in quest for trust, freedom and privacy(2).

Privacy, closely associated with the concepts of personal right, freedom of communication and right to respect for privacy, is defined as the selective control of access to the self or one's group. The literature shows that there are two important aspects of privacy:

1.There is a need for privacy for the existence of social relationships. Social relationships are not based on trust when privacy is not protected.

2.The quality of social relationships depends on the content and depth of confidential information provided to individuals. Parent-child, physician-patient or nurse-patient relationships inherently include love, responsibility and fidelity in different qualities and forms(3,4). Based on these qualities, privacy may be defined as a sphere where an individual can stay on his/her own and decide on the level of her/his relationship with others.

The scope of privacy may vary from one person to another, depending on time, space and special conditions. The three aspects of privacy are space, body and information. In the Western culture, privacy of the human body is guaranteed by the right to physical integrity. Privacy in the East is basically associated with keeping what is private out of others' sight(5).

Emergency Departments and Patient Privacy: Emergency (ER) departments of healthcare centers present multidimensional challenges with regard to time pressure, physical conditions, withholding information from patients and communicating with patients, mainly due to distinctive characteristics of emergency medicine practices. ER physicians need to adopt the principle of beneficence in order to prevent deaths, organ losses and organ dysfunctions. Patients generally present to ERs when they suffer from an acute disease or an injury. That is why they need early diagnosis and correct treatment. ER physicians may have limited time to determine the correct treatment method, collect the required laboratory data and make consultations with other healthcare providers. Furthermore, patients that come or are brought to the ER posthaste may not be able to give adequate information about their medical condition(6). The general perceptions about ER's in the society may be summarized as follows:

1.ER physicians have the social responsibility to provide healthcare services to everyone that sees herself/himself as an emergency patient, based on the principle of respect for human life and dignity.

2.An ER is a special medical facility that must provide healthcare services to individuals with a deadly disease, vulnerable individuals that are not able to protect themselves, unconscious patients, or homeless patients.

3.ERs are public, crowded and noisy, and architecturally inadequate settings where service is provided in close cooperation with pre-hospital healthcare professionals, nurses, caregivers, technical staff and physicians from other departments(7).

National and international declarations and regulations on the rights of the patient focus on enlightening the content and form of protecting patient privacy. Patient privacy is one of the conditions that is affected by the physical conditions under which treatment and healthcare services are provided as well as attitudes and behaviors of service providers. The aim of this study is to examine the privacy of patients that receive healthcare and medical treatment in the ER, and to evaluate privacy-related problems, if any, from the ethical perspective.

MATERIAL AND METHODS

The study was conducted with 228 volunteer patients that presented to the ER of a tertiary healthcare center during a period of six months between 3 pm and 5 pm on weekdays. Permission was received from the Ethics Committee on Clinical Research of Eskişehir Osmangazi University (Letter no. 80558721/49 and Decision no. 20) before the study was conducted. The research participants were patients aged over 18, who were conscious, able to reply the questions wittingly, did not receive healthcare services in the trauma room, and consented to participate in the study upon being informed about the research after their treatment and discharge procedures were completed. Research data were collected in face-to-face interviews by research assistants in the Department of Medical History and Ethics, who did not take part in treatment and healthcare services in the ER.

The data-collecting instrument in this study was a survey form consisting of 11 questions seeking demographic information about participants and 15 privacy-related questions formulated as a 5-point Likert type scale. A detailed survey of literature was conducted to develop a pool of items comprising positive and negative statements that fit the purpose of this study. The items were tested for validity and reliability with the participation of 30 patients (Cronbach α= 0.826).

In data analysis, arithmetic mean, standard deviation, frequency and percentages were used to describe the participants with regard to variables considered in the study. New variables were constructed on the basis of mean scores of items in the scale. The Kruskal-Wallis one-way analysis of variance on ranks test and the Mann-Whitney U test were used to test variables that were not normally distributed. The significance threshold was set at .05 ($p<0.05$). IBM SPSS Statistics 21 software was used for statistical analyses.

RESULTS

The demographic data related to 228 participants of the study are presented in Table 1. 138 (60,5%) of the patients have knowledge of the patient rights. 77 (33,8%) of the patients expressed that items regarding the protection of privacy existed. While patients' rights were known generally, having knowledge of the rights it contained was of less significance.

Table 1: Demographic data of the participants of this study.

		Mean: 42.23 ± 1.716	
		n	**%**
Gender	**Female**	137	60.1%
	Male	91	39.9%
Marital Status	**Single**	51	22.4%
	Married	162	71.0%
	Divorced	15	6.6%
Level of Education	**Primary**	88	38.6%
	Secondary	24	10.5%
	Upper Secondary	57	25.0%
	Vocational School (2-year higher education degree)	25	11.0%
	Undergraduate	29	12.7%
	Graduate	5	2.2%
Employment Status	**Working**	84	36.8%
	Unemployed	144	63.2%
Average Length of Stay in the ER	**2.614±2.996 hours**		
Have you ever presented to the ER before?	**Yes**	131	57.5%
	No	97	42.5%
(If yes) How many times?	**3≤87 times** **4≥31 times** **7≥13 times**		
Type of room in which healthcare services were offered in the ER	**Room/Cubicle Divided by a Curtain**	160	70.1%
	Single Room	64	28.1%
	Double Room	4	1.8%
Do you know patient rights?	**Yes**	138	60.5%
	No	90	39.5%
Do you have knowledge of articles related to the protection of privacy in patient rights?	**Yes**	77	33.8%

Table 2: Comparison of participants' perception of privacy through the results of Mann-Whitney U test

	Group	**N**	**Median**	**25%**	**75%**	**p**
Age Groups	43 and over 43	105	4.4	3.8	4.733	p=0.019
	42 and below 42	123	4.067	3.667	4.467	**p<0.05**
Gender	Female	137	4.4	3.783	4.733	p=0.033
	Male	91	4	3.617	4.467	**p<0.05**
Employment Status	Unemployed	144	4.4	3.8	4.733	p=0.009
	Working	84	4	3.667	4.467	**p<0.01**
Have you ever presented to the ER before?	No	97	4.2	3.783	4.633	p=0.664
	Yes	131	4.2	3.683	4.6	p>0.05
Do you know patient rights?	No	90	4.2	3.6	4.667	p=0.722
	Yes	138	4.267	3.733	4.6	p>0.05
Do you have knowledge of articles related to the protection of privacy in patient rights?	No	151	4.2	3.617	4.583	p=0.259
	Yes	77	4.333	3.85	4.733	p>0.05

The Mann-Whitney U test was used to compare participants' perception of privacy with regard to the variables of age group, gender, employment status, whether participants presented to the ER before, and whether they had knowledge of patient rights and articles related to privacy in patient rights. The results are presented in Table 2.

The older the patients are, the more they are sensitive to privacy. In the present study, when compared to male patients, female patients give more importance to privacy ($p=0.033$, $p<0.05$). Unemployed patients are more sensitive about privacy when compared to those already employed ($p=0.009$, $p<0.01$). No statistically significant relation was found between privacy and the following: the number of applications to the ER, knowledge on patients' rights, knowledge on privacy items within the context of patients' rights. Nearly half of the patients declared that they were informed of the patients rights expressed that they were also aware of protection of privacy within the context of patients rights. The Mann-Whitney U test was used to compare the perception of privacy with regard to the level of education, marital status, and the type of room where healthcare services were provided. The results are presented in Table 3.

Table 3: Comparison of participants' perception of privacy through the results of Mann-Whitney U test (cont'd)

		Group	N	Median	25%	75%	p	p<0.05*
Education	1	Primary-Secondary	112	4.4	3.8	4.733	p=0.007	1-3
	2	High School	57	4.2	3.733	4.617	**p<0.01**	
	3	Vocational School-Undergrad.-Graduate	59	4	3.55	4.4		
Marital Status	1	Divorced	15	4.4	3.683	4.717	p=0.011	2-3
	2	Married	162	4.333	3.8	4.733	**p<0.05**	
	3	Single	51	3.933	3.417	4.45		
Room Type	1	Divided by a Curtain	160	4.2	3.8	4.633,	p=0.302	Insignificant
	2	Single	64	4.067	3.533	4.633	p>0.05	
	3	Double	4	3.7	3	4.367		

With regard to the perception of privacy, there was a highly significant difference between patients holding a primary-secondary degree and patients with a vocational school, undergraduate and graduate degree ($p=0.007$, $p<0.01$). Participants that are the most sensitive about privacy are primary-secondary school graduates. The relationship between privacy and marital status is also significant. Married patients are more sensitive about privacy than others ($p=0.011$, $p<0.05$).

The means and standard deviations (SD) of items in the scale are provided in Table 4.

The distribution of participants' replies to items in the scale is provided in Table 5.

Table 4: Means and standard deviations corresponding to each item in the scale

		Mean	SD
1	Protection of privacy and paying attention to protection of privacy in the ER is important.	4.3728	1.10128
2	Physical conditions in the ER are enough for the protection of privacy.	3.9693	1.14343
3	I believe that physical conditions and staff in the ER enable the protection of privacy.	3.8509	1.23981
4	During my stay in the ER, my confidential information was overheard by people other than healthcare professionals.	4.7018	.82824
5	I heard physicians'/nurses' conversations not related to examination with other patients.	4.6140	.92454
6	I felt uncomfortable when I overheard others' conversations.	2.9868	1.78214
7	I would lose trust in my physician and healthcare professionals if I heard them revealing my confidential information in front of others.	2.6842	1.77260
8	I made changes on information I gave to physicians/doctors because I felt that other patients or staff may overhear us.	4.9254	.44885
9	Although I was in a single room/cubicle/behind the curtain, private parts of my body were seen by people other than healthcare professionals.	4.7588	.79017
10	I let them examine me, but my body was seen by other patients and staff.	4.7588	.77894
11	I felt uncomfortable when other patients and staff saw my body during physical examination.	3.3289	1.82533
12	Suitable sheets were used to cover my body during physical examination.	4.1930	1.13710
13	The attitudes related to the protection of privacy met my expectations today in the ER.	4.2061	1.00945
14	I believe that sheets/gowns provided to patients are enough for the protection of privacy.	4.0482	1.07938
15	All healthcare professionals paid attention to the protection of privacy during examination, treatment and healthcare provision.	4.3377	.93629

Table 5: Distributions of participants' replies to each item in the scale

	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%	n	%
1-Protection of privacy and paying attention to protection of privacy in the ER is important.	146	64.0	55	24.1	9	3.9	2	0,9	16	7,0
2- Physical conditions in the ER are enough for the protection of privacy.	100	43.9	58	25.4	41	18,0	21	9,2	8	3.5
3-I believe that the physical conditions and staff in the ER enable the protection of privacy.	93	40.8	58	25.4	44	19.3	16	7.0	17	7.5
4-During my stay in the ER, my confidential information was overheard by people other than healthcare professionals.	5	2.2	5	2,2	9	3.9	15	6.6	194	85.1
5-I heard physicians'/nurses' conversations not related to examination with other patients.	5	2.2	7	3.1	19	8.3	9	3.9	188	82.5
6-I felt uncomfortable when I heard others' conversations.	79	34.6	30	13.2	20	8.8	7	3.1	92	40.4
7-I would lose trust in my physician and healthcare professionals if I heard them reveal my confidential information in front of others.	67	29.4	21	9.2	23	10.1	7	3.1	110	48.2
8-I made changes on information I gave to physicians/nurses because I felt that that other patients or staff may overhear us.	2	0.9	0	0	3	1.3	3	1.3	220	96.5
9-Although I was in a single room/cubicle/behind the curtain, private parts of my body were seen by people other than healthcare professionals.	4	1.8	5	2.2	11	4.8	2	0.9	206	90.4
10-I let them examine me, but my body was seen by other patients and staff.	3	1.3	6	2.6	12	5.3	1	0.4	206	90.4
11-I felt uncomfortable when other patients and staff saw my body during physical examination.	107	46.9	26	11.4	11	4.8	3	1.3	81	35.5
12-Suitable sheets were used to cover my body during physical examination.	125	54.8	58	25.4	21	9.2	12	5.3	12	5.3
13-The attitudes related to the protection of privacy met my expectations today in the ER.	118	51.8	61	26.8	31	13.6	14	6.1	4	1.8
14-I believe that sheets/gowns provided to patients are enough for the protection of privacy.	107	46.9	51	22.4	49	21.5	16	7.0	5	2.2
15-All healthcare professionals paid attention to the protection of privacy during examination, treatment and healthcare provision.	132	57.9	57	25.0	26	11.4	10	4.4	3	1.3

DISCUSSION

While 138 (60.5%) participants had knowledge of patient rights, only 77 (33.8%) patients knew that patient rights include privacy-related rights. In Erzincanlı et al.'s study of 2015, it was found out that 37.5% of participants had knowledge of patient rights(8).

The present study shows that patients' sensitivity to privacy increases as the age increases. Bauer's study also concludes that elder patients have more privacy-related problems than younger patients. With regard to the relationship between age and privacy, the finding of our study supports Bauer's research findings(9). However, Back et al. report that young people expect greater sensitivity to privacy. With regard to the relationship between age and privacy sensitivity, our findings are not compatible with Back et al.'s results(10).

Although beliefs, being strong or not, and their relation with privacy were not examined, in the present study, female patients are determined to

be more sensitive to privacy than male patients. The fact that married patients constitute the most privacy-sensitive group is similar to findings of Nayeri et al(1).

It is important to approach privacy, as differed between cultures and times in the same society, has different meanings for a lot of people and being unbounded, from a certain historical, cultural, sociological, psychological, legal, and ethical aspects.

In this day and time, it is seen that the personal space becomes narrower day by day and issues considered being within the privacy concept until the previous generation have been out of private life.

Nayeri et al. and Karro et al. show that the problems related to privacy augment as the length of stay in the ER increases. In the present study, the average length of stay in the ER is close to the length reported in Yen-ko Lin et al., a study which suggests that sensitivity to privacy reduces as the period of stay in the ER gets longer(1-11). As the time patients spent staying at the ER increased, patients' worry about their situation increased, and privacy thus became a topic that has a secondary importance. In this study, 146 (64.0%) participants agree that paying attention to privacy in the ER is important. Only 16 (7.0%) participants believe that medical treatment is essential in the ER and that protecting privacy and paying attention to privacy is of less importance. Furthermore, 100 (43.9%) participants believed that physical conditions were meeting privacy expectations; 93 (40.8%) participants held the belief that their privacy would be protected; and 194 (85.1%) participants stated that personal information was not revealed to people other than healthcare professionals during their stay in the ER. In the study, 92 (40.4%) participants mentioned that they did not feel uncomfortable when they overheard others' conversation; 67 (29.4%) participants noted that they would lose trust in physicians and healthcare professionals if they heard them revealing confidential information in front of others; and 220 (40.4%) patients reported that they did not change the information they gave to physicians/nurses with the concern that other patients or staff might overhear them. With regard to physical and structural design of the ER, 206 (90.4%) patients believed that their bodily integrity was protected and that their body was not seen by people not involved in the healthcare process while 107 (46.9%) participants felt uncomfortable because other patients and staff saw parts of their body during physical examination. Approximately half of participants consider that their body was covered appropriately during physical examination so their bodily integrity was protected (125 participants, 54.8%), their expectations related to privacy was fulfilled in the ER (118 participants, 51.8%), covers and curtains used to ensure bodily integrity fulfilled the expectations (107 participants, 46.9%), and all healthcare professionals paid attention to the protection of privacy during examination and treatment (132 participants, 57.9%). All in all, it should be kept in mind that ER's may have some weaknesses regarding the protection of privacy given that emergency services require professional communication(6).

In the present study, the majority of participants (85.1%) were considering that their personal information was not revealed in front of people other than healthcare professionals during their stay in the ER. 108 (31.7%) participants in Yen-ko Lin et al.'s study of 2013 and 100 (42.0%) participants in Karro et al.'s study believed that their personal information was not overheard by others. Our findings are comparable with the results of these studies although approaches related to the confidentiality of personal information vary by culture(11,12).

In the present study, 92 (40.4%) participants reported that they overheard physicians' and nurses' conversations about other patients and that did not feel uncomfortable when they heard conversations. In communication with patients and relatives in emergency services, the content of communication is affected by difficulties in receiving information and patients' trust in emergency physicians. When patients are informed about healthcare provision, other patients may partially overhear conversations. Leino-Kilpi et al. also found out that information provided to a patient might be heard by other patients. The finding that patients overheard other patients' and healthcare providers' conversations but did not feel uncomfortable seems to support Leino-Kilpi et al.'s research finding(13).

In the present study, 67 (29.4%) participants agreed that they would lose trust in physicians if their personal information were revealed. Waiting in the ER is an important factor that affects the condition and perceptions of patients. As also put by Gordon et al., there is inevitably transfer of information during ER services and patients are likely to overhear conversations. In principle, patients are required to communicate with healthcare providers frequently and receive firsthand information about tests, diagnosis and medical condition. Healthcare professionals sometimes find patients' questions unnecessary and irrelevant. Patients' reports about curiosity or discomfort related to overhearing others' conversations support Gordon et al.'s findings(14). Furthermore, 220 (96.5%) participants reported not having changed information they provided to healthcare professionals because they felt others might overhear it. Karro et al.'s study of 2005 also shows that 204 out of 235 participants did not change information provided to staff with the concern that others may overhear it, but they

spoke in a whisper. Emergency departments are generally described as settings where medical care is of primary importance(11,14). In our study, the participants' reply that they would not change information because it may be overheard by others is compatible with Karro et al.'s finding.

In this study, 206 (90.4%) participants believed that their bodily integrity was protected. Similarly, 203 (86.0%) patients in Karro et al.'s study and 168 (49.3%) patients in Yen-ko Lin et al.'s study reported that their bodily integrity was protected. Privacy has become more crucial in the modernization process. Our finding related to the protection of bodily integrity is close to Karro et al.'s finding(11,12). Emergency medical services are provided in public spaces throughout the whole process, i.e. from the admission to discharge or transfer of patients. National and international regulations have been introduced to ensure that physical examination is not conducted in the presence of patients' relatives and people not directly involved in healthcare procedures. Our study also confirms that measures have been taken to ensure bodily privacy of patients by keeping others out of treatment area.

In the present study, 107 (46.9%) participants felt uncomfortable because their body was seen by other patients and staff during physical examination. Olsen et al. report that patients were more comfortable in walled cubicles than in curtained cubicles. In Karro et al.'s study, only one patient refused physical examination because they felt their body may be seen by others(11,15). Physical conditions are crucial for protecting privacy in the provision of healthcare services.

In the group, 125 (54.8%) participants mentioned that their body was covered appropriately during physical examination. Altman holds that dressing is a measure taken to ensure privacy(16). In hospitals and emergency departments, individuals may feel that they lose privacy since they have less control over body. Schwarts contends that privacy cannot have a locked room, and that not covering a patient's body appropriately during physical contact and examination is a breach of privacy(13,17).

About half of the participants (51.8%) agreed that their expectations were met in the ER. In Karro et al.'s study, 148 (63.0%) participants reported that their privacy-related expectations were met. With regard to the fulfillment of privacy expectations, our finding is compatible with Karro et al.'s result(11). Moreover, 107 (46.9%) patients agreed that gowns, covers and curtains used in physical examination were enough for the protection of privacy. However, Olsen et al.'s results suggest that walled cubicles are more appropriate for ensuring patients' privacy. Space is an important factor in the protection of privacy(15). Parrot et al. argue that disrobing in front of a physician before medical examination, being disrobed by a nurse or uncovering body parts that that are not related to medical treatment are breaches of privacy(18). This supports our result that about half of participants find gowns, covers and curtains enough for the protection of privacy. Over half of participants (57.9%) agreed that all healthcare professionals paid attention to the protection of privacy. In Karro et al., 148 (63.0%) patients reported that their expectations related to privacy were met. With respect to the fulfillment of expectations related to privacy, our study and Karro et al.'s study have comparable results(11,18).

Emergency departments may have problems related to the protection of patient privacy due to architectural deficiencies. Furthermore, there is lack of knowledge regarding visual and auditory privacy as well as confidentiality of patient records(7). Studies that concentrate on privacy in emergency departments are limited in number(13). That is why discussion of findings is based on limited studies in the literature.

CONCLUSION

The present study suggests that age is an important factor that determines perceptions of privacy. As patients get older, sensitivity to privacy increases. Women give more importance to privacy than men. Privacy is more important for married individuals than for single ones. Unemployed individuals and holders of primary and secondary school degrees are more sensitive to privacy than other groups.

Privacy is of particular importance in emergency services. Expectations related to the protection of privacy are directly linked to patients' trust in physicians. Gowns, curtains or sheets – i.e. easily accessible and usable materials – play an important role, even more important than architectural design, in the protection of privacy. Emergency departments are medical units with specific features. Adhering to the principles of avoiding delays in medical care, beneficence and non-maleficence on the one hand, physicians are required to respect patient privacy on the other hand, with a view to meeting patient expectations.

Turkish Ministry of Health Directorate General for Healthcare Services issued the regulation of July 15, 2016 no. 54567092-641-99-3104 (2016/10) on Respecting Patient Rights, which requires healthcare professionals to comply with the legislation on the protection of patient privacy, to pay attention to the use of curtains, sheets, etc. in the presence of more than one patients in a treatment area, to observe the principles in the Regulation on Patients' Rights in clinical examination, treatment, imaging and transfer procedures, to ensure that people not directly involved in the medical process (including healthcare providers) are not present in the environment and to ensure confidentiality of information related to a patient, and to respect the right to privacy after the death of a patient.

Furthermore, penal action will be taken against individuals and institutions that infringe the right to privacy.

ER's generally provide services to people that need urgent medical care. It is highly likely that these people are in a condition in which they do not want to be seen by others. Our research findings support this argument, concluding that patients give special importance to privacy in the ER. The ER is a unit with specific characteristics, where service providers work under pressure. They prioritize diagnosing and treating patients based on the principles of beneficence and non-maleficence. Participants agree that physical privacy is an important factor in the ER. There is a need to rearrange physical conditions in ERs in consideration of patients' need for privacy. Providing of healthcare services that are suitable to patients' expectations, needs and requests, and that guard their privacy right should be supported by taking into account that the concept of privacy's changeability between cultures, times, and societies.

Privacy is an issue that is of interest to not only individual but also social life. Privacy protects human dignity and constitutes a component of human freedom. Breaches of privacy may be seen as a threat to individual freedom. Ethical sensitivity is a factor that is likely to prevent threats to privacy. Respecting human dignity and integrity is a way of protecting patient privacy.

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