

**CONFIDENTIALITY AND PUBLIC HEALTH: AN EXAMINATION OF LEGAL AND
ETHICAL FRAMEWORKS GOVERNING DOCTOR'S DUTY TO DISCLOSE
SERIOUS HEALTH CONDITIONS IN NIGERIA**

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LAW (LL.B) DEGREE.**

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DECLARATION

I, OKAGBUE CHIOMA GENEVIEVE, a Student of the Faculty of Law Alex Ekwueme Federal University, Ebonyi State, do hereby declare on my honor, that this project has not been previously presented, either wholly or in part for the award of any other Degree, Diploma, Certificate or Publication in any University, other Higher Institutions or elsewhere.

Signed.....

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(2020/LW/14174)

DEDICATION

This project work is also dedicated to God Almighty.

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TABLE OF CONTENTS

Title Page	i
Declaration Page	ii
Certification Page	iii
Dedication Page	iv
Acknowledgements	v
Table of Contents	vi
Table of Cases	ix
Table of Statutes	x
List of Abbreviations	xii
Abstract	xiv
CHAPTER ONE: INTRODUCTION	
1.1 Background to the Study	1
1.2 Statement of the Problem	5
1.3 Aim and Objectives of the Study	6
1.4 Scope and Limitations of the Study	7
1.5 Significance of the Study	8
1.6 Research Methodology	8

1.7 Chapter Analysis	10
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CHAPTER TWO: CONCEPTUAL, THEORETICAL FRAMEWORKS AND LITERATURE REVIEW

2.1 Conceptual Clarification	12
2.1.1 Public Health	12
2.1.2 Patient Privacy	15
2.1.3 Medical Confidentiality	18
2.2 Theoretical Framework	22
2.2.1 The Utilitarian Principle	22
2.2.2 Positivist Theory	25
2.3 Summary and Gap in Literature	26

CHAPTER THREE: LEGAL AND INSTITUTIONAL FRAMEWORK GOVERNING MEDICAL CONFIDENTIALITY IN NIGERIA

3.1 Legal Framework	29
3.1.1 Constitution of the Federal Republic of Nigeria 1999 (as amended)	29
3.1.2 National Health Act 2014	31
3.1.3 Medical and Dental Practitioners Act 2004	34
3.1.4 Nigerian Data Protection Act 2023	36
3.1.5 The HIV and AIDS (Anti-Discrimination) Act 2014	38

3.1.6 International Covenant on Civil and Political Rights (ICCPR)	40
3.2 Institutional Framework	43
3.2.1 Federal Ministry of Health	43
3.2.2 Medical and Dental Council of Nigeria	47
3.2.3 Medical and Dental Practitioners Disciplinary Tribunal	50
3.2.4 Courts	53
3.2.5 The Nigerian Data Protection Commission	55

CHAPTER FOUR: ANALYSIS OF THE LEGAL ISSUES IN PATIENT’S HEALTH CONFIDENTIALITY AND PUBLIC HEALTH SAFETY

4.1 Balancing Confidentiality with Public Health Safety	58
4.2 Awareness and Enforcement of Confidentiality Rights	60
4.3 Challenges Faced by Medical Practitioners in Safeguarding Patient’s Confidentiality in Nigeria	63

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings	66
5.2 Recommendations	68
5.3 Conclusion	68

Bibliography

TABLE OF CASES

Abacha v. Fawehinmi (2000) 6 NWLR (Pt. 660) 228	33
Emerging Markets Telecommunication Services Ltd. v. Ey (2020) LPELR-49385(CA)	37
Godwin Udom v. Nigerian Navy (2020) LPELR-51251(CA)	40
Medical and Dental Practitioners Disciplinary Tribunal v. Okonkwo (2001) 7 NWLR (Pt. 711) 206	30
Minister of Health & Ors v. Mdare (2020) LPELR-51793 (CA),	32
Tarasoff v. Regents of the University of California (17 Cal.3d 425 [1976])	23

TABLE OF STATUTES

Constitution of the Federal Republic of Nigeria 1999 (as amended)	
Section 19	40
Section 37	29
Section 45(1)	29
General Data Protection Regulation (2018)	20
Health Insurance Portability and Accountability Act (HIPAA) 1996	20
HIV and AIDS (Anti-Discrimination) Act 2014	
Section 14(1)	38
International Covenant on Civil and Political Rights (ICCPR)	
Article 4	41
Article 6	41
Article 9	41
Article 14	40
Medical and Dental Practitioners Act 2004 (Cap. M8, Laws of the Federation of Nigeria)	
Ministry of Health Act (Cap. M2, Laws of the Federation of Nigeria, 2004)	43
National Health Act 2014	
Section 26	31

Section 27	32
Section 29	33
Nigerian Data Protection Act 2023	
Section 2	37
Nigeria Data Protection Regulation 2019	12
Public Health (Control of Disease) Act 1984	59

LIST OF ABBREVIATIONS

CFRN – Constitution of the Federal Republic of Nigeria	23
FMOH – Federal Ministry of Health	35
MDCN – Medical and Dental Council of Nigeria	37
MDPDT – Medical and Dental Practitioners Disciplinary Tribunal	39
NDPC – Nigerian Data Protection Commission	43
NACA – National Agency for the Control of AIDS	37
NHIS – National Health Insurance Scheme	37
PCN – Pharmaceutical Council of Nigeria	37
NMA – Nigerian Medical Association	35
WHO – World Health Organization	10
ICCPR – International Covenant on Civil and Political Rights	33
NDP Act – Nigeria Data Protection Act	43
EHRs – Electronic Health Records	37
GDPR – General Data Protection Regulation	14
HIPAA – Health Insurance Portability and Accountability Act	14
NCDs – Non-Communicable Diseases	10
AI – Artificial Intelligence	12

Abstract

Many Nigerians are unaware of their rights regarding medical confidentiality, and even when aware, they often face obstacles such as poverty, fear of the unknown, and the perception that legal action will not rectify the situation but should be left to divine will. Hence, there should be a balance between a doctor's duty to keep patient information confidential and the need to protect public health in Nigeria, thereby examining the legal and ethical rules that guide doctors on when they can share a patient's sensitive health information with relevant authorities, particularly in cases where patients have contagious diseases that may pose a serious threat to the community. The research employs the doctrinal method with primary and secondary sources. Primary sources include case law, statutes, treaties, national law, among others, while secondary sources include books, journals, research materials, and newspapers. The research identifies the limited number of medical confidentiality lawsuits in Nigeria and emphasizes the need for proactive measures to address this issue. Recommendations include collaborative efforts by the Nigerian Medical Council and the government to educate the public on their rights regarding medical confidentiality, courts imposing penalties on violators to deter future breaches. Additionally, hospital managements should organize training courses on legal responsibilities for medical practitioners and ensure the provision of necessary facilities for effective service delivery. This research aims to provide valuable insights for healthcare providers, policymakers, legal experts, and the public on protecting patient privacy while safeguarding public health.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Confidentiality in medical practice is a long-standing ethical and legal principle that ensures patients' private health information remains protected, and it was based on the Hippocratic Oath, which states, in part, "whatever I shall see or hear in the course of my profession as well as outside my profession in my intercourse with men if it be not what should be published abroad I will never divulge, holding such things to holy secrets¹," which is the foundation of the duty of confidentiality as enshrined in the right to privacy². Confidentiality generally refers to the ethical, professional, and/or legal obligation of healthcare professionals and other professionals, including attorneys and social service providers, to keep information that was provided to or obtained by them in the course of their professional relationship with the client private from third parties without permission³. Hammer and Schneider defined confidentiality as ensuring that information is accessible only to those authorized to have access⁴.

The foundation of medical ethics emphasizes that healthcare providers should maintain trust with patients by safeguarding their medical records and only disclosing information with consent⁵. The significance of this principle cannot be overstated, as it encourages patients to seek medical

¹ Anum, Fasih. "Enduring oaths." (2019) 21(3) *AMA Journal of Ethics* 300-302.

² Section 37 of the CFRN as Amended 1999

³ B.A. Garner, *Black's Law Dictionary* (Thomson Reuters, 2014) 361

⁴ Johs Hansen Hammer, and Gerardo Schneider. "On the definition and policies of confidentiality." (2007) *In Third International Symposium on Information Assurance and Security*, 337-342. IEEE

⁵ Keren, Semyonov-Tal. "Keeping medical information safe and confidential: a qualitative study on perceptions of Israeli physicians." (2024) 13(1) *Israel Journal of Health Policy Research* 54.

attention without fear of stigma, discrimination, or unauthorized disclosure⁶, hence making it critical in ensuring effective healthcare delivery. This is due to the fact that without the assurance of privacy, patients may withhold important information from doctors, leading to misdiagnosis, poor treatment outcomes, and further spread of infectious diseases⁷. Trust is the cornerstone of the doctor-patient relationship, and any breach of this trust can deter individuals from seeking timely medical intervention. However, while confidentiality is a fundamental right, it is not absolute as there are exceptional circumstances where disclosure of medical information is necessary to protect the broader public interest⁸. This creates a conflict between individual rights and public health protection.

In Nigeria, like in many other countries, legal and ethical guidelines exist to regulate the handling of confidential medical information. The Nigerian Medical Association, the Medical and Dental Council of Nigeria, and other professional bodies have laid down principles that guide healthcare practitioners on confidentiality⁹. Additionally, statutory laws such as the National Health Act¹⁰ and the Public Health Laws provide certain conditions under which patient information may be disclosed. For instance, in cases involving highly infectious diseases such as tuberculosis, Ebola, HIV/AIDS, or COVID-19, medical professionals may be required to inform health authorities to prevent widespread transmission¹¹. However, the challenge arises in determining how and when

⁶ *Ibid*

⁷ Matthew K., Wynia, Steven S. Coughlin, Sheri Alpert, Deborah S. Cummins, and Linda L. Emanuel. "Shared expectations for protection of identifiable health care information: Report of a national consensus process." (2001) 16(2) *Journal of General Internal Medicine* 100-111.

⁸ Edward S. Dove, "Confidentiality, public interest, and the human right to science: when can confidential information be used for the benefit of the wider community?." (2023) 10(1) *Journal of Law and the Biosciences* lsad013.

⁹ Ifenna Okeke, *Medical Practitioners' Duty of Confidentiality in Nigeria: The Legal Perspective SSRN* (2022) Available at <http://dx.doi.org/10.2139/ssrn.4033352>

¹⁰ 2014

¹¹ Madeline Drexlerand, *What You Need to Know About Infectious Disease* (Washington: National Academies Press, 2010) 37.

such disclosures should be made, ensuring that they do not lead to undue harm or discrimination against affected individuals. A significant concern in Nigeria is the lack of awareness among citizens regarding their medical rights and privacy, as many patients do not fully understand their legal protections concerning medical confidentiality¹², as a result, they may not question or challenge breaches of their privacy. In some cases, cultural and religious beliefs further discourage individuals from taking legal action even when their rights have been violated. For example, in traditional Nigerian society, illnesses, especially those perceived as contagious are often met with stigma, hence the fear of societal rejection can discourage people from disclosing their health conditions or seeking legal redress when their confidentiality is breached¹³.

In the same vein, the country faces systemic challenges in implementing and enforcing confidentiality regulations. Nigeria's healthcare sector struggles with inadequate infrastructure, limited technological advancements, and inconsistent policy implementation as many hospitals and clinics still rely on paper-based medical record systems, increasing the risk of unauthorized access to patient information¹⁴. Weak enforcement of data protection laws means that patients whose privacy is violated often have limited legal recourse, and a major area of concern is the role of public health emergencies in influencing medical confidentiality policies. In times of outbreaks and pandemics, governments often prioritize public health over individual rights. During the COVID-19 pandemic, for example, governments worldwide, including Nigeria, implemented

¹² Olaitan Olusegun, O., and Babafemi Odunsi., "Advancing the Rights of Patients in Nigeria: Analysing the Patients' Bill of Rights." (2023) 30(1) *J Law Med.* 235.

¹³ Chimankpam Ogbonna, Kingsley, Precious Chidozie Azubuiké, Michael Obule Enyam, Ogochukwu Jeremian Odo, and Miracle Nwadike. "Addressing stigma to achieve healthcare equity and universal health coverage in Nigeria." (2024) 2(1) *Discover Global Society* 73.

¹⁴ *Ibid*

contact tracing measures that required disclosure of infected individuals' information¹⁵. While such measures are necessary for disease control, they also highlight the ethical dilemma of balancing confidentiality with the need to prevent harm to the general population.

Internationally, there is ongoing debate about how to effectively regulate medical confidentiality while considering public health interests, and countries have developed comprehensive legal frameworks that define the conditions under which doctors may disclose patient information without consent. For example, the U.S. Health Insurance Portability and Accountability Act¹⁶ and the U.K.'s General Data Protection Regulation¹⁷ provide clear guidelines on confidentiality and data protection. Nigeria, however, is yet to fully develop and implement a robust legal framework that effectively addresses these complexities. This research, therefore, seeks to examine the existing legal and ethical frameworks governing doctors' duty to disclose serious health conditions in Nigeria, which will assess whether the current laws provide adequate guidance on when and how medical information can be shared without violating patient rights. Additionally, the study will explore the challenges faced by healthcare professionals in navigating confidentiality issues, particularly in cases of public health emergencies and infectious disease outbreaks.

¹⁵Ekong Inobong, Emeka Chukwu, and Martha Chukwu. "COVID-19 mobile positioning data contact tracing and patient privacy regulations: exploratory search of global response strategies and the use of digital tools in Nigeria." (2020) 8(4) *JMIR mHealth and uHealth* 19139.

¹⁶ 1996

¹⁷ 2018 as amended

1.2 Statement of the Problem

The issue of medical confidentiality and the duty of doctors to disclose serious health conditions presents a complex legal and ethical challenge in Nigeria¹⁸. While patient confidentiality is a fundamental principle of medical ethics and is legally protected, there are circumstances where disclosure is necessary to protect public health. The difficulty lies in striking a balance between safeguarding individual privacy and ensuring the safety of the public. However, Nigeria's existing legal and regulatory framework governing medical confidentiality and disclosure is fraught with several challenges, making it difficult to achieve this balance effectively.

The lack of clear legal provisions regarding when and under what circumstances a doctor is permitted to disclose a patient's serious health condition is a major issue in healthcare, this uncertainty creates inconsistencies in how confidentiality and disclosure are handled, leading to some doctors err on the side of non-disclosure or others revealing patient information without proper justification, breaching confidentiality and violating patient rights. In the same vein, weak enforcement mechanisms and lack of clear guidelines on disclosure thresholds further complicate the issue. Also, the growing reliance on digital health technologies and electronic health records has made patient information more vulnerable to cyber threats, unauthorized access, and misuse. In the context of public health emergencies, the challenge of balancing confidentiality with the need for disclosure becomes even more pronounced. Therefore, there is a pressing need to critically examine Nigeria's legal and institutional frameworks on medical confidentiality and disclosure. It will answer the questions:

¹⁸ Iyalomhe G.B., "Medical ethics and ethical dilemmas." (2009) 18(1) *Niger J Med* 8; F.N. Chukwunke, "Medical incidents in developing countries: A few case studies from Nigeria." (2015) 18 (1) *Nigerian journal of clinical practice* 20.

1. What are the legal and ethical principles governing medical confidentiality and doctors' duty to disclose serious health conditions in Nigeria?
2. Under what circumstances does the duty to disclose override patient confidentiality in Nigeria's legal framework?
3. What are the implications of disclosure on patients' rights, including privacy, non-discrimination, and access to healthcare?
4. How do Nigeria's laws on medical confidentiality and disclosure compare with international best practices?
5. What challenges and obstacles exist in balancing patient confidentiality with public health concerns, and how can these be addressed through legal and policy reforms?

1.3 Aim and Objectives of the study

1. To examine the legal and ethical principles governing medical confidentiality and doctors' duty to disclose serious health conditions in Nigeria.
2. To analyse the legal provisions and circumstances under which doctors are required or permitted to disclose patient health information.
3. To assess the impact of disclosure on patients' rights, including privacy, non-discrimination, and access to healthcare.
4. To compare Nigeria's legal framework on medical confidentiality and disclosure with international best practices.
5. To identify challenges in balancing medical confidentiality with public health concerns and propose legal and policy reforms to enhance clarity, protection, and enforcement.

1.4 Scope and Limitations of the Study

This study focuses on examining the legal and ethical frameworks governing doctors' duty to disclose serious health conditions in Nigeria, with an emphasis on balancing patient confidentiality and public health interests. The research specifically explores the provisions of Nigerian laws, including the National Health Act, the Code of Medical Ethics, and other relevant statutory and regulatory instruments that guide medical practitioners in handling sensitive patient information. Additionally, the study investigates how judicial interpretations and case laws have shaped the enforcement of medical confidentiality and the duty of disclosure. The research is confined to the Nigerian healthcare and legal system, providing an in-depth analysis of the country's laws and ethical guidelines without making extensive comparisons with international legal frameworks. However, where relevant, references may be made to global best practices, particularly in jurisdictions with well-established legal principles on medical confidentiality and disclosure. The study primarily focuses on medical conditions that pose significant public health risks, such as infectious diseases, rather than all possible scenarios of medical disclosure.

Despite its relevance, the study has certain limitations. Firstly, it relies predominantly on secondary data, including legal texts, judicial decisions, policy documents, and academic literature, which may limit firsthand insights from practitioners and policymakers. Secondly, the evolving nature of medical law and ethics means that new legal developments may emerge after the conclusion of this research. Additionally, the study does not extend to the economic or technological implications of medical confidentiality, such as the role of electronic health records in confidentiality breaches. Lastly, while efforts are made to provide a comprehensive analysis, the study acknowledges that perspectives from healthcare professionals, legal experts, and patients may not be fully captured.

due to time and resource constraints. Future research may explore empirical studies involving interviews and surveys with key stakeholders to enrich the findings and recommendations.

1.5 Significance of the Study

This study holds both theoretical and practical significance. Theoretically, it contributes to the existing body of knowledge on medical confidentiality and the legal and ethical dimensions of doctors' duty to disclose serious health conditions in Nigeria. By critically examining the legal framework governing patient confidentiality and disclosure obligations, this research provides a deeper understanding of the interplay between medical ethics, human rights, and public health considerations. The study also highlights gaps in the current legal regime, offering insights into how Nigeria's legal provisions compare with international best practices.

Practically, the findings of this study will be valuable to policymakers, legal practitioners, medical professionals, and public health authorities. By identifying ambiguities and inconsistencies in Nigeria's legal framework, this research can inform legal reforms aimed at striking a balance between safeguarding patient privacy and ensuring public health protection. Additionally, healthcare institutions and regulatory bodies can use the study's recommendations to develop clearer guidelines for medical practitioners, ensuring that disclosure decisions align with ethical standards and legal obligations. Ultimately, the study seeks to enhance the protection of patients' rights while promoting public health and legal certainty in medical practice.

1.6 Research Methodology

This research adopts a doctrinal legal research methodology to examine the legal and ethical frameworks governing doctors' duty to disclose serious health conditions in Nigeria. The doctrinal

method involves an in-depth analysis of legal texts, statutes, case law, and academic literature to critically assess the existing legal provisions, judicial interpretations, and ethical considerations relevant to medical confidentiality and public health protection¹⁹. The study relies on both primary and secondary sources of information to provide a comprehensive analysis of the subject. Primary sources include relevant Nigerian legal instruments such as the National Health Act, the Code of Medical Ethics, the Nigerian Constitution, the Patients' Bill of Rights, and other statutory and regulatory frameworks governing medical confidentiality and disclosure. Additionally, case laws and judicial decisions that have interpreted and applied these legal provisions will be examined to understand the evolving nature of the legal obligations imposed on medical practitioners.

Secondary sources include a broad range of scholarly materials such as academic books, peer-reviewed journals, legal commentaries, research articles, conference papers, newspapers, and reports from relevant regulatory bodies and professional associations. These sources provide critical insights, expert opinions, and comparative analyses that enhance the research's depth and theoretical grounding. This methodology ensures a systematic, legal-centric, and analytical approach in evaluating the challenges, limitations, and potential reforms within Nigeria's legal framework regarding medical confidentiality and the duty of disclosure. It also facilitates a comparative discussion by drawing on best practices and precedents from other jurisdictions, where applicable, to propose recommendations for strengthening Nigeria's legal and ethical approach to balancing patient confidentiality and public health imperatives.

¹⁹ S. Kilcommins. Doctrinal Legal Method (Black-Letterism): Assumptions, Commitments and Shortcomings' in Laura Cahillane and Jennifer Schweppe (eds) *Legal Research Methods: Principles and Practicalities* (Clarus Press, 2016) 6.

1.7 Chapter Analysis

Chapter one introduces the study by providing an overview of the legal and ethical implications surrounding the duty of doctors to disclose serious health conditions in Nigeria. It highlights the tensions between patient confidentiality and public health concerns, emphasizing the need for a balanced legal framework. The statement of the problem outlines the challenges in maintaining medical confidentiality while ensuring public safety. The aim and objectives of the study define the research focus, while the scope and limitations set the boundaries for the analysis. The significance of the study underscores the importance of evaluating existing legal frameworks to enhance the protection of patient rights while addressing public health risks. The research methodology details the doctrinal approach used to analyze legal statutes, case laws, and scholarly materials. Lastly, the chapter analysis provides an overview of the study's structure, guiding the reader through the research organization.

Chapter two presents the conceptual and theoretical frameworks that underpin the study. It defines key concepts such as public health, patient privacy, and medical confidentiality to establish a clear understanding of the subject matter. The theoretical framework explores relevant legal and ethical theories, including the utilitarian principle and social contract theory, to provide a foundation for analyzing the legal obligations of medical practitioners. The chapter also includes a review of existing literature, identifying gaps in research on medical confidentiality and the legal duty to disclose serious health conditions.

Chapter three examines the legal and institutional frameworks governing medical confidentiality in Nigeria. The legal framework section analyzes relevant laws, including the Constitution of the Federal Republic of Nigeria 1999 (as amended), the National Health Act 2014, the Medical and

Dental Practitioners Act 2004, the Nigerian Data Protection Act 2023, the HIV Anti-Discrimination Act 2014, and the International Covenant on Civil and Political Rights. These laws define the legal obligations of doctors concerning confidentiality and disclosure. The institutional framework section reviews the roles of key institutions such as the Federal Ministry of Health, Nigerian Data Protection Commission, the Medical and Dental Council of Nigeria, the Medical and Dental Practitioners Disciplinary Tribunal, and the Courts in enforcing these legal provisions.

Chapter four critically assesses the balance between patient confidentiality and public health safety under Nigerian law. It explores the challenges of enforcing confidentiality rights, including ethical dilemmas, legal ambiguities, and institutional shortcomings. Additionally, the chapter examines the difficulties faced by medical practitioners in safeguarding patient confidentiality, such as inadequate legal protections, pressure from public health authorities, and the impact of digital health records on data privacy.

The final chapter, chapter five, presents the summary of findings, highlighting key insights from the study. Based on the research, recommendations are provided to improve Nigeria's legal and institutional approach to medical confidentiality and public health disclosure. The conclusion underscores the importance of a well-defined legal framework that protects patient privacy while allowing for necessary public health interventions. The chapter also suggests areas for further research, particularly on the impact of digital health technologies on confidentiality and public health management.

CHAPTER TWO

CONCEPTUAL, THEORETICAL FRAMEWORKS AND LITERATURE REVIEW

2.1 Conceptual clarification

Confidentiality in public health is a crucial ethical and legal duty to protect personal and sensitive health information from unauthorized access or disclosure. In Nigeria, this concept is especially important due to the need to balance individual privacy rights with public health interests. Public health aims to improve population health through disease prevention, health promotion, and surveillance, often requiring the collection and sharing of health data, which may include personally identifiable information. Nigeria lacks a comprehensive national data protection law specifically tailored to health information, but the Nigeria Data Protection Regulation (NDPR) (2019) provides some privacy safeguards. Ethical guidelines from medical and public health associations also emphasize confidentiality as a core professional duty. Challenges in maintaining confidentiality include limited infrastructure, cultural and social stigma, public health emergencies, and legal uncertainties.

2.1.1 Public Health

Public health is an essential field that focuses on keeping people healthy and preventing diseases in communities, concerned with protecting and improving the well-being of entire populations rather than just treating individuals. Its efforts aim to prevent illness, prolong life, and promote good health through organized programs and policies²⁰. Over time, scholars and health

²⁰ American Public Health Association. *What is Public Health?*, 2024 Available at: <https://www.apha.org/what-is-public-health#:~:text=Public%20health%20promotes%20and%20protects,%2C%20learn%2C%20work%20and%20play>. Last Accessed 4 March, 2024.

organizations have provided different definitions of public health, but they all emphasize its role in ensuring a healthier society. Saranya and Kathirvel describes it as “the science and art of preventing disease, prolonging life, and promoting health through organized efforts of society²¹.” This means that public health is both a scientific field and a practical approach that involves governments, healthcare professionals, and communities working together to improve health.

One of the earliest definitions of public health was provided by C.E.A. Winslow, who stated that public health is “the science and art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts²².” Winslow’s definition highlights the importance of sanitation, infection control, personal hygiene education, and social policies in public health. Another widely accepted definition comes from Last who explains public health as a set of organized efforts by society, organizations, and individuals to prevent disease, promote health, and prolong life²³. This definition focuses on collective action, showing that good public health is a shared responsibility among different sectors of society. Rothstein also provides an important perspective, defining public health as what we, as a society, do collectively to assure the conditions in which people can be healthy which shifts the focus to the role of governments and policies in creating environments that support good health²⁴. Despite the differences in wording, all these definitions emphasize that public health is about preventing diseases and improving health through organized efforts.

²¹ Rajavel Saranya, and Soundappan Kathirvel. "Principles and approaches in public health practice." In *Principles and application of evidence-based public health practice*. (Academic Press, 2024) 3-21

²² Lee. David, Kevin Chen, and Jessica S. Kruger, Public health. In J.A. Bakal., P.C. Newell, and Adena J. Osband, *Translational Surgery*. (United Kingdom: Academic Press, 2023) 603.

²³ Last, John M, *A Dictionary of Public Health* (Oxford: Oxford University Press, 2007) 407.

²⁴ Mark Rothstein A, “Rethinking the meaning of public health.” (2002) 30(2) *Journal of Law, Medicine & Ethics* 145.

Public health has changed significantly over the years. In the past, the focus was mainly on sanitation and controlling infectious diseases. For example, in the 19th and early 20th centuries, many public health initiatives aimed to improve water quality, waste management, and vaccinations to prevent deadly diseases like cholera and tuberculosis²⁵. These efforts led to major improvements in health and life expectancy. In the second half of the 20th century, the focus of public health expanded beyond infectious diseases to include non-communicable diseases (NCDs) such as heart disease, diabetes, and cancer, which was seen in the Alma-Ata Declaration of 1978, led by the WHO, emphasized primary healthcare as a foundation for better health services for all. Governments and health organizations also began addressing lifestyle-related health risks, such as smoking, poor diet, and lack of exercise²⁶. Today, public health has further expanded to include modern challenges like climate change, pandemics (e.g., COVID-19), antibiotic resistance, and social health inequalities. Hence, the concept of "New Public Health" has emerged, integrating traditional disease prevention with modern technology, social policies, and international cooperation.

Public health is a many-sided field that focuses on various aspects to maintain community health. It includes epidemiology and disease control, health promotion and education, environmental health, health policy and management, and global health and emerging diseases. Epidemiology studies disease patterns, causes, and methods for controlling outbreaks²⁷. Health promotion and

²⁵ Johnson, James A., and Cynthia B. Morrow. *Historical developments in public health and the 21st century*. In *Novick & Morrow's Public Health Administration: Principles for Population-Based Management* (Jones and Barlett Publishers, 2014). 17.

²⁶ WHO. *WHO called to return to the Declaration of Alma-Ata: International conference on primary health care*. 2025 Available at: <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata> Lasted Accessed 4 March 2025.

²⁷ Sasmita, Adhikari Poudel, Sha Meng, Yu-Ju Wu, Yu-Ping Mao, Rui-Xue Ye, Qing-Zhi Wang, Chang Sun et al. "Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review." (2020) 9(1) *Infectious diseases of poverty* 29.

education on the other hand involves creating programs to educate people on healthy lifestyles, such as vaccination campaigns and nutrition programs²⁸. Environmental health examines the impact of the environment on health, including air pollution, clean water, and food safety, while health policy and management ensures that healthcare services are accessible to everyone, and global health and emerging diseases work together to prevent pandemics and improve global health security²⁹.

Hence, public health plays a crucial role in reducing disease and death rates, ensuring health equity, improving economic productivity, and responding to health crises, and programs like vaccinations and hygiene improvements have helped lower the number of deaths from diseases like smallpox, polio, and measles. Public health efforts also aim to provide healthcare access to everyone, especially the poor and vulnerable, reducing unfair health differences.

2.1.2 Patient Privacy

Patient privacy is an essential right that allows individuals to control access to their personal health information, which ensures that medical records remain confidential and are only shared with authorized individuals, such as healthcare providers directly involved in a patient's treatment³⁰. As healthcare systems increasingly rely on digital technology, the issue of patient privacy has become more complex. Hospitals, clinics, and medical researchers handle large amounts of sensitive data, making it necessary to establish strict rules to protect patient information from unauthorized access or misuse³¹. Privacy, in general, refers to the right to keep personal

²⁸ Sanjiv Kumar, and Preetha G. S. "Health promotion: an effective tool for global health." (2012) 37(1) Indian Journal of Community Medicine 5-12.

²⁹ WHO. *Environmental Health*. 2024 Available at: https://www.who.int/health-topics/environmental-health#tab=tab_1 Lasted Accessed 6 March 2024.

³⁰ Keren, Semyonov-Tal. "Keeping medical information safe and confidential: a qualitative study on perceptions of Israeli physicians." (2024) 13(1) Israel Journal of Health Policy Research 54.

³¹ Mehmet, Kayaalp. "Patient privacy in the era of big data." (2018) 35(1) Balkan medical journal 8.

information secret and to decide who can access it. In healthcare, patient privacy is an extension of this concept, ensuring that medical details, diagnoses, and treatment histories remain confidential. The World Health Organization and various human rights organizations have emphasized that privacy is a fundamental human right, meaning that every person has the right to keep their health information protected from exposure or misuse³².

Scholars have defined patient privacy in different ways. C.E.A. Winslow emphasized that protecting patient confidentiality is a key part of ethical medical practice³³, while Kayaalp defined patient privacy as the right to maintain control over personal medical information, ensuring that it is only accessed by authorized individuals for legitimate medical or research purposes³⁴. Similarly, the Institute of Medicine stated that protecting patient privacy helps build trust between individuals and healthcare systems. If patients feel that their personal information is secure, they are more likely to seek medical help without fear of stigma or discrimination³⁵.

The importance of patient privacy cannot be overstated. One of the biggest benefits is that it builds trust between doctors and patients. If people believe their health records will remain confidential, they are more likely to be honest with doctors about their medical history, allowing for better diagnosis and treatment. Additionally, privacy helps prevent identity theft and fraud. In today's digital world, criminals can misuse stolen medical data for fraudulent purposes, such as making

³² World Health Organisation. *Human Rights*. 2024 Available at <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health#:~:text=Health%20and%20human%20rights&text=It%20includes%20freedoms%20and%20entitlements,access%20to%20quality%20health%20services>. Lasted Accessed 5 March, 2024.

³³ Winslow, C-EA. "The untilled fields of public health." (1920) 51(1306) *Science* 23-33.

³⁴ Mehmet, Kayaalp. "Patient privacy in the era of big data." (2018) 35(1) *Balkan medical journal* 8-17.

³⁵ Bailus Walker Jr.. "The future of public health: the Institute of Medicine's 1988 report." (1989) 10(1) *Journal of Public Health Policy* 19

fake insurance claims or obtaining prescription drugs illegally³⁶. Protecting patient information also encourages ethical medical practices, ensuring that doctors and nurses handle sensitive data responsibly and in accordance with professional standards³⁷.

Despite its importance, maintaining patient privacy comes with challenges. One of the biggest issues is the increasing use of electronic health records and digital databases. While these technologies have improved healthcare services, they have also made medical data more vulnerable to cyber-attacks, as hackers target hospitals and medical research centers to steal private health records, raising serious concerns about data security³⁸. Another challenge is the use of big data and artificial intelligence (AI) in healthcare. Although AI can help predict disease patterns and improve treatments, it also raises ethical concerns about how personal health data is collected, stored, and used³⁹. Another issue is that many patients do not fully understand their privacy rights, in that some people sign consent forms without reading them carefully, not realizing how their information might be shared⁴⁰. Additionally, legal and ethical conflicts sometimes arise. For example, during disease outbreaks, public health officials may need access to patient information to control the spread of infections. However, balancing the need to protect public health with the right to individual privacy remains a complex issue⁴¹.

³⁶ Junior Clement, V. *"Strategies to prevent and reduce medical identity theft resulting in medical fraud."* (Doctoral dissertation, Walden University, 2018). 49

³⁷ Wilnellys, Moore, and Sarah Frye. *"Review of HIPAA, part 1: history, protected health information, and privacy and security rules."* (2019) 47(4) *Journal of nuclear medicine technology* 269

³⁸ OECD. *Health Data Governance: Balancing Innovation and Privacy* (Paris: OECD Publishing, 2017), 144.

³⁹ Blake Murdoch, *"Privacy and artificial intelligence: challenges for protecting health information in a new era."* (2021) 22(1) *BMC medical ethics* 122.

⁴⁰ Law Teacher. *Informed Consent Ethical Issues From Not Understanding the Consent Form.* *Law teacher.* 2025 Available at <https://www.lawteacher.net/free-law-essays/medical-law/informed-consent-ethical-issues-from-not-understanding-the-consent-form-medical-law-essay.php?vref=1> Last accessed 10 March 2025.

⁴¹ WHO. *Guidelines on ethical issues in public health surveillance* (Geneva: World Health Organization, 2017), 37.

To improve patient privacy, healthcare institutions and governments must take several steps. First, strict data protection policies should be enforced, requiring hospitals and clinics to use encryption and secure storage methods to protect medical records⁴². Second, patients should be fully informed about how their data is used and given the option to approve or deny access⁴³. Third, training programs should be provided for doctors and medical staff to ensure they understand privacy laws and how to handle patient information responsibly⁴⁴. Lastly, de-identification techniques should be used in medical research, meaning that personal identifiers such as names and addresses are removed from health data to ensure anonymity⁴⁵.

2.1.3 Medical confidentiality

Medical confidentiality is an important principle in healthcare that ensures a patient's personal and medical information is kept private. It is based on the idea that patients should be able to trust their doctors and healthcare providers with sensitive information without fear of unauthorized disclosure⁴⁶. The concept of medical confidentiality has existed for centuries and is widely recognized in both ethical codes and legal systems worldwide. However, as medical practices evolve and digital technology becomes more common, maintaining confidentiality has become more complex⁴⁷. Many scholars and organizations have defined medical confidentiality in

⁴² OECD. *Health Data Governance: Balancing Innovation and Privacy*, 112.

⁴³ Berg, Jessica W., Paul S. Appelbaum, Charles W. Lidz, and Lisa S. Parker. *Informed consent: legal theory and clinical practice*. (Oxford University Press, 2001). 58

⁴⁴ Steve Alder. HIPAA Training Requirements. *HIPAA Training Journal*. 2024 Available at <https://www.hipaajournal.com/hipaa-training-requirements/> Last Accessed 10 March 2024.

⁴⁵ Office of the Australian Information Commissioner. *De-identification and the Privacy Act*. 2024. Available at <https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/handling-personal-information/de-identification-and-the-privacy-act#:~:text=What%20does%20a%20de%20identification%20process%20involve?&text=In%20line%20with%20this%2C%20a,the%20risk%20of%20re%20identification>. Last Accessed 10 March 2024

⁴⁶ Danuta Mendelson, Anne Rees, and Gabrielle Wolf. "Medical confidentiality and patient privacy." In B White, F McDonald & L Willmott (Eds), *Health Law in Australia*, 3rd Edition, (2018, Thomson Reuters) 4.

⁴⁷ Ammar, Odeh, Eman Abdelfattah, and Walid Salameh. "Privacy-preserving data sharing in telehealth services." (2024) 14(23) *Applied Sciences* 10808.

different ways, but they all emphasize the importance of privacy in healthcare. The World Medical Association defines medical confidentiality as the duty of healthcare professionals to protect personal information about patients and not disclose it without their consent unless required by law or ethical obligations⁴⁸. This definition highlights that while confidentiality is essential, there are exceptions where disclosure may be necessary for legal or public health reasons.

According to Bourke and Wessely, medical confidentiality refers to "the principle of keeping secure and secret from others, information given by or about an individual in the course of a professional relationship."⁴⁹ This definition emphasizes the patient's right to control their personal health data. Similarly, Tegnene describes medical confidentiality as the restriction of access to personal information from unauthorized persons and processes at authorized times and in an authorized manner⁵⁰, which supports the ethical aspect of medical confidentiality, where trust between patients and doctors is fundamental. A broader explanation is given by Otor opines that medical confidentiality is a professional duty that ensures patients feel safe when disclosing private health information to their doctors⁵¹. This means that confidentiality is not just a legal obligation but also a professional responsibility that builds trust in the healthcare system.

The principle of medical confidentiality dates back to ancient times. The Hippocratic Oath, written around 400 BCE, includes a statement on patient privacy: "Whatever I see or hear in the lives of

⁴⁸ World Medical Association. *Policy Tag: Confidentiality*. 2025 Available at: <https://www.wma.net/policy-tags/confidentiality/#:~:text=The%20physician%20has%20the%20duty%20to%20respect,when%20referring%20to%20other%20health%20care%20personnel>. Last Accessed 10 March 2025.

⁴⁹ Julius Bourke, and Simon Wessely. "Confidentiality." (2008) 336(7649) *Bmj* 888-891.

⁵⁰ Masresha Tegegne, Derese, Mequannent Sharew Melaku, Aynadis Worku Shimie, Degefaw Denekew Hunegnaw, Meseret Gashaw Legese, Tewabe Ambaye Ejigu, Nebyu Demeke Mengestie, Wondewossen Zemene, Tirualem Zeleke, and Ashenafi Fentahun Chanie. "Health professionals' knowledge and attitude towards patient confidentiality and associated factors in a resource-limited setting: a cross-sectional study." (2022) 23(1) *BMC medical ethics* 26.

⁵¹ Otor, I.E. "Medical Confidentiality and Professional Secrecy in Nigeria." (2024) 6(1) *J Crim Forensic studies* 180060.

my patients, I will keep secret.⁵²” This early recognition of confidentiality shows that the concept has always been an essential part of medical ethics. In the modern era, medical confidentiality has been reinforced through legal frameworks. In the United States, the Health Insurance Portability and Accountability Act, passed in 1996, established strict rules on how patient information should be handled⁵³. In Europe, the General Data Protection Regulation (GDPR) includes provisions that protect health data and ensure it is not misused⁵⁴. Similarly, in Nigeria, medical confidentiality is supported by the National Health Act of 2014, which outlines the responsibilities of healthcare providers in maintaining patient privacy⁵⁵.

Medical confidentiality is important for several reasons. First, it helps build trust between patients and healthcare providers, in that when patients know that their information will be kept private, they are more likely to share important details about their health, which leads to better diagnosis and treatment⁵⁶. Second, confidentiality protects patients from discrimination and stigma. Some medical conditions, such as HIV/AIDS, mental health disorders, or reproductive health issues, can expose patients to social stigma if their information is disclosed without consent⁵⁷. Hence, ensuring confidentiality helps prevent discrimination and encourages people to seek medical help without fear. Another reason why medical confidentiality is important is that it ensures legal and ethical

⁵² Mendelson, Danuta, Anne Rees, and Gabrielle Wolf. "Medical confidentiality and patient privacy." (2018).

⁵³ Edemekong, Peter, Pavan Annamaraju, Muriam Afzal, and Michelle Haydel. "Health insurance portability and accountability act (HIPAA) compliance." (StatPearls 2024). 1

⁵⁴ Bocong Yuan, and Jiannan Li. "The policy effect of the General Data Protection Regulation (GDPR) on the digital public health sector in the European Union: an empirical investigation." (2019) 16(6) International journal of environmental research and public health 1070.

⁵⁵ S.26(1)

⁵⁶ Bradley E. Iott, Celeste Campos-Castillo, and Denise L. Anthony, "Trust and Privacy: How Patient Trust in Providers Is Related to Privacy Behaviors and Attitudes," in AMIA Annual Symposium Proceedings, vol. 2019, 487 (2020).

⁵⁷ Dapaah, Jonathan Mensah, and Kodjo A. Senah. "HIV/AIDS clients, privacy and confidentiality; the case of two health centres in the Ashanti Region of Ghana." (2016) 17(1) BMC medical ethics 41.

compliance, in that many countries have laws that require doctors and hospitals to protect patient information, and violating confidentiality can lead to legal consequences, including lawsuits and loss of professional licenses⁵⁸.

Despite its importance, medical confidentiality faces several challenges in today's world. One major issue is the rise of electronic health record and digital databases. While digital records improve healthcare efficiency, they also increase the risk of data breaches and cyber-attacks, as hackers target hospitals and medical institutions to steal confidential patient information, leading to privacy violations⁵⁹. Another challenge is the conflict between confidentiality and public health concerns. In some situations, doctors may need to disclose patient information without consent, such as when a patient has a highly contagious disease that poses a threat to others, which makes balancing individual privacy with public safety a complex issue in medical ethics⁶⁰. Additionally, legal and ethical dilemmas arise when confidentiality conflicts with the duty to protect others from harm. For example, if a patient confesses to a doctor that they intend to harm someone, should the doctor break confidentiality to prevent harm? This dilemma requires careful consideration of ethical principles such as doing good while avoiding harm⁶¹. A final challenge is the lack of awareness among patients and healthcare providers. Some patients do not fully understand their right to confidentiality, while some healthcare professionals may not follow best practices for

⁵⁸ Tariq R.A. and P.B. Hackert. *Patient Confidentiality* (Treasure Island: StatPearls Publishing, 2025) 2.

⁵⁹ Javaid, Mohd, Abid Haleem, Ravi Pratap Singh, and Rajiv Suman. "Towards insighting cybersecurity for healthcare domains: A comprehensive review of recent practices and trends." (Cyber Security and Applications 1 2023) 100016.

⁶⁰ Jones, James W., and Laurence B. McCullough. "Limits of confidentiality: to disclose or not to disclose." (2013) 58(2) *Journal of Vascular Surgery* 522

⁶¹ Benatar, David. *Confidentiality*. (CME: Your SA Journal of CPD 21 no. 1 2003) 12.

protecting patient information⁶². Hence the need for regular training and education are necessary to ensure that confidentiality is maintained in all medical settings⁶³.

2.2 Theoretical Framework

2.2.1 The utilitarian principle

The utilitarian principle, developed by philosophers such as Jeremy Bentham and John Stuart Mill, is based on the idea that ethical actions should maximize overall happiness and minimize harm⁶⁴, and this principle is widely applied in public health, medical confidentiality, and privacy considerations, particularly when balancing individual rights against the collective well-being of society. In healthcare, utilitarianism is often invoked when deciding whether a patient's private information should remain confidential or be disclosed for the greater good, and this ethical dilemma becomes especially relevant in cases involving public health risks, such as the spread of contagious diseases, and confidentiality in psychiatric treatment⁶⁵.

Privacy is a fundamental human right that protects individuals from unwarranted intrusion into their personal affairs. However, the utilitarian perspective on privacy suggests that privacy is not

⁶² Mohammad Mohammadi, Bagher Larijani, Seyed Hassan Emami Razavi, Akbar Fotouhi, Ahmad Ghaderi, Seyed Javad Madani, and Mohammad Naser Shafiee. "Do patients know that physicians should be confidential? study on patients' awareness of privacy and confidentiality." (2018) 11 Journal of medical ethics and history of medicine (2018) 2

⁶³ World Medical Association. *Policy Tag: Confidentiality*. 2025 Available at: <https://www.wma.net/policy-tags/confidentiality/#:~:text=The%20physician%20has%20the%20duty%20to%20respect,when%20referring%20to%20other%20health%20care%20personnel>. Last Accessed 10 March 2025.

⁶⁴ West Henry R., and B. Duignan, B. *utilitarianism*. 2025. <https://www.britannica.com/topic/utilitarianism-philosophy> Last Accessed: 12 March 2025.

⁶⁵ Jones Chris, "The utilitarian argument for medical confidentiality: a pilot study of patients' views." (2003) 29(6) Journal of medical ethics 348.

an absolute right and can be limited when disclosure would produce a greater benefit to society⁶⁶. For example, public health surveillance often requires collecting personal data to prevent disease outbreaks, in that while individuals may prefer to keep their medical histories private, the utilitarian approach justifies monitoring and reporting certain conditions (such as tuberculosis or COVID-19) to protect the broader population⁶⁷. However, this perspective changes when public safety is at stake, such as in cases of criminal activity, infectious diseases, or threats to others. The General Medical Council also supports this view, stating that confidentiality is an ethical duty but can be breached in cases where there is an overriding public interest⁶⁸. This means that privacy must sometimes be sacrificed to prevent greater harm, which is a key principle of utilitarianism. In other words, if a patient expresses an intention to harm themselves or others, utilitarian ethics support breaking confidentiality to protect the individual and potential victims⁶⁹. This ethical conflict is also seen in legal precedents, such as the famous case of *Tarasoff v. Regents of the University of California*⁷⁰. In this case, a therapist was sued for failing to warn a woman that her ex-boyfriend had threatened to kill her. The court ruled that the duty to protect the victim outweighed the duty to maintain confidentiality, reinforcing the utilitarian approach to ethical dilemmas in healthcare. Additionally, research has shown that patients may be discouraged from seeking medical help if they fear that confidentiality will not be maintained. A study by Schmid found that two-thirds of psychiatric patients would consider leaving therapy if confidentiality were

⁶⁶ Appelbaum Paul, Gilead Kapen, Bruce Walters, Charles Lidz, and Loren H. Roth. "Confidentiality: An empirical test of the utilitarian perspective." (1984) 12(2) Journal of the American Academy of Psychiatry and the Law Online 109.

⁶⁷ Vearrier Laura, and Carrie M. Henderson. "Utilitarian principlism as a framework for crisis healthcare ethics." (2021) 33(1) HEC forum 49.

⁶⁸ General Medical Council. *Confidentiality: good practice in handling patient information* (Manchester: GMC, 2024) 4.

⁶⁹ Seattle Children. *Confidentiality and Adolescents*. 2025. Available at: <https://www.seattlechildrens.org/research/centers-programs/bioethics/education/case-based-teaching-guides/confidentiality/case-discussion/> Last Accessed 12 March, 2025.

⁷⁰ 17 Cal.3d 425 [1976]

breached⁷¹. This presents a challenge for utilitarianism, in that while breaking confidentiality may prevent harm in one case, it could discourage future patients from seeking help, leading to greater harm in the long run.

Public health policies often require balancing individual rights against the collective welfare of society. Utilitarianism is commonly applied in public health decision-making, especially during disease outbreaks and epidemics. For instance, mandatory vaccinations are a utilitarian policy aimed at protecting public health by achieving herd immunity⁷². In other words, while some individuals may object to vaccinations due to personal or religious beliefs, the greater good of preventing disease transmission outweighs individual preferences. Similarly, contact tracing and quarantine measures during the COVID-19 pandemic required the collection of personal data and restriction of movement to prevent further infections. From a utilitarian perspective, these actions were justified because they saved lives and reduced hospital burden, even though they infringed on personal freedoms⁷³. Another example is the disclosure of HIV status. Many countries have laws requiring individuals with HIV/AIDS to inform their partners about their condition, while this may violate personal privacy, it is justified under utilitarian ethics because it prevents further transmission of the virus and protects others from harm⁷⁴. However, utilitarianism in public health is not without challenges. Some policies, such as compulsory medical treatments or forced quarantines, may disproportionately affect vulnerable populations, raising ethical concerns about

⁷¹ Donald Schmid, Paul S. Appelbaum, Loren H. Roth, and Charles Lidz.. *"Confidentiality in psychiatry: A study of the patient's view."* (1983) 34(4) *Psychiatric Services* 353.

⁷² Giubilini, Alberto, Thomas Douglas, and Julian Savulescu. *"The moral obligation to be vaccinated: utilitarianism, contractualism, and collective easy rescue."* (2018) 21(4) *Medicine, Health Care and Philosophy* 547

⁷³ Savulescu, Julian, Ingmar Persson, and Dominic Wilkinson. *"Utilitarianism and the pandemic."* (2020) 34(6) *Bioethics* 620

⁷⁴ Laar, Amos K., Debra A. DeBruin, and Susan Craddock. *"Partner notification in the context of HIV: an interest-analysis."* (2015) 12(1) *AIDS Research and Therapy* 15.

fairness and consent⁷⁵. Additionally, excessive government surveillance under the pretext of public health can lead to privacy violations and authoritarian control⁷⁶.

2.2.2 Positivist Theory

Positivist theory is a legal and ethical framework grounded in the belief that the validity of a rule or law lies in its formal enactment by a recognized authority, rather than in its moral or societal justification.⁷⁷ Prominent scholars such as John Austin and Hart argue that laws are commands issued by a sovereign, and must be obeyed as long as they are properly enacted, regardless of whether they are considered morally right or wrong⁷⁸. In the healthcare context, positivism supports the idea that medical confidentiality and public health obligations should be guided strictly by codified laws and institutional rules, rather than personal ethics or societal consensus⁷⁹. Under this theory, patient confidentiality is respected to the extent that it is protected by law. However, where legal provisions allow or mandate the disclosure of medical information, particularly in the interest of public health, such disclosure is not only permissible but required⁸⁰. For example, statutes or public health regulations that authorize the reporting of infectious diseases such as tuberculosis, COVID-19, or Ebola override the ethical duty of confidentiality⁸¹. From a positivist perspective, once such laws are enacted by legitimate authority, healthcare providers

⁷⁵ National Collaborating Center for Healthy Public Policy. *Utilitarianism in Public Health*. January 2016. 2025 Available at: http://www.ncchpp.ca/docs/2016_Ethics_Utilitarianism_En.pdf Last Accessed 12 March 2025

⁷⁶ Ibid

⁷⁷ Kenneth Einar Himma, Legal Positivism. *Internet Encyclopaedia of Philosophy*. 2025. <https://iep.utm.edu/legalpos/#:~:text=Legal%20positivism%20is%20a%20philosophy.%2C%20reason%2C%20or%20human%20rights>. Last Accessed 25 July 2025.

⁷⁸ Igwebudu Afamefuna, Robert, and Ignatius Nnaemeka Onwuatuegwu. "Separation Thesis of Law and Morality in HLA Hart (An Appraisal of HLA Hart's Concept of Law)." (2020) 3 East African Scholars Journal of Education, Humanities and Literature 349

⁷⁹ Kelechi Onyegbule Goodluck. "Protecting Patient Confidentiality in Nigeria: Legal, Ethical, and Public Health Perspectives." (2025) 12(2) Journal of Commercial and Property Law 18

⁸⁰ Mutiu Agboke, "Issues In Medical Confidentiality And Protection Of Public Interest In Medical Practice: Case Study Of Covid 19 Patients." (2024) 1(1) Fountain University Law Journal 25.

⁸¹ Aliyu Alhaji, "Public health ethics and the COVID-19 pandemic." (2021) 20(3) Annals of African medicine 158.

have a legal obligation to comply, regardless of the personal wishes of the patient or moral debates around privacy.

The positivist approach also places limits on the role of consent⁸². While patients may sign confidentiality agreements with healthcare professionals, these agreements exist within the boundaries of the law. In cases where the law demands disclosure, for example, to prevent the spread of a communicable disease, the patient's consent is not necessary⁸³. The authority of the state, acting through legislation, takes precedence over individual agreements or professional codes of ethics. This reinforces the idea that compliance with legal rules is non-negotiable in regulated healthcare practice⁸⁴. Furthermore, the positivist framework insists that ethical exceptions to confidentiality must be explicitly stated in statutes, policies, or professional guidelines⁸⁵. In practice, this provides healthcare professionals with clear boundaries and protections, ensuring that their actions are legally justified.

2.3 Summary and Gap in Literature

This study has explored the relationship between medical confidentiality, privacy, and public health through ethical frameworks such as utilitarianism and social contract theory. The review of existing literature highlights the importance of confidentiality in healthcare, as it fosters trust between patients and healthcare providers. However, public health concerns sometimes justify

⁸² Alderson Priscilla, and Christopher Goodey. "Theories of consent." (1998) 317(7168) *Bmj* 1313.

⁸³ Woods, Patricia Maura Flynn, Paul Monach, Karen Visnaw, Sara Schiller, Erika Holmberg, Sarah Leatherman, Ryan Ferguson, and Westyn Branch-Elliman. "Implementation of documented and written informed consent for clinical trials of communicable diseases: lessons learned, barriers, solutions, future directions identified during the conduct of a COVID-19 clinical trial." (2021) 23 *Contemporary Clinical Trials Communications* 100804.

⁸⁴ Medium, *Compliance and Regulatory Requirements in Healthcare*. 2023. Available at: <https://medium.com/@erpnextsolution/compliance-and-regulatory-requirements-in-healthcare-erpnext-0ad4796fcdea> last accessed

⁸⁵ Donaldson Molla, Kathleen N. Lohr, and Roger J. Bulger. "Health Data in the Information Age: Use, Disclosure, and Privacy—Part II." (1994) 271(18) *JAMA* 1392.

limitations on confidentiality, particularly in cases involving infectious diseases, mental health risks, or threats to public safety. Scholars have extensively debated this ethical tension, analyzing how laws and policies attempt to balance individual rights with public health needs.

According to Beauchamp and Childress, medical confidentiality is a core principle of bioethics, ensuring that patients feel safe disclosing personal health information without fear of exposure⁸⁶. However, Gostin argued that absolute confidentiality is unrealistic, as public health crises often require data sharing and surveillance to protect communities from harm⁸⁷. The utilitarian perspective, as discussed by Mill⁸⁸ and Bentham⁸⁹, supports breaching confidentiality when it prevents greater harm. This ethical reasoning has been applied in pandemics such as COVID-19, where governments collected patient data to track and control virus transmission. Similarly, Schneider argued that public health authorities must sometimes compromise individual privacy to achieve greater societal benefits, such as preventing outbreaks and ensuring access to life-saving treatments⁹⁰. The social contract theory provides a justification for limiting confidentiality in public health contexts. Donaldson and Dunfee propose that societies create ethical agreements that balance personal rights with communal responsibilities⁹¹. In healthcare, this means that patients agree to certain limitations on confidentiality in exchange for protection from health threats. This principle has been applied in mandatory vaccination programs, quarantine policies, and disease surveillance systems.

⁸⁶ Beauchamp Tom and James F. Childress. *Principles of biomedical ethics* (Sau Paulo: Edicoes Loyola, 1994)

⁸⁷ Gostin Lawrence O. "Public health law reform." (2001) 91(9) American journal of public health 1365.

⁸⁸ Mill, John Stuart. *Utilitarianism* (London: Longman, Roberts & Green)

⁸⁹ Bentham Jeremy. *The principles of morals and legislation* (Clarendon Press, 1879).

⁹⁰ Schneider, Mary-Jane. *Introduction to public health* (Jones & Bartlett Learning, 2020).

⁹¹ Donaldson, Thomas, and Thomas W. Dunfee *Ties that bind: A social contracts approach to business ethics* (Cambridge, MA: Harvard Business Press, 1999) 262

While past studies provide valuable insights, several gaps in the literature remain unaddressed. The literature on confidentiality and public health in Nigeria is limited, with most studies focusing on Western countries, particularly Europe and North America. There is a lack of research on how these ethical and legal principles apply to developing nations like Nigeria, where cultural beliefs, legal enforcement, and healthcare infrastructure differ significantly. Integrated analysis on confidentiality and public health is also lacking, with few studies critically examining their interaction, particularly in HIV/AIDS management, mental health care, and pandemic response strategies. Ethical theories like utilitarianism and social contract theory are often discussed in bioethics and Western legal studies, but their application to African healthcare systems is underexplored. Practical solutions for balancing confidentiality and public health in Nigeria are also lacking, with many international frameworks emphasizing privacy protection in digital health records, but there is limited discussion on how these regulations can be adapted to Nigeria, where electronic health systems and legal enforcement mechanisms are still developing.

This study seeks to fill these gaps by exploring how medical confidentiality, privacy laws, and public health policies interact within Nigeria's healthcare system. It will examine practical solutions for balancing individual privacy with public safety while considering ethical principles, legal frameworks, and cultural factors unique to Nigeria. By addressing these gaps, this research will help develop realistic and effective policies that safeguard patient confidentiality while ensuring that public health needs are met.

CHAPTER THREE

Legal and Institutional Frameworks for Confidentiality in Medical Practice in Nigeria.

3.1 Legal Framework

3.1.1 The constitution of the Federal Republic of Nigeria (as amended)

The Constitution of the Federal Republic of Nigeria, 1999 (as amended), is the supreme law of the land and serves as the foundational legal framework that governs all actions of individuals, institutions, and government authorities in Nigeria⁹². The Constitution provides both protection for individual privacy and grounds for the limitation of such rights in the interest of public health and safety⁹³. Under Section 37 of the Constitution, the right to privacy is expressly guaranteed. It states: “The privacy of citizens, their homes, correspondence, telephone conversations and telegraphic communications is hereby guaranteed and protected⁹⁴.” Although this section does not specifically mention medical or health information, it has been interpreted to extend to confidential personal data, including health records⁹⁵. Therefore, this constitutional provision forms the legal basis for the protection of patients’ medical confidentiality in Nigeria. Healthcare professionals, hospitals, and public institutions are expected to respect this right when handling personal medical information⁹⁶. However, the Constitution also provides for justifiable limitations to fundamental rights. Under Section 45(1), the right to privacy may be restricted: “In the interest of defense,

⁹² Isawa Elaigwu. *"The Federal Republic of Nigeria."* (A Global Dialogue on Federalism 2, 2006) 207.

⁹³ Richards, Edward . *"Dangerous people, unsafe conditions: The constitutional basis for public health surveillance."* (2009) 30(1) The Journal of Legal Medicine 27

⁹⁴ Jeetu Kanwar. *"Right to Privacy: Constitutional Rights and Private Laws."* (New Radical Approach in Interdisciplinary Research)

⁹⁵ Ibid

⁹⁶ Ibid

public safety, public order, public morality or public health; or for the purpose of protecting the rights and freedom of other persons⁹⁷.”

This provision allows for a lawful balance between individual privacy and collective safety. In the event of a disease outbreak or public health crisis, the government may impose limitations on the confidentiality of patient data to control the spread of disease, conduct contact tracing, or issue public warnings⁹⁹. For example, during the COVID-19 pandemic, health authorities were permitted to disclose limited health information in order to protect the larger population. However, such limitations must be reasonable, necessary, and proportionate. The courts in Nigeria have held that even when fundamental rights are limited, such limitations must not be excessive or arbitrary¹⁰⁰.

In *Medical and Dental Practitioners Disciplinary Tribunal v. Okonkwo* (2001) 7 NWLR (Pt. 711) 206, the Supreme Court affirmed the principle that constitutional rights, including the right to dignity and personal decision-making, must be respected except in clear cases of overriding public interest¹⁰¹. It is also important to note that the Nigerian Constitution lacks specific and detailed provisions on how medical confidentiality should be maintained or how it may be lawfully breached¹⁰². Therefore, while the Constitution provides the foundation for protecting privacy and public health, it leaves the operational details to subsidiary legislation such as the National Health Act 2014 and Nigeria Data Protection Act 2023. Furthermore, the enforcement of constitutional

⁹⁷ Section 45 of the CFRN

⁹⁸ Ibid

⁹⁹ Ibid

¹⁰⁰ Nwafor, Anthony. "Enforcing Fundamental Rights in Nigerian Courts—Processes and Challenges." (2009) 3(1) African Journal of Legal Studies 5.

¹⁰¹ Erin Daly. *Dignity rights: Courts, constitutions, and the worth of the human person*. (University of Pennsylvania Press, 2020)

¹⁰² Ibid

rights in Nigeria remains weak due to limited public awareness, bureaucratic challenges, and institutional delays. Many patients are unaware of their rights under Section 37, and few healthcare providers receive regular training on constitutional obligations. This has led to frequent violations of confidentiality, especially in public hospitals where infrastructural challenges hinder private consultations. The Constitution of Nigeria plays a dual role in protecting medical confidentiality and permitting necessary intrusions in the interest of public health¹⁰³. While it provides a strong legal basis for privacy, there is a need for more precise legislation and effective enforcement to ensure that both individual rights and public health goals are properly balanced¹⁰⁴. Only by strengthening constitutional awareness and complementing it with specific health laws can Nigeria build a healthcare system that is both lawful and ethical.

3.1.2 National Health Act of 2014

The National Health Act 2014 (NHA) is one of Nigeria's most significant legislative efforts to regulate the health sector¹⁰⁵. It provides a legal framework for the management of the Nigerian health system and clearly outlines the rights and duties of healthcare providers and patients. Section 26, which provides that all information concerning a user's health status, treatment, or stay in a health establishment is confidential¹⁰⁶. It further states that no person may disclose such information unless:

1. The user gives written consent.

¹⁰³ Mariah Ilodigwe , and Chidinma Stella Nwakoby. "Confidentiality in health care-reflecting on the rights of covid 19 patients." (2021) 1(2) De JURISCOPE LAW JOURNAL (2021).

¹⁰⁴ Ibid

¹⁰⁵ Enabulele, Osahon, and Joan Emien Enabulele "Nigeria's National Health Act: An assessment of health professionals' knowledge and perception." (2016) 57(5) Nigerian Medical Journal 260.

¹⁰⁶ National Health Act 2014

2. A court orders such disclosure.
3. Disclosure is made to another health care provider for further treatment.
4. The information is disclosed in the public interest.

This section reinforces the ethical and legal duty of confidentiality which medical practitioners owe to patients¹⁰⁷. The Act aligns with the Constitution of the Federal Republic of Nigeria, 1999 (as amended), particularly Section 37, which protects the privacy of individuals. However, the NHA provides more specific operational guidance on how medical confidentiality should be maintained and the exceptions that may apply¹⁰⁸.

Importantly, the Act strikes a balance between individual privacy rights and public health needs. Under Section 27, the law permits the release of health information when non-disclosure poses a serious threat to public health. For instance, if a patient is diagnosed with a highly contagious disease such as Ebola or COVID-19, health authorities are permitted to notify contacts and take public health measures, even without the patient's consent. This balancing approach is consistent with the ruling in *Medical and Dental Practitioners Disciplinary Tribunal v. Dr. John Emewulu Nicholas Okonkwo* (2001) 7 NWLR (Pt. 711) 206, where the Supreme Court of Nigeria recognized that although patients have a right to bodily autonomy and confidentiality, such rights may be limited in cases of overriding public interest¹⁰⁹. In that case, the court held that where the safety of the public is at stake, such as during epidemics or pandemics, the government may interfere with individual rights within lawful limits. *Minister of Health & Ors v. Mdare*¹¹⁰. In this case, the Court

¹⁰⁷ Ibid

¹⁰⁸ Nnamuchi, Obiajulu. "Securing the Right to Health in Nigeria under the Framework of the National Health Act." (2018) 37 Med. & L. 477.

¹⁰⁹ Kaase Fyanka, and Caroline Mbafan Ekpendu. "An Assessment of the Right to Privacy and Confidentiality of Patients in the Context of Medical Negligence, Error and Malpractice in Nigeria." (2023) 7 AJLHR 1.

¹¹⁰ (2020) LPELR-51793 (CA),

of Appeal affirmed that healthcare rights, including access to information and dignity, are enforceable rights under Nigerian law. Although confidentiality was not the central issue in that case, it underscored the legal status of patients' rights in the healthcare system. The Act also emphasizes the need for healthcare providers to train staff and develop internal policies to protect confidentiality¹¹¹.

Unfortunately, in practice, enforcement remains weak due to lack of awareness, limited institutional capacity, and sometimes disregard for the law¹¹². Breaches of confidentiality are frequently reported in public hospitals, especially where overcrowded wards or lack of private consultation rooms compromise patient privacy¹¹³. Moreover, some healthcare workers are unaware of the exact legal boundaries for disclosure. For example, disclosures to the media or unauthorized third parties, even when well-intentioned, may violate the NHA. There is a growing need for institutional training and compliance monitoring in line with Section 29 of the Act, which empowers regulatory bodies to enforce these provisions. The National Health Act 2014 is a robust legal instrument for managing confidentiality in Nigeria's health system. It complements constitutional protections while offering practical guidelines for health workers¹¹⁴. By permitting limited disclosures for public health while firmly protecting personal data, the Act reflects a balanced and ethical approach. However, for it to be fully effective, there must be consistent judicial enforcement, institutional compliance, and public awareness of its provisions.

¹¹¹ Gostin, Lawrence. "National health information privacy: regulations under the Health Insurance Portability and Accountability Act." (2001) 285(23) *Jama* 3015.

¹¹² *Ibid*

¹¹³ Ayesha Humayun, Noor Fatima, Shahid Naqqash, Salwa Hussain, Almas Rasheed, Huma Imtiaz, and Sardar Zakariya Imam. "Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore." (2008) 9(1) *BMC medical ethics* 2.

¹¹⁴ *Ibid*

3.1.3 Medical and Dental Practitioners Act of 2004

The Medical and Dental Practitioners Act Cap M8, Laws of the Federation of Nigeria 2004 (hereafter referred to as the MDPA) is the principal legislation governing the registration, regulation, and discipline of medical and dental practitioners in Nigeria¹¹⁵. The Act also empowers the Medical and Dental Council of Nigeria to set and enforce professional standards, including rules relating to medical ethics, confidentiality, and conduct in public health settings. One of the ethical obligations imposed by the MDPA is the duty of confidentiality, which is considered a core part of medical professionalism¹¹⁶. Although the Act itself does not expressly define “confidentiality,” it provides the MDCN with the authority to publish and enforce a Code of Medical Ethics, which clearly outlines the duties of practitioners in handling patient information¹¹⁷. Under the Rules of Professional Conduct for Medical and Dental Practitioners, any unauthorized disclosure of patient information is considered professional misconduct¹¹⁸. According to Rule 44 of the 2008 Code of Medical Ethics in Nigeria, a doctor must not disclose any information obtained in confidence from a patient except:

With the patient’s consent, In compliance with a court order, When required by law or in the interest of public health, To protect the health of a third party. This ethical framework directly supports the legal and moral duty of maintaining patient confidentiality. At the same time, it recognizes that confidentiality is not absolute, especially when non-disclosure poses a serious risk

¹¹⁵ Criminal Code, and P8 Cap. "*Laws of the Federation of Nigeria (2004)*." (Official Gazette of the Federal Republic of Nigeria, Lagos: The Federal Government Printer 2012).

¹¹⁶ Ibid

¹¹⁷ Paul Snelling, and Oliver Quick. "*Confidentiality and public interest disclosure: A framework to evaluate UK healthcare professional regulatory guidance*." (2022) 22(1) Medical Law International 3.

¹¹⁸ Ibid

to others or the public. For example, during a disease outbreak like Lassa fever or COVID-19, a practitioner may be justified in disclosing a patient's status to health authorities without consent, provided the disclosure is necessary and lawful. The disciplinary powers of the Medical and Dental Council under the MDPA have been upheld by Nigerian courts in several cases. In *Medical and Dental Practitioners Disciplinary Tribunal v. Dr. Okonkwo*, where the Supreme Court addressed the boundary between a doctor's professional duty and the patient's autonomy¹¹⁹. While the central issue was not confidentiality, the case reinforced the principle that patient rights, including privacy and informed consent, must be respected, and that professional bodies have the mandate to discipline practitioners who violate ethical rules¹²⁰.

Another relevant case is *Medical and Dental Practitioners Disciplinary Tribunal v. Dr. Nwachukwu*, where the Court of Appeal affirmed the MDCN's powers to discipline practitioners who breached ethical standards¹²¹. Although the case focused on negligence, it confirmed that ethical violations including breaches of confidentiality fall within the disciplinary jurisdiction of the Council under the MDPA. In public health emergencies, where the need for information disclosure becomes urgent, the MDPA provides a supportive legal framework for balancing patient privacy with broader health needs¹²². The MDCN, through its ethical rules, encourages cautious and lawful disclosure, ensuring that practitioners are not punished for acting in the public interest, provided such action is in line with existing legal provisions and professional guidelines. Despite its strengths, the practical application of the MDPA faces several challenges. Many healthcare

¹¹⁹ (2001) 7 NWLR (Pt. 711) 206,

¹²⁰ Weintraub Brendel, Rebecca. *"An approach to selected legal issues: confidentiality, mandatory reporting, abuse and neglect, informed consent, capacity decisions, boundary issues, and malpractice claims."* (2010) 94(6) *Medical Clinics* 1229.

¹²¹ (2014) LPELR-22035 (CA),

¹²² *Ibid*

practitioners are not fully aware of the limits and exceptions to confidentiality. The disciplinary process is often slow, underfunded, or inaccessible to patients who suffer from confidentiality breaches. The absence of detailed procedural rules for investigating and sanctioning confidentiality violations has weakened enforcement¹²³. Moreover, the MDPA does not explicitly address data protection and digital confidentiality, which are becoming more relevant in today's healthcare delivery. Issues related to electronic medical records, telemedicine, and third-party data processors are largely unregulated under the current framework¹²⁴. The Medical and Dental Practitioners Act 2004 provides a foundational legal and ethical framework for promoting confidentiality and responsible disclosure in Nigerian healthcare¹²⁵. It empowers the Medical and Dental Council to enforce professional conduct, discipline erring practitioners, and issue guidance on confidentiality during public health crises¹²⁶.

3.1.4 The Nigerian Data Protection Act of 2023

The Nigerian Data Protection Act (NDPA) of 2023 is a significant advancement in the country's legal framework for safeguarding personal data, including sensitive health information. The Act was enacted to ensure the protection of personal data, promote the right to privacy, and regulate the processing of personal data by both public and private entities¹²⁷. Within the context of confidentiality and public health, the NDPA offers a modern legal foundation for managing patient information, balancing individual rights with public health imperatives. Under Section 2 of the NDPA, "personal data" includes any information relating to an identified or identifiable natural

¹²³ Ibid

¹²⁴ Grimson, Jane. "Delivering the electronic healthcare record for the 21st century." (2001) 64(2-3) International journal of medical informatics 111.

¹²⁵ Olabanjo, Ayenakin, Temidayo Akindejoye, and Itunu Kolade-Faseyi. "Examination of the legal and institutional frameworks of medical law in Nigeria." (2021) 9(6) Global Journal of Politics and Law Research 12-24.

¹²⁶ Ibid

¹²⁷ Nigerian Data Protection Act (NDPA) of 2023

person, and “sensitive personal data” explicitly includes data relating to an individual’s health status, biometric data, and genetic information¹²⁸. This recognition is vital in the healthcare sector, where health records and medical histories must be handled with the highest level of discretion.

The NDPA is still relatively new, and few court decisions have interpreted its provisions directly, the principles it enshrines align with evolving jurisprudence on privacy and confidentiality. For instance, in the case of *Medical and Dental Practitioners Disciplinary Tribunal v. Dr. Okonkwo*, the Supreme Court of Nigeria affirmed that patient autonomy and rights must be respected by medical practitioners¹²⁹. While this case predated the NDPA, it provides a foundation for interpreting data protection rights in the healthcare context. Additionally, in *Emerging Markets Telecommunication Services Ltd. v. Eyo*, the Court of Appeal underscored the importance of protecting personal data and held that unauthorized disclosure of private information may constitute a breach of constitutional rights under Section 37 of the 1999 Constitution (as amended), which guarantees the right to privacy¹³⁰. The NDPA is particularly relevant in situations like epidemics or pandemics where government agencies need access to personal health data to contain the spread of diseases. The Act allows such access but imposes strict safeguards to prevent abuse. For example, health data collected for contact tracing during COVID-19 must be used only for that purpose and must be deleted once no longer needed¹³¹. Furthermore, the NDPA mandates Data Protection Impact Assessments (DPIAs) in cases of high-risk processing, such as biometric surveillance or electronic health data sharing¹³².

¹²⁸ Ibid

¹²⁹ (2001) 7 NWLR (Pt. 711) 206

¹³⁰ (2020) LPELR-49385(CA),

¹³¹ The Nigerian Data Protection Act of 2023

¹³² Ibid

3.1.5 HIV Anti-Discrimination Act of 2014

The HIV and AIDS (Anti-Discrimination) Act of 2014 represents an important step in Nigeria's legal efforts to protect the rights and dignity of persons living with HIV and AIDS¹³³. The law is designed to prohibit all forms of discrimination based on HIV status while also safeguarding the confidentiality of medical information¹³⁴. As such, the Act is an important legal framework that addresses the sensitive balance between individual rights and public health in Nigeria. One of the main concerns of this Act is the confidentiality of a person's HIV status. Under Section 14(1), it is clearly stated that no individual or institution may disclose the HIV status of another person without that person's written consent¹³⁵. However, the law recognizes certain exceptions to this rule. For example, disclosure may be allowed where it is ordered by a court, required by law, necessary to protect the health of another person, or if the individual in question has already made their status known to the person disclosing the information¹³⁶. These conditions are carefully designed to protect personal privacy while also allowing limited disclosures where public safety or legal requirements justify it. The Act also insists on informed consent before HIV testing can be carried out. It specifically prohibits compulsory HIV testing except under particular circumstances, such as court orders, medical emergencies, organ donations, or approved research projects¹³⁷. This aligns with international human rights principles and strengthens trust between

¹³³ Onyemelukwe, Cheluchi. "Discrimination on the basis of HIV status: an analysis of recent developments in Nigerian Law and Jurisprudence." (2017) 17(3) International Journal of Discrimination and the Law 160.

¹³⁴ Ibid

¹³⁵ HIV Anti-Discrimination Act of 2014

¹³⁶ Ibid

¹³⁷ Frith, Lucy. "HIV testing and informed consent." (2005) 31(12) Journal of Medical Ethics 699.

patients and healthcare providers. Medical professionals and health institutions are also bound by this Act.

They are expected to handle HIV-related information with the highest level of confidentiality¹³⁸. The law requires that medical records be kept secure and that only authorized personnel should access such records¹³⁹. Where confidentiality is breached, medical practitioners may face disciplinary action, civil liability, or even criminal penalties under the Act. These legal safeguards ensure that people living with HIV can access healthcare services without fear of exposure or stigma. In terms of public health, the Act recognizes that certain situations may require disclosure of HIV status for the protection of others. For example, if a person living with HIV refuses to inform a partner who is at risk, a medical practitioner, after proper counselling and following legal guidelines, may disclose the patient's status to the at-risk individual¹⁴⁰. This helps to prevent the spread of the virus while still maintaining the patient's dignity and legal rights as far as possible¹⁴¹.

Although Nigerian courts have not had many cases directly interpreting this specific Act, related decisions have helped shape the understanding of medical confidentiality in general. A notable example is the case of *Medical and Dental Practitioners Disciplinary Tribunal v. Dr. Okonkwo*¹⁴². In this case, the Supreme Court affirmed that a patient has the right to privacy, and medical practitioners must respect this unless it is overridden by the law or public interest. Similarly, in *Godwin Udom v. Nigerian Navy*, the Court of Appeal stated that an individual's medical information must be handled with care and respect, and that discrimination based on health status

¹³⁸ Cohen, Jonathan, and Tamar Ezer. *"Human rights in patient care: a theoretical and practice framework."* (2013) 15 Health & Hum. Rts. 7.

¹³⁹ Ibid

¹⁴⁰ Samantha Ryan, and Matt Phillips. *"HIV Disclosure—Professional Body Guidelines, the Law and the Boundaries of Medical Advice."* (2021) 29(2) Medical Law Review 284.

¹⁴¹ Ibid

¹⁴² (2001) 7 NWLR (Pt. 711) 206

is unlawful¹⁴³. The HIV and AIDS (Anti-Discrimination) Act of 2014 provides a strong legal foundation for the protection of individual confidentiality and the promotion of public health¹⁴⁴. It ensures that people living with HIV are not only protected from discrimination but are also given legal assurance that their medical information will remain confidential unless a valid public health or legal reason exists for disclosure¹⁴⁵. This legal approach encourages people to seek testing and treatment, which is vital for controlling the spread of HIV in Nigeria¹⁴⁶.

3.1.6 The International Covenant on Civil and Political Rights

The International Covenant on Civil and Political Rights (ICCPR) is one of the most important global human rights instruments and plays a significant role in shaping legal norms around confidentiality and public health in Nigeria¹⁴⁷. Although it is an international treaty, Nigeria is a signatory to the ICCPR, having ratified it in 1993. By virtue of Section 19 of the Nigerian Constitution, and following the dualist approach to international law, treaties ratified by Nigeria can influence national legislation and legal reasoning, especially on human rights matters¹⁴⁸. The ICCPR recognizes the right to privacy under Article 17, which states that “no one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence.” This provision has been interpreted to include the confidentiality of personal medical information, including an individual's health status. In the context of public health, this implies that individuals

¹⁴³ (2020) LPELR-51251(CA),

¹⁴⁴ Eba, Patrick. *"HIV-specific legislation in sub-Saharan Africa: a comprehensive human rights analysis."* (2015) 15(2) African Human Rights Law Journal 224.

¹⁴⁵ Gostin, Lawrence, and David Webber. *"HIV infection and AIDS in the public health and health care systems: the role of law and litigation."* (1998) 279(14) JAMA 1108.

¹⁴⁶ Ibid

¹⁴⁷ Okolie Worluh, Nkechinyere Huomachi, and Joseph-Asoh Chukwudemebi Okoye. *"Legal and Institutional Frameworks for Human Rights Protection in Nigeria: challenges and pathways to effective enforcement."* (2024) 1(2) Fountain University Law Journal 200.

¹⁴⁸ Etinagbedia, Goodluck. *"Politics and International Human Right Law within the Nigeria State."* (2023) 3(2) International Journal of Public Administration Studies 75.

must be protected from involuntary disclosure of their health conditions unless the disclosure is justified, lawful, and necessary for a legitimate public interest¹⁴⁹.

Furthermore, Article 6 of the Covenant recognizes the right to life, and Article 9 guarantees the right to security of person¹⁵⁰. These rights collectively suggest that public health policies must aim to protect life and ensure the physical security of individuals. However, the enjoyment of these rights must be balanced with the State's responsibility to protect the wider population, especially in times of public health emergencies such as epidemics or pandemics. In applying the ICCPR within the Nigerian legal system, the courts may look to international jurisprudence for guidance¹⁵¹. Although there is no direct Nigerian Supreme Court case citing the ICCPR in relation to medical confidentiality, Nigerian courts have made reference to international treaties in interpreting constitutional rights.

For example, in the case of *Abacha v. Fawehinmi*, the Supreme Court held that ratified international treaties can influence domestic law and can be relied upon in interpreting human rights provisions in the Constitution¹⁵². In matters of public health, the ICCPR allows for limited and lawful interference with personal privacy. According to Article 4, during a public emergency that threatens the life of the nation, States may derogate from certain obligations under the Covenant. However, such derogations must be strictly necessary, proportionate, non-discriminatory, and consistent with other international obligations. This provides guidance to Nigerian lawmakers and courts when dealing with confidentiality breaches during outbreaks of

¹⁴⁹ Ibid

¹⁵⁰ Sarah Joseph. "Extending the right to life under the International Covenant on Civil and Political Rights: General Comment 36." (2019) 19(2) Human Rights Law Review 347.

¹⁵¹ Ibid

¹⁵² (2000) 6 NWLR (Pt. 660) 228

contagious diseases like HIV/AIDS, Ebola, or COVID-19. For instance, in a situation where a medical professional discloses a patient's communicable disease status to protect others from infection, such disclosure may be deemed lawful and proportionate under the ICCPR, provided it complies with national law and respects the minimum standards of human dignity. Nigerian health laws, including the HIV and AIDS (Anti-Discrimination) Act and National Health Act, reflect these principles by allowing conditional disclosures under strict safeguards. The Human Rights Committee, which monitors the implementation of the ICCPR, has also issued General Comments clarifying that any interference with privacy must be backed by law, pursue a legitimate aim (such as public health), and be necessary in a democratic society. These interpretations serve as persuasive authorities in Nigerian courts and legal scholarship, especially when dealing with ethical dilemmas in public health policy. The ICCPR contributes significantly to the legal framework for confidentiality and public health in Nigeria¹⁵³. It sets international standards that uphold the dignity, autonomy, and privacy of individuals while allowing necessary exceptions in the interest of public health. Nigerian legal instruments and judicial reasoning are increasingly aligned with these international norms, reinforcing the need to protect patient confidentiality even in times of public health crises, unless a higher legal justification exists¹⁵⁴.

¹⁵³ Sadiq Abdulazeez *"Rights of healthcare personnel under the Nigerian law."* (2022) 8(1) IMAN MEDICAL JOURNAL.

¹⁵⁴ Ibid

3.2 Institutional Framework

3.2.1 Federal Ministry of Health

The Federal Ministry of Health (FMOH) is the principal government agency responsible for formulating, implementing, and coordinating policies related to healthcare in Nigeria. It was established by the Ministry of Health Act, Cap. M2, Laws of the Federation of Nigeria, 2004, the Ministry plays a role in overseeing the health system, ensuring that public health objectives are met, while also safeguarding the confidentiality and privacy of individuals within the healthcare system¹⁵⁵. The Ministry of Health Act provides the legal basis for the establishment of the FMOH and states its powers and responsibilities. Section 1 of the Ministry of Health Act grants the Federal Government the authority to establish the Ministry as the leading body in healthcare policy formulation, which includes oversight of healthcare providers, facilities, and the regulation of health practices across Nigeria¹⁵⁶. It also empowers the Ministry to act in areas such as disease prevention, health promotion, and ensuring equitable access to healthcare services for all Nigerians¹⁵⁷.

In the confidentiality and public health, the FMOH's role is multifaceted. The Ministry ensures that healthcare professionals and institutions adhere to established ethical standards regarding the confidentiality of patient information. This is critical for building trust between healthcare providers and patients, as medical confidentiality is a cornerstone of the therapeutic relationship. The protection of patient privacy is guided by both national legislation, such as the National Health

¹⁵⁵ Kevin Croke, and Osondu Ogbuoji. "Health reform in Nigeria: the politics of primary health care and universal health coverage." (2024) 39(1) Health Policy and Planning 22.

¹⁵⁶ Solanki, Cornell "The role of the Minister of Health in the National Health Insurance Bill: Challenges and options for the Portfolio Committee on Health." (2022) 112(5) SAMJ: South African Medical Journal 317.

¹⁵⁷ Ibid

Act of 2014, and international human rights principles, including the International Covenant on Civil and Political Rights (ICCPR), which Nigeria has ratified¹⁵⁸.

The National Health Act of 2014, in Section 5, lays down the legal framework for confidentiality within the Nigerian healthcare system¹⁵⁹. It mandates that healthcare providers maintain the confidentiality of patient information, subject to specific exceptions such as when disclosure is necessary to protect public health or prevent harm¹⁶⁰. This aligns with the FMOH's responsibility to strike a balance between ensuring individual rights to privacy and addressing public health concerns. For example, during public health emergencies such as disease outbreaks, the FMOH may authorize the disclosure of certain patient information to prevent the spread of diseases, while still adhering to the requirements of confidentiality¹⁶¹.

The FMOH is also tasked with enforcing regulations concerning health data management, ensuring that all health records are securely maintained and shared only when necessary¹⁶². The Ministry works closely with agencies such as the National Health Insurance Scheme (NHIS) and Nigerian Medical Association (NMA) to implement national health policies that protect the confidentiality of patient records and data. In the face of emerging public health threats, the FMOH has been instrumental in managing public health crises, such as the HIV/AIDS epidemic, the Ebola outbreak, and the COVID-19 pandemic¹⁶³. During such crises, the Ministry is responsible for

¹⁵⁸ Aliyu Ibrahim. "Bridging the international gap: the role of national human rights institutions in the implementation of human rights treaties in Africa." (2018) 39(3) *Obiter* 701.

¹⁵⁹ Iyioha, Irehobhude, and Remigius Nwabueze, eds. *Comparative health law and policy: critical perspectives on Nigerian and global health law*. (Ashgate Publishing Ltd., 2015).

¹⁶⁰ *Ibid*

¹⁶¹ *Ibid*

¹⁶² Adetona Adio, Rasaan, Muyiwa Adeleke Amin, and Adebayo Olayiwola Ogunniran.. "Administration of Health Records/Information Practitioners of Nigeria: Requirements, Implementations, Prospects and Challenges of Health Records Officers' Act." (Library Philosophy and Practice 2019) 5.

¹⁶³ *Ibid*

coordinating the national response and ensuring that necessary public health measures are implemented.

However, the FMOH also ensures that individuals' rights to confidentiality are respected even during these emergencies, following the legal frameworks set out by the National Health Act and the HIV and AIDS (Anti-Discrimination) Act of 2014, which prohibits discrimination based on health status. For example, during the HIV/AIDS crisis, the FMOH, through the National Agency for the Control of AIDS (NACA), developed guidelines to ensure that healthcare providers uphold the confidentiality of individuals living with HIV while also implementing public health initiatives aimed at reducing the transmission of the virus¹⁶⁴. The HIV and AIDS (Anti-Discrimination) Act of 2014 protects individuals' confidentiality rights, ensuring that their HIV status is disclosed only with their consent unless legally required otherwise. Moreover, the FMOH plays a significant role in developing policies for health information systems that include electronic health records (EHRs). As Nigeria continues to embrace digital health technologies, the Ministry is guiding the development of national standards for managing electronic health data securely¹⁶⁵. These standards ensure that healthcare providers adhere to strict protocols for patient data privacy and confidentiality, especially in a rapidly digitizing healthcare environment¹⁶⁶. In area of the legal enforcement of confidentiality, the FMOH collaborates with other regulatory bodies, such as the Medical and Dental Council of Nigeria (MDCN) and the Pharmaceutical Council of Nigeria

¹⁶⁴ Ibid

¹⁶⁵ Ibeneme, Sunny. "Strengthening capacities among digital health leaders for the development and implementation of national digital health programs in Nigeria." (BMC proceedings. Vol. 14. BioMed Central, 2020).

¹⁶⁶ Ibid

(PCN), to ensure that healthcare professionals are held accountable for breaches of patient confidentiality¹⁶⁷.

These bodies have the power to discipline healthcare workers who violate confidentiality laws, thereby reinforcing the Ministry's commitment to safeguarding patient privacy¹⁶⁸. However, despite these frameworks, the FMOH faces several challenges in enforcing confidentiality in the Nigerian healthcare system. These challenges include insufficient infrastructure to support the secure handling of electronic health records, limited training for healthcare providers on ethical issues related to confidentiality, and the difficulty of maintaining patient privacy in rural areas with limited access to healthcare facilities. The Ministry continues to advocate for stronger enforcement of data protection laws and greater investment in healthcare infrastructure to overcome these challenges. The Federal Ministry of Health serves as a crucial institutional framework for regulating confidentiality and ensuring public health in Nigeria¹⁶⁹. By establishing policies, coordinating health interventions, and overseeing the ethical standards of healthcare providers, the Ministry ensures that the health system respects individuals' privacy while promoting public health initiatives. The legal and institutional frameworks that the Ministry enforces, particularly the National Health Act of 2014¹⁷⁰ and the HIV and AIDS (Anti-Discrimination) Act of 2014, provide a strong foundation for maintaining the delicate balance between confidentiality and public health safety in Nigeria.

¹⁶⁷ Okeoma, Okoye Chioma. "Negligence of medical personnel in Nigeria a human right discuss." (2024) 4(06) The Journal of Social Sciences Studies and Research 218.

¹⁶⁸ Gotah, Eric. "Practices and systems employed by health professionals toward protection and confidentiality of patient health records in Ghana." (2024) 13(5) Health Policy and Technology 00933.

¹⁶⁹ Ibid

¹⁷⁰ Ibid

3.2.2 Medical and Dental Council of Nigeria

The Medical and Dental Council of Nigeria (MDCN) is an institution in Nigeria's healthcare system, responsible for regulating medical and dental practices. It was established by the Medical and Dental Practitioners Act, Cap. M8, Laws of the Federation of Nigeria, 2004, the MDCN plays an essential role in safeguarding both patient confidentiality and public health, ensuring that medical practitioners adhere to high ethical standards¹⁷¹.

The MDCN was established by Section 1 of the Medical and Dental Practitioners Act, which provides the legal foundation for its creation and functions¹⁷². The Act grants the Council the authority to regulate and set the standards for the practice of medicine and dentistry in Nigeria. This includes overseeing the registration of medical professionals, the accreditation of medical schools, and ensuring that healthcare professionals practice in accordance with ethical principles and national laws. Section 2 of the Act also outlines the Council's role in ensuring the ethical conduct of medical and dental practitioners, including their duty to maintain patient confidentiality¹⁷³. These responsibilities make the MDCN an indispensable regulatory body in addressing issues related to patient privacy and the broader implications for public health. The core function of the MDCN includes maintaining the confidentiality of patient information, which is a fundamental aspect of the ethical practice of medicine and dentistry¹⁷⁴. The Medical and Dental Practitioners Act, particularly in Section 6, requires medical practitioners to maintain

¹⁷¹ Odunsi, Babafemi. "Medical Negligence and Its Litigation in Nigeria." (Beijing L. Rev. 14 2023) 1090.

¹⁷² Devlin, Michael. "The Role of Medical Defense Organizations." (Forensic and Legal Medicine. CRC Press, 2023)53.

¹⁷³ Omonisi Adesina Emmanuel. "Contemporary ethicolegal issues in medical practice in Nigeria-the role of Medical and Dental." (2022) 4(1) Nigerian Stethoscope .

¹⁷⁴ Gyoh Stephen Kwasi. "Ethics of the Medical Profession." (2023) 1(1) Journal of Medical Standards and Ethics 3.

confidentiality in all matters relating to their patients' health, unless there is an explicit consent from the patient for disclosure, or when disclosure is required by law¹⁷⁵.

The Code of Medical Ethics in Nigeria, which is issued by the MDCN, provides further guidance on maintaining confidentiality¹⁷⁶. It clearly states that medical practitioners are obliged to keep patient information private and confidential, except in cases where disclosure is necessary to protect public health or when legally mandated. These provisions help ensure that the sanctity of the doctor-patient relationship is upheld, fostering trust and confidence in the healthcare system. While confidentiality is a core ethical principle, the MDCN recognizes that there are instances where the need to protect public health may require the disclosure of patient information. For example, in cases involving communicable diseases such as HIV/AIDS, tuberculosis, or Ebola, public health considerations may override the principle of confidentiality¹⁷⁷. In such situations, healthcare practitioners are required to report certain health information to relevant authorities to prevent the spread of diseases and protect the broader population. Section 22 of the Medical and Dental Practitioners Act empowers medical practitioners to disclose information in cases that are critical for public health safety¹⁷⁸. This section allows for the release of patient information to relevant health authorities, provided that the disclosure is made within the legal framework and with the least possible harm to patient privacy¹⁷⁹. The MDCN plays an essential role in guiding

¹⁷⁵ Ibid

¹⁷⁶ Ibid

¹⁷⁷ Ibid

¹⁷⁸ Taylor, Mark, "Legal bases for disclosing confidential patient information for public health: distinguishing between health protection and health improvement." (2015) 23(3) Medical law review 348.

¹⁷⁹ Ibid

healthcare providers on how to balance the duty of confidentiality with the responsibility to safeguard public health¹⁸⁰.

The MDCN is not only tasked with setting ethical standards but also with enforcing them. The Council has the power to discipline practitioners who breach ethical guidelines, including those related to patient confidentiality¹⁸¹. Medical professionals found guilty of violating confidentiality may face penalties such as suspension or even revocation of their license to practice¹⁸². This disciplinary power is crucial in maintaining the integrity of the medical profession and ensuring that healthcare providers uphold patient rights. In addition to direct oversight, the MDCN provides continuous professional education and training to medical practitioners, emphasizing the importance of maintaining confidentiality in the digital age. This includes addressing issues related to the security of electronic health records and the potential risks of data breaches in medical practice¹⁸³. The MDCN works closely with other health-related bodies in Nigeria to ensure that patient confidentiality is protected while advancing public health goals. For instance, the Council collaborates with agencies like the National Agency for the Control of AIDS (NACA) and the National Health Insurance Scheme (NHIS) to develop protocols for handling sensitive patient information, particularly in the context of infectious diseases. The MDCN is also involved in shaping national health policies related to telemedicine and electronic health records (EHRs)¹⁸⁴. As digital technologies become increasingly integral to healthcare delivery, the MDCN ensures that confidentiality remains a top priority. The Council provides guidance on best practices for

¹⁸⁰ Ibid

¹⁸¹ Ibid

¹⁸² Dickens, Bernard , and Rebecca Cook. "Law and ethics in conflict over confidentiality." (2000) 70(3) International Journal of Gynecology & Obstetrics 385.

¹⁸³ Ibid

¹⁸⁴ Ibid

managing digital health data, ensuring that both healthcare providers and patients are aware of their rights and responsibilities regarding privacy.

The Medical and Dental Council of Nigeria (MDCN) is an essential institutional framework for regulating the practice of medicine and dentistry in Nigeria¹⁸⁵. Established by the Medical and Dental Practitioners Act, the MDCN is responsible for ensuring that medical professionals adhere to ethical standards, particularly with respect to patient confidentiality. The MDCN also plays a vital role in balancing the principle of confidentiality with the need for public health protection, especially in the face of infectious disease outbreaks. Through its oversight functions, collaboration with other health bodies, and enforcement of ethical guidelines, the MDCN remains a critical institution in ensuring that the medical profession operates in the best interest of both patients and the public.

3.2.3 Medical and Dental Practitioners Disciplinary Tribunal

The Medical and Dental Practitioners Disciplinary Tribunal (MDPDT) is an institution within Nigeria's healthcare system that plays a crucial role in maintaining ethical standards, including the protection of patient confidentiality, while safeguarding public health¹⁸⁶. It was established under the Medical and Dental Practitioners Act (Cap M8, Laws of the Federation of Nigeria, 2004), the Tribunal provides a legal mechanism for addressing breaches of ethical conduct, including violations of patient confidentiality¹⁸⁷. The MDPDT was established by Section 13 of the Medical

¹⁸⁵ Omonis Adesina Emmanuel, "Contemporary ethicolegal issues in medical practice in Nigeria-the role of Medical and Dental." (2022) 4(1) Nigerian Stethoscope .

¹⁸⁶ Duruiheoma, Genevieve Chinyeaka. *The Victim-Patient's Search for Redress: Evaluating Responses to Patient Safety Incidents in Nigeria*. (Diss. 2025)

¹⁸⁷ Eze, Uzoamaka Gladys. "An Evaluation of the Legal Framework for the Protection of Users of Medical Services in Nigeria." (2019) 1 IRLJ 29.

and Dental Practitioners Act, which mandates its creation to ensure accountability within the medical profession¹⁸⁸.

The Tribunal is empowered to hear cases involving allegations of professional misconduct, including violations of ethical standards such as the breach of confidentiality, negligence, and unethical practices. It serves as a mechanism for enforcing discipline among medical and dental practitioners in Nigeria, ensuring that their conduct aligns with the standards set by the Medical and Dental Council of Nigeria (MDCN). Section 14 of the Medical and Dental Practitioners Act outlines the functions and powers of the Tribunal, which include investigating complaints, holding hearings, and issuing rulings on cases of professional misconduct¹⁸⁹. The Tribunal has the authority to impose disciplinary actions, including suspension, fines, or even the removal of a medical professional from the register, depending on the severity of the violation¹⁹⁰. Confidentiality is a fundamental principle in medical practice, and the Medical and Dental Practitioners Act places significant emphasis on the obligation of medical professionals to protect patient information. The MDPDT serves as an essential body for enforcing this ethical requirement. When a medical practitioner breaches patient confidentiality, whether intentionally or negligently, the MDPDT is empowered to investigate the matter and take appropriate disciplinary action¹⁹¹. For example, if a medical professional improperly discloses patient information without consent or fails to maintain privacy regarding sensitive medical conditions, the affected party (often a patient or a colleague) can file a complaint with the Tribunal.

¹⁸⁸ Devlin, Michael. *"The Role of Medical Defense Organizations."* (Forensic and Legal Medicine. CRC Press, 2023) 53.

¹⁸⁹ Medical and Dental Practitioners Act 2004

¹⁹⁰ Gareth Miller, J. *"The Disciplinary Jurisdiction of Professional Tribunals."* (1962) 25 Mod. L. Rev. 531.

¹⁹¹ Ibid

The MDPDT will then investigate the case, and if the practitioner is found guilty of violating confidentiality, they may face penalties such as suspension or removal from practice¹⁹². While confidentiality is paramount, there are situations where public health concerns may require the disclosure of private medical information. The MDPDT is tasked with ensuring that any breach of confidentiality is balanced with the overarching goal of public health safety¹⁹³. For example, in the case of infectious diseases, where reporting is critical to controlling the spread, the Tribunal ensures that medical professionals adhere to legal and ethical guidelines when disclosing patient information. The MDPDT may also be involved in cases where public health safety is at risk due to improper handling of patient information¹⁹⁴. In instances where a medical professional's actions compromise the well-being of the public such as failing to report a communicable disease or violating patient confidentiality in a manner that endangers others, the Tribunal has the authority to impose sanctions. These disciplinary actions help to maintain a balance between upholding patient rights and ensuring the safety of the broader population. The MDPDT is composed of members appointed by the President of the Federal Republic of Nigeria on the recommendation of the Medical and Dental Council of Nigeria (MDCN)¹⁹⁵. The Tribunal operates under the guidelines set by the Medical and Dental Practitioners Act and has the authority to investigate cases, hold hearings, and issue rulings on the professional conduct of medical and dental practitioners¹⁹⁶.

¹⁹² Liliane Field, and Gordon McDavid. *Professional Conduct—Medical Practitioners.* (Forensic and Legal Medicine. CRC Press, 2023) 34.

¹⁹³ Ibid

¹⁹⁴ Aeshah Alhammad, Maryati Mohd Yusof, Dian Indrayani Jambari. *Evaluating applied security controls for safeguarding medical device-integrated electronic medical records.* (2025) 31(1) *Journal of Evaluation in Clinical Practice* (2025).

¹⁹⁵ Gbenro, Victor. *Exploring the impact and roles strategic government leadership plays in adoption and use of eHealth in low resource countries: A case study of the medical and dental council of Nigeria as a professional health regulatory agency.* (Diss. 2018).

¹⁹⁶ Alice Selby, *Protecting the public and maintaining professional standards: A comparison of disciplinary tribunal action concerning legal and medical practitioners.* (2012).

Section 15 of the Medical and Dental Practitioners Act provides the legal framework for the Tribunal's procedures, emphasizing that the Tribunal shall be impartial and fair in its hearings. The decisions of the Tribunal can have far-reaching consequences for the medical professional involved, including suspension, a fine, or disbarment from practice¹⁹⁷. The Medical and Dental Practitioners Disciplinary Tribunal (MDPDT) is an essential institutional framework for ensuring that medical and dental practitioners in Nigeria adhere to ethical standards, particularly with regard to patient confidentiality. It was established by the Medical and Dental Practitioners Act, the Tribunal serves as a key mechanism for regulating the conduct of healthcare professionals, investigating complaints, and enforcing disciplinary actions. By upholding the principles of confidentiality and balancing them with public health needs¹⁹⁸.

3.2.4 Courts

The Court interprets, enforces, and protects legal rights in Nigeria, including the right to confidentiality and the responsibility of protecting public health¹⁹⁹. As an institution, the Court ensures that all parties, government bodies, health institutions, and individuals, act according to the law, especially when issues arise between a patient's right to privacy and the public's interest in health and safety²⁰⁰. The authority of the Court in Nigeria is derived from Section 6 of the 1999 Constitution of the Federal Republic of Nigeria (as amended)²⁰¹. This section provides for the

¹⁹⁷ Frederik Redelinghuys, Izak. *A preliminary investigative system to disciplinary inquiries of the Health Professions Council of South Africa, with specific reference to Maxillo-Facial and Oral Surgery*. (Diss. University of Pretoria, 2006).

¹⁹⁸ Ibid

¹⁹⁹ Nwafor, Gloria, and Anthony Nwafor. "The healthcare providers-patients relationship and state obligations in times of public health emergency." (2016) 9(4) African Journal of Legal Studies 268.

²⁰⁰ Ibid

²⁰¹ Suberu, Rotimi T. "The supreme court and federalism in Nigeria." (2008) 46(3) The Journal of Modern African Studies 451.

judicial powers of the federation and vests them in the various courts established by the Constitution, including the Supreme Court, Court of Appeal, Federal High Court, State High Courts, and others²⁰².

These courts have the power to hear and decide on cases involving breaches of confidentiality by medical practitioners, or where public health policies are challenged. The courts also play a role in interpreting relevant laws like the National Health Act, the Medical and Dental Practitioners Act, the Nigerian Data Protection Act, and other health-related regulation²⁰³. When a patient believes that their right to medical confidentiality has been violated, for example, if a doctor shares their private health information without consent, they can seek justice in the court. The court reviews the matter, considers the facts and evidence, and decides whether the action was legal or a breach of the patient's rights. The court also considers whether any exception to confidentiality applies, such as when a disease is contagious and must be reported for public safety. In such cases, the court ensures that the law is properly followed and that the disclosure was made in line with public health regulations²⁰⁴. In Nigeria, the courts are also responsible for striking a balance between confidentiality and public health. While confidentiality is important, the court may rule that certain information must be shared to prevent a public health crisis²⁰⁵. This can happen in cases involving serious infectious diseases like tuberculosis, HIV/AIDS, or COVID-19, where the law allows for limited disclosure to protect others. In such decisions, the court looks at whether the disclosure was necessary, lawful, and proportional²⁰⁶.

²⁰² Ibid

²⁰³ Irehobhude Iyioha, and Remigius Nwabueze,. *Comparative health law and policy: critical perspectives on Nigerian and global health law*. (Ashgate Publishing, Ltd., 2015).

²⁰⁴ Gostin, Lawrence. "The future of public health law." (1986) 12(3-4) American Journal of Law & Medicine 461.

²⁰⁵ Ibid

²⁰⁶ Carrow, Milton. "Governmental Nondisclosure in Judicial Proceedings." (1958) 107(2) University of Pennsylvania Law Review 166.

If it finds that the public's interest outweighs the individual's right to confidentiality, it may uphold the disclosure. However, if the disclosure was made carelessly or without legal backing, the court may declare it a violation of the patient's rights and award damages. The court also enforces penalties or remedies where a violation of confidentiality occurs²⁰⁷. This could include compensation for the affected patient or orders to stop further disclosure. If the case involves a medical professional, the court may refer the matter to the Medical and Dental Practitioners Disciplinary Tribunal for further action²⁰⁸. Additionally, the court can review policies and practices of health institutions to ensure they comply with the law. Through judicial review, the court has the power to declare certain policies unlawful if they go against constitutional rights or violate health regulations²⁰⁹.

3.2.5. The Nigerian Data Protection Commission

The Nigeria Data Protection Commission plays a critical role in the protection and regulation of personal data, safeguarding the privacy of Nigerian citizens and residents. Its formation and operationalisation under the Nigeria Data Protection Act 2023²¹⁰, signed into law on June 12, 2023, marks a significant milestone in the country's digital transformation, aligning with international and regional privacy standards, including the ECOWAS Supplementary Act on Personal Data Protection²¹¹. The Commission is tasked with overseeing the implementation of the NDP Act,

²⁰⁷ Lee Nelken, Melissa. "Sanctions Under Amended Federal Rule 11—Some "Chilling" Problems in the Struggle between Compensation and Punishment." (1986) 74 *Georgetown Law Journal* 1313.

²⁰⁸ Pepper, Stephen. "Counseling at the Limits of the Law: An Exercise in the Jurisprudence and Ethics of Lawyering." (1995) 104(7) *The Yale Law Journal* 1545.

²⁰⁹ Ibid

²¹⁰ S. 7(1)

²¹¹ NDPC, *Welcome to NDPC Leading Nigeria's Data Protection Journey*, 2025. Available at:

<https://ndpc.gov.ng/about-us/#:~:text=The%20Act%20established%20the%20Nigeria,the%20privacy%20of%20natural%20persons..> Last accessed 17 July 2025.

ensuring that data processing practices in Nigeria adhere to privacy standards that protect natural persons²¹². In this way, the NDPC serves as a fundamental mechanism for ensuring data security, particularly for sensitive personal information such as health data.

The mandate of the NDPC resonates deeply with the public health sector, where data privacy is paramount. Given that health data is inherently sensitive, its protection under the NDP Act aligns with the growing need to secure health records and medical information, ensuring that the personal data of patients is not misused or exposed to unauthorized access²¹³. A clear example of the NDPC's role in public health is the recent working visit of Prof Fatima Kyari, the Registrar/CEO of the Medical and Dental Council of Nigeria (MDCN), to the Commission²¹⁴. The MDCN maintains the register of medical practitioners in Nigeria and holds sensitive health data. Prof Kyari's visit underscored the critical importance of ensuring the security and confidentiality of such data. Any breach of privacy could have grave consequences, ranging from wrongful diagnoses to severe health risks, even leading to fatalities in extreme cases. In recognition of these threats, the NDPC and MDCN have formed a working group aimed at promoting data protection best practices within the health sector²¹⁵. The goal is to embed a culture of privacy and data security across all sectors of public health, ensuring that sensitive medical data is handled lawfully and ethically. Dr Vincent Olatunji, the National Commissioner/CEO of the NDPC, emphasized the significance of safeguarding sensitive data, noting the dire consequences that could arise from

²¹² S.9 NDP Act, 2023

²¹³ Cheluchi Onyemelukwe, and Dotun Bhadmus, 'Nigeria Data Protection Act 2023: Relevant Provisions for Health Care Delivery in Nigeria,' *Health Ethics and Law Consulting*, 2023. Available at: <https://healthlaw.com.ng/wp-content/uploads/2024/03/Nigeria-Data-Protection-Legislation-and-the-Health-Sector-1.pdf>. Last accessed 15 July 2025.

²¹⁴ NDPC, *NDPC, MDCN Partner to Secure Sensitive Health Records, Address National Security Risks*, 2025. Available at: <https://ndpc.gov.ng/ndpc-mdcn-partner-to-secure-sensitive-health-records-address-national-security-risks/#:~:text=In%20his%20response%2C%20Dr%20Olatunji,Understanding%20between%20the%20two%20organisations>. Last accessed 15 July 2025.

²¹⁵ Ibid.

mishandling health data²¹⁶. By working with the MDCN, the NDPC aims to strengthen the legal foundations of Nigeria's digital economy while ensuring the nation's compliance with international privacy standards.

²¹⁶ Ibid.

CHAPTER FOUR

ANALYSIS OF THE LEGAL ISSUES IN PATIENT'S HEALTH CONFIDENTIALITY AND PUBLIC HEALTH SAFETY

4.1 Balancing Confidentiality with Public Health Safety

Confidentiality is one of the most important values in medical practice. When patients visit hospitals or clinics, they expect that whatever they tell their doctor will remain private²¹⁷. This trust helps people feel safe and encourages them to seek treatment without fear of being judged or exposed²¹⁸. However, a problem arises when keeping a patient's health information secret could put other people at risk especially during public health emergencies like disease outbreaks. At this point, the question arises: Should a doctor protect one person's privacy, or should they speak out to protect the larger community. This situation creates a difficult balance between two important interests' individual confidentiality and public health safety. On the one hand, the law in Nigeria, such as Section 26 of the National Health Act 2014, clearly states that healthcare workers must not disclose patient information without the patient's permission²¹⁹.

On the other hand, the same law recognizes that there may be exceptions, especially when non-disclosure could lead to harm²²⁰. For example, imagine a patient who tests positive for a dangerous infectious disease like Lassa fever. If the patient refuses to inform their family members or refuses isolation, and the doctor says nothing, other people may become infected²²¹. In this case, the

²¹⁷ Pamela Sankar, Susan Mora, Jon F. Merz, and Nora L. Jones. "Patient perspectives of medical confidentiality: a review of the literature." (2003) 18(8) Journal of general internal medicine 659

²¹⁸ Gert Schout, Gideon De Jong, and Jacques Zeelen. "Establishing contact and gaining trust: An exploratory study of care avoidance." (2010) 66(2) Journal of Advanced Nursing 324

²¹⁹ Danuta Mendelson, Anne Rees, and Gabrielle Wolf. "Medical confidentiality and patient privacy." (2018).

²²⁰ MacMillan Catharine. "Contracts and equality: the dangers of non-disclosure agreements in English law." (2022) 18(2) European Review of Contract Law 127.

²²¹ Ibid

Doctor is faced with a moral and legal dilemma. If they keep silent, lives may be lost. If they speak up, they may be accused of breaking the rules of confidentiality. In many developed countries, laws have been made to guide doctors in such situations²²². In the United Kingdom, for instance, the Public Health (Control of Disease) Act 1984 allows disclosure of patient information when there is a public health threat²²³. In the United States, the HIPAA law permits health workers to share health information without the patient's consent if it is needed to control the spread of disease or protect public safety²²⁴. These legal systems provide clear direction for healthcare professionals, so they do not have to guess what is right or wrong during emergencies²²⁵. Sadly, the same cannot be said for Nigeria. Although some laws mention patient confidentiality, they do not give enough guidance on how to manage it during public health crises. This has caused confusion among healthcare workers. Some are afraid to disclose any information, even when it is necessary, because they fear being sued or punished. Others are unsure of how to report such issues, or who to report them to. To solve this problem, there is a need for clear legal and policy reform.

Nigerian laws should state in plain terms when, how, and why patient information can be shared to protect public health. Health professionals should also be trained on how to handle such situations legally and ethically. If this is done, doctors and nurses can feel more confident when dealing with difficult cases. They will know that the law supports them when they act in the best interest of the community²²⁶. Furthermore, the general public should be educated to understand that in some situations, sharing health information is not about punishment or shame, but about

²²² Carol Gilligan. *"Breaking the silence, or who says shut up?."* (2018) 54(4) Contemporary Psychoanalysis 735.

²²³ Margaret Brazier, and John Harris. *"Public health and private lives."* (In Rights and Resources, Routledge, 2018) 295

²²⁴ Gostin, Lawrence. *"The public health information infrastructure: a national review of the law on health information privacy."* (1996) 275(24) JAMA 1921.

²²⁵ Henaghan, Mark. *Health professionals and trust: The cure for healthcare law and policy.* (Routledge-Cavendish, 2012).

²²⁶ Ibid

safety. When people know that early reporting and disease control are meant to save lives, they may be more willing to cooperate and even share their information voluntarily. Confidentiality and public health safety are both important²²⁷. One protects the dignity and privacy of the patient, while the other protects the health of the community²²⁸. The goal is not to cancel one for the other, but to find a fair balance between the two. With proper laws, training, and awareness, Nigeria can build a healthcare system that protects both individual rights and public safety, even in times of crisis²²⁹.

4.2 Awareness and Enforcement of Confidentiality Rights

Confidentiality in healthcare is not just a professional duty for doctors and nurses, it is also a legal right for every patient²³⁰. In Nigeria, many patients are not aware that they have the right to keep their medical information private²³¹. This lack of awareness can lead to abuse, neglect, and even fear of seeking treatment. At the same time, even when rights are known, enforcing them can be difficult because of weak laws, poor implementation, and limited legal support²³². The National Health Act 2014, under Section 26, clearly states that all healthcare providers must keep a patient's health status, treatment, and records confidential, except in cases allowed by law or with the patient's consent²³³. This is supported by international guidelines and ethical standards followed

²²⁷Hulkower, Rachel, Matthew Penn, and Cason Schmit. "Privacy and confidentiality of public health information." (Public Health Informatics and Information Systems 2020) 147.

²²⁸ Ibid

²²⁹ Saheed Soyeye, Olakunle, et al. "Public Health Crisis Management and Emergency Preparedness: Strengthening Healthcare Infrastructure against Pandemics and Bioterrorism Threats." (2024) 5(2) Journal of Frontiers in Multidisciplinary Research 52.

²³⁰ Demirsoy, Nilüfer, and Nurdan Kirimlioglu. "Protection of privacy and confidentiality as a patient right: physicians' and nurses' viewpoints." (2016) 27(4) Biomedical Research 1437.

²³¹ Adeleke Ibrahim Taiwo. "Knowledge, attitude and practice of confidentiality of patients' health records among health care professional at Federal Medical Centre, Bida." (2011) 20(2) Nigerian journal of medicine 228.

²³² Addison, Harris Lecture, and Hongju Koh. "How is international human rights law enforced?." (International Law of Human Rights. Routledge, 2017). 241.

²³³ Terry, Nicholas, and Leslie Francis.. Francis. "Ensuring the privacy and confidentiality of electronic health records." (U. Ill. L. Rev. 2007): 681.

by medical professionals²³⁴. However, most patients do not know that such a right exists. In many rural areas and even in urban clinics, patients are often not informed about their rights during consultations²³⁵. This lack of awareness affects the relationship between patients and healthcare workers. Some patients are afraid to tell the whole truth about their condition because they think their information might be leaked²³⁶. For example, people living with HIV or other sexually transmitted infections may refuse to seek help or follow up with treatment if they fear being exposed in the community²³⁷. This creates a serious barrier to effective healthcare delivery. In addition to low awareness, the enforcement of confidentiality rights is also weak. There are very few cases where healthcare workers have been held accountable for breaking patient confidentiality²³⁸. This is partly because patients do not know they can report such breaches, and even when they do, the legal system may be too slow, expensive, or difficult to access²³⁹. Moreover, many hospitals and clinics in Nigeria do not have clear privacy policies or trained officers to handle complaints about confidentiality breaches²⁴⁰. Comparatively, in countries like the United Kingdom and the United States, systems have been put in place to enforce confidentiality rights actively.

In the UK, the Data Protection Act 2018 and General Data Protection Regulation (GDPR) ensure that health institutions follow strict rules when handling patient data²⁴¹. In the US, the HIPAA law

²³⁴ Ibid

²³⁵ Farmer, Jane. "Rural/urban differences in accounts of patients' initial decisions to consult primary care." (2006) 12(2) Health & place 210.

²³⁶ Saqib, Anum. "Factors affecting patients' knowledge about dispensed medicines: A Qualitative study of healthcare professionals and patients in Pakistan." (2018) 13(6) PloS one e0197482.

²³⁷ Ibid

²³⁸ McGraw, Deven. "Privacy as an enabler, not an impediment: building trust into health information exchange." (2009) 28(2) Health affairs 416.

²³⁹ Ibid

²⁴⁰ Kaase Fyanka, and Caroline Mbfan Ekpendu.. "An Assessment of the Right to Privacy and Confidentiality of Patients in the Context of Medical Negligence, Error and Malpractice in Nigeria." (AJLHR 7 2023) 1.

²⁴¹ Bennett, Colin. *Regulating privacy: Data protection and public policy in Europe and the United States*. (Cornell University Press, 1992).

protects patients by giving them control over their medical records and requiring healthcare providers to take serious steps to prevent information leaks. In both cases, there are penalties for breaking the law, which encourages compliance. To improve the situation in Nigeria, both awareness and enforcement must be strengthened. Patients should be informed of their rights at every point of care during registration, consultation, and discharge²⁴². This can be done through posters in clinics, leaflets, or even brief counselling sessions. Healthcare providers should also receive regular training to understand the legal and ethical importance of confidentiality²⁴³. In addition, hospitals should create proper systems for reporting, investigating, and punishing breaches of confidentiality²⁴⁴.

Government agencies such as the Federal Ministry of Health and professional bodies like the Medical and Dental Council of Nigeria (MDCN) should play a bigger role in promoting and enforcing confidentiality rights²⁴⁵. This includes setting clear rules, monitoring health facilities, and ensuring that patients have a simple way to report any violation of their rights²⁴⁶. Confidentiality is a basic patient right, but in Nigeria, many people do not know it, and even fewer are able to enforce it²⁴⁷. To change this, we must focus on education, training, legal reform, and

²⁴² Renata Klop, Frans CB Van Wijmen, and Hans Philipsen. "Patients' rights and the admission and discharge process." (1991) 16(4) *Journal of Advanced Nursing* 408.

²⁴³ Asamoah Barnie, Bernard. "Knowledge and perceptions of health workers' training on ethics, confidentiality and medico-legal issues." (2015) 6(1) *Journal of clinical research & bioethics* 205.

²⁴⁴ *Ibid*

²⁴⁵ Gbenro, Victor. *Exploring the impact and roles strategic government leadership plays in adoption and use of eHealth in low resource countries: A case study of the medical and dental council of Nigeria as a professional health regulatory agency*. (Diss. 2018).

²⁴⁶ *Ibid*

²⁴⁷ Iodigwe, Nneamaka Mariah, and Chidinma Stella Nwakoby. "Confidentiality in health care-reflecting on the rights of covid 19 patients." (2021)00 1(2) *De JURISCOPE LAW JOURNAL*.

institutional accountability. When patients know their rights and when those rights are protected by a working system, both healthcare delivery and public trust will improve²⁴⁸.

4.3 Challenges Faced by Medical Practitioners in Safeguarding Patient's Confidentiality in Nigeria

Safeguarding patient confidentiality is a core responsibility of every medical practitioner²⁴⁹. It builds trust between the patient and the doctor and is essential for proper healthcare delivery. However, in Nigeria, many healthcare workers face serious challenges in trying to protect patients' personal health information. These challenges come from legal, institutional, social, and technological weaknesses that make it hard for confidentiality rules to be fully observed.

One major problem is the lack of awareness and training among healthcare providers²⁵⁰. In many Nigerian hospitals, especially public ones, doctors and nurses receive little or no formal training on medical confidentiality and its legal implications²⁵¹. Many of them learn through experience, and this can lead to mistakes. Some may not even know when they are breaching confidentiality, especially when discussing patient cases in open spaces or with untrained staff²⁵². This ignorance can cause unintentional disclosure of sensitive information. Another major issue is the poor infrastructure in many health facilities²⁵³. Most Nigerian hospitals do not have private consultation rooms. In overcrowded wards or clinics, doctors often attend to patients in the presence of others.

²⁴⁸ Ibid

²⁴⁹ Turkstani, Huda AbdulqadeR. "Privacy and Confidentiality in Healthcare: Best Practices for Protecting Patient Information." (J. Healthc. Sci 5 2025).

²⁵⁰ Aroop Mohanty, Ankita Kabi, and Ambika P. Mohanty.. "Health problems in healthcare workers: A review." (2019) 8(8) Journal of family medicine and primary care 2568.

²⁵¹ Kaase Fyanka, and Caroline Mbafan Ekpendu. "An Assessment of the Right to Privacy and Confidentiality of Patients in the Context of Medical Negligence, Error and Malpractice in Nigeria." (2023) 7 AJLHR 1.

²⁵² Ibid

²⁵³ Ibid

This makes it difficult to have confidential conversations²⁵⁴. In addition, patient records are often stored in physical files without proper security. These files are sometimes left on open shelves or handled by non-medical staff, increasing the risk of information leaks²⁵⁵. Furthermore, technology poses both opportunities and threats. While digital health systems and electronic records can improve confidentiality if managed properly, in Nigeria, many systems are poorly protected²⁵⁶. There are limited cyber-security measures, and data stored on hospital computers or third-party platforms can be easily hacked or accessed without permission. Where software exists, it is often outdated or not maintained by trained IT personnel. There are also legal and regulatory challenges.

National Health Act 2014, Section 26, mentions patient confidentiality, it does not provide clear procedures for enforcement²⁵⁷. It also does not explain what happens when there is a conflict between patient privacy and public health interest. As a result, medical practitioners are left to make tough decisions without legal backing, especially during disease outbreaks or when treating patients with highly infectious diseases. In addition, Nigeria lacks a strong culture of institutional accountability²⁵⁸. Many hospitals have no internal rules or disciplinary systems for handling confidentiality breaches. Even when such breaches occur, there is often no punishment or investigation. This creates a weak environment where confidentiality may not be taken seriously.

²⁵⁴ Sønndergård Larsen, Lene, Birte Hedegaard Larsen, and Regner Birkelund. "A companionship between strangers—the hospital environment as a challenge in patient–patient interaction in oncology wards." (2014) 70(2) *Journal of advanced nursing* 395.

²⁵⁵ Engelina Molohe, Raesetja. *Inventory management of medicines used to treat non-communicable chronic diseases in public health clinics at Dikgale Community, Limpopo Province*. (Diss. 2020).

²⁵⁶ Ibid

²⁵⁷ Griffith, Richard, and Cassam A. Tengnah. "Law and professional issues in nursing." (2023): 20.

²⁵⁸ Ibid

Cultural and societal pressure also creates problems. In some communities, especially in rural areas, patients come to the hospital with family members or community leaders²⁵⁹. These companions sometimes demand to be informed about the patient's condition, even when the patient has not given consent²⁶⁰. Doctors are then placed in a difficult position. If they refuse, they may be accused of being rude or uncooperative. If they agree, they may breach the patient's right to privacy. Work overload and understaffing in the Nigerian healthcare sector contribute to the problem²⁶¹. When doctors and nurses are overworked, confidentiality may not be a top priority. Due to pressure and haste, they may forget to properly store records or to speak privately with patients. While Nigerian medical practitioners are expected to uphold confidentiality, they face many barriers in doing so²⁶². These include lack of training, poor infrastructure, outdated technology, weak laws, and social pressures. To improve the situation, there must be serious investment in healthcare systems, legal reforms, regular staff training, and enforcement mechanisms. Only then can confidentiality be protected in a way that meets both ethical and legal standards.

²⁵⁹ Robinson, David. *Rural experiences with mental illness: Through the eyes of patients and their families.* (2012) 30(4) Families, Systems, & Health 308.

²⁶⁰ Dawes, Patrick JD, and Pauline Davison. *Informed consent: what do patients want to know* (1994) 87(3) Journal of the Royal Society of Medicine 149.

²⁶¹ Ibid

CHAPTER FIVE

Conclusion and Recommendations

5.1 Summary of Findings

This study examined the balance between confidentiality and public health in Nigeria's healthcare system. This research explored legal provisions, ethical standards, and real-world practices in medical settings, especially where the protection of individual privacy may conflict with the need to safeguard public health. The findings show that patient confidentiality is a recognized legal and ethical duty in Nigeria, as provided under Section 26 of the National Health Act 2014. However, in actual practice, the enforcement of this right is weak and inconsistent across different healthcare institutions. Most patients are not aware that they have a legal right to keep their medical information private. This lack of awareness limits their ability to demand protection of their personal health data or report breaches.

It was also found that many healthcare practitioners lack adequate training in handling confidential information. Some practitioners are not fully informed about when and how confidentiality can be breached legally, especially in cases involving contagious diseases or serious threats to public health. The absence of institutional guidelines, lack of supervision, and poor accountability structures make it difficult to enforce proper confidentiality practices within hospitals and clinics. The study also revealed that infrastructure and technology limitations pose serious risks to confidentiality. Many hospitals still use paper records that are easily accessible to unauthorized persons. In some facilities, patient consultations take place in open spaces due to lack of private rooms, making it hard to protect sensitive information. Additionally, cultural factors and social expectations put medical practitioners in difficult positions. In some communities, family members

or community leaders expect to be informed about a patient's condition without the patient's consent. This creates ethical conflicts for healthcare providers who want to obey the law while maintaining relationships with their patients and the local community.

The study further identified the legal gap in providing a detailed framework for balancing confidentiality with public health. Although the National Health Act recognizes the need for confidentiality, it does not clearly define situations where such rights may be lawfully limited in the interest of public safety. This leaves room for personal judgment, which may lead to abuse or negligence. In countries like the United Kingdom and the United States, the laws provide detailed procedures and enforcement systems to protect confidentiality and balance it with public health concerns. For example, the HIPAA law in the US and the Data Protection Act in the UK outline the limits of privacy rights and provide for strict sanctions when those limits are exceeded without justification. In Nigeria, enforcement is further hindered by bureaucratic delays, limited legal remedies, and absence of data protection infrastructure.

Patients rarely seek legal action due to cost, ignorance, or fear of stigma, and health institutions often fail to report or address confidentiality violations. While the legal and ethical frameworks exist on paper, implementation remains a challenge. The gap between policy and practice must be addressed through better training, public awareness, legal reform, and investment in infrastructure.

5.2 Recommendations

1. The Nigerian government should strengthen the legal framework on medical confidentiality by providing clear guidelines on when and how disclosures may be made in the interest of public health.

2. Regular training and re-training on confidentiality laws and ethics should be made compulsory for all healthcare workers, especially in public health institutions.
3. Hospitals and clinics should be required to create and enforce internal confidentiality policies, with disciplinary measures for breaches, Private consultation rooms should be made standard in all healthcare facilities to allow confidential communication between patients and medical professionals.
4. Patient awareness campaigns should be launched to educate citizens about their right to confidentiality and how to report violations.
5. The National Assembly should harmonize the National Health Act with the Nigerian Data Protection Act, ensuring clearer and enforceable privacy protections in healthcare setting.

5.3 Conclusion

This research has examined the complex relationship between confidentiality and public health in Nigeria. The work was guided by the need to understand how patient privacy can be preserved while also promoting the safety of the wider community. Through the study of legal instruments, ethical principles, and healthcare practices, it became clear that confidentiality is a core value in the medical profession, but its application faces many challenges, especially in low-resource environments like Nigeria. The study found that although laws such as the National Health Act 2014 provide for the protection of confidential medical information, the reality in hospitals and clinics shows a significant gap between law and practice.

Many patients are not aware of their rights, and many healthcare workers do not fully understand when and how such rights can be limited in the interest of public health. There is also limited institutional support for the proper handling of confidential information, leading to frequent breaches, whether knowingly or unknowingly. Moreover, the lack of clear legal guidelines on when disclosure is permissible creates confusion and leaves room for misuse. In times of public health emergencies, such as during outbreaks of infectious diseases, the tension between keeping information private and protecting others becomes even more serious. This research showed that Nigeria currently lacks a comprehensive and well-enforced system for managing this balance. It was also observed that the healthcare sector in Nigeria is constrained by poor infrastructure, limited technological resources, and insufficient privacy provisions. In many cases, consultations take place in open spaces where conversations can be overheard, and medical records are not securely stored. These shortcomings make it difficult to implement confidentiality in a meaningful way. The comparison with foreign legal systems, such as those in the United States and the United Kingdom, revealed that Nigeria needs to do more in terms of legislative clarity, institutional enforcement, and public education.

In those countries, confidentiality laws are supported by detailed procedures, digital systems, and independent regulators that ensure compliance. Nigeria can learn from such examples while taking into account its own social, cultural, and economic context. Confidentiality remains a vital part of patient rights and public trust in the healthcare system. However, for it to be truly effective, there must be legal reform, public sensitization, professional training, and infrastructural support. The right to confidentiality should not be seen as an obstacle to public health, but as a principle that can coexist with the duty to prevent harm to others. With the right policies and enforcement

mechanisms, Nigeria can build a healthcare system that respects both individual dignity and community safety.

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