



Exploring 3rd Year MBBS Students' Perception On Confidentiality In Healthcare From AETCOM 3.4 At A Tertiary Institution In Bangalore

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Abstract

Background: The Medical council of India introduced the Competency based Medical Education in India in August 2019 in the place of a traditional content heavy syllabus with major addition of the AETCOM modules. The basic duty of a medical practitioner is to uphold confidentiality in a patient-doctor relationship. The AETCOM module 3.4 was an exercise in appreciating the medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care. The Department of Forensic medicine was responsible for conducting these modules for the 3rd year MBBS students in September 2024. A study was done to evaluate the perception, knowledge and understanding of the students concerning the objectives of this module.

Methods:- A questionnaire based cross- sectional comparative study was initiated among the students. Online google form questionnaires were issued before and after the sessions. 186 students responded out of 269. The responses were then compared using SPSS software through Wilcoxon Signed Rank test.

Results: The responses conveyed that the students were able to better identify, discuss and defend the medico-legal, socio-cultural and ethical issues that arise during patient care with respect to confidentiality. There was a significant increase in the perception scores of the students in their ability to handle confidential communications among different patients in different scenario.

Conclusions: The study reflected the improvement in perception of the students post sessions on importance of confidentiality in different settings of patient-doctor relationship and the limits of confidentiality in patient care.

Keywords: AETCOM 3.4; Confidentiality; Medical education

Introduction

The Medical council of India introduced the Competency based Medical Education in India in August 2019 in recognition of the need to inculcate professionalism as a formal concept due to the conflicts cropping up between patients and relatives. It replaced the traditional content heavy syllabus with major addition of the AETCOM modules. The Attitude, Ethics and Communication(AETCOM) module serves a larger cause in the domain of "quality centricity." The new curriculum aimed to expose the

glaring deficiencies of teaching related to the "Conative domain" among the undergraduates and how the innovative design would bridge the gap and ensure enrichment of the medical graduate with communicative, altruistic and leadership skills required for lifelong learning and professionalism. The goal was to create an 'Indian Medical Graduate' to realistically turn into an 'International Medical Graduate'.¹

The concept of AETCOM module relies on the fundamental principles of behavioural modification through thought modification. The cognitive components of a curriculum tend to be constant over a period. Behavioral attitudes tend to manifest in both the cognitive and affective domains of an individual, thereby precipitating an evolutionary transformation in the professionalism of students and their future roles as medical practitioners in India. It has been aptly stated that “Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship” (Hall, Roter & Rand, 1981).

Module AETCOM 3.4, which is conducted in the 3rd year of MBBS, describes one of the principal foundations of bioethics related to patient autonomy and rights, viz. confidentiality. It is also dealt with in 2nd year in Module 2.5. The cardinal pillars of Bioethics are Beneficence, non-maleficence, Autonomy and Justice. Module 2.5 sensitizes the students on the medico-legal, socio-cultural, and ethical issues pertaining to patient autonomy, patient rights and shared responsibility in health care.

This is further reinforced in the 3rd year with Module 3.4 on confidentiality, which is one of the most important ethics for a medical professional in their clinical practice. The module intends to identify, discuss and defend medico-legal, socio-cultural, and ethical issues as it pertains to confidentiality in patient care. Confidentiality in the medical setting refers to the principle of keeping secure and secret from others, information given by or about an individual during a professional relationship.² The Supreme Court, in its judgment in the case of Puttaswamy³, affirmed that the Right to Privacy constitutes a Fundamental Right under Article 21 of the Constitution of India. This recognition elevates patient-doctor confidentiality beyond mere ethical obligation; it underscores the potential infringement upon the fundamental rights of citizens when such confidentiality is compromised.

The Indian Medical Council in its Code of Professional conduct, in Chapter 2, Section 2.2, clearly states that Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State.⁴ It is a primary duty of a healthcare

professional to maintain professional secrecy. It is vital that this nature is ingrained into the minds of the medical graduates in their formative years of learning.

The Department of Forensic medicine was responsible for conducting these modules for the 3rd year MBBS students in September 2024. A questionnaire based comparative study was done to evaluate the perception, knowledge and understanding of the students concerning the objectives of this module. A pre-test and post-test was conducted among the students before and after the module was discussed. Pre-session perception was then compared with the post-session responses to evaluate the change. The aim of the study was to determine the improvement in perception of various aspects of confidentiality in health care by students after a structured teaching and self-directed learning as per the AETCOM modules.

2. Materials and Methods

A questionnaire based cross-sectional comparative study was initiated among the students of Phase 3 Part 1 MBBS at the Vydehi Institute of Medical Sciences and Research Centre in September 2024. Ethical approval was obtained from the Institutional Ethics Committee, Vydehi Institute of Medical Sciences and Research Centre, Bangalore.

Participants:

3rd year MBBS batch from the 2021-2022 academic year were recruited for the study. Convenience sampling was done and out of 269 students 186 students successfully completed all study sessions and responded to the questionnaire.

Inclusion Criteria

1. Third-year MBBS students studying at Vydehi Institute of Medical Sciences and Research Centre, Bangalore during the academic year 2021- 2022.
2. Students who provided informed consent to participate in the study.
3. Students who attended all sessions of the AETCOM module intervention.

Exclusion Criteria

1. Students who were absent from any of the study sessions.
2. Students who were unwilling to participate or did not provide informed consent.
3. Students who were unable to complete both pre-test and post-test assessments.

Intervention

The intervention consisted of the AETCOM (Attitude, Ethics, and Communication) Module

3.4, Case studies in bioethics - Confidentiality, as per National Medical Commission (NMC) guidelines

The module was structured as follows.

Introduction of case – 1 hour

Self-directed learning – 2 hours

Anchoring lecture – 1 hour

Discussion and closure of case – 2 hours

The total duration was 6 hours, including 4 hours of structured sessions and 2 hours of self-directed

learning.

Learning Sessions

1. Introductory large group session: Covered principles of confidentiality.

2. Self-directed learning: Focused on the importance of confidentiality and personal expectations of oneself with the concept.

3. Small group sessions: Utilized videos and role-plays to highlight scenarios related to confidentiality in clinical practice.

4. Closure session: Reflected on previous sessions, allowing students to discuss their

learnings.

Online google form questionnaire with queries regarding the AETCOM Module 3.4 was administered

before and after the sessions. The sessions were conducted for six hours spanning over three weeks. The questionnaire contained 20 questions (Appendix 1) and was validated by a peer group of experts before administering to the students. The informed consent was taken through the google forms. The anonymity of the participants was ensured, and no socio-demographic factors were considered relevant for the evaluation of perception of the module. Scores were assigned as highest and lowest (i.e., 5 and 1) on the Likert scale to evaluate the perception of the students on their ability to identify, discuss and defend various issues related to confidentiality in medical practice. They were adequately completed and submitted by 186 students.

The responses were then compared using the relevant statistical tools using SPSS software by using Wilcoxon Signed Rank test. The pre-test and post test scores were tabulated and divided into 3 ranks. If a student had a higher perception score in the post-test than the pre- test it was considered as positive rank and if there was a lower perception score in the post-test in comparison to the pre- test it was tabulated as negative rank. Same scores in pre- and post- tests were tabulated as ties. The level of significance was set at p value <0.05.

Results

The results are presented as mean rank for scores out of 20 questions. The sample size was 186 students. A p-value less than 0.05 was suggestive of a statistically significant difference between the pre- and post- test scores.

Table 1: - Distribution of positive, negative ranks and ties for Questions 1 to 20.

Ranks				
		N	Mean Rank	Sum of Ranks
1. How would you rate your ability to identify medico-legal issues as it pertains to confidentiality in patient care?	Negative Ranks	30 ^a	43.73	1312.00
	Positive Ranks	73 ^b	55.40	4044.00
	Ties	83 ^c		
	Total	186		

2. How would you rate your ability to discuss medico-legal issues as it pertains to confidentiality in patient care?	Negative Ranks	31 ^d	48.73	1510.50
	Positive Ranks	79 ^e	58.16	4594.50
	Ties	76 ^f		
	Total	186		
3. How would you rate your ability to defend medico-legal issues as it pertains to confidentiality in patient care?	Negative Ranks	33 ^g	59.38	1959.50
	Positive Ranks	85 ^h	59.55	5061.50
	Ties	68 ⁱ		
	Total	186		
4. How would you rate your ability to identify socio-cultural issues as it pertains to confidentiality in patient care?	Negative Ranks	40 ^j	56.98	2279.00
	Positive Ranks	79 ^k	61.53	4861.00
	Ties	67 ^l		
	Total	186		
5. How would you rate your ability to discuss socio-cultural issues as it pertains to confidentiality in patient care?	Negative Ranks	29 ^m	50.16	1454.50
	Positive Ranks	73 ⁿ	52.03	3798.50
	Ties	84 ^o		
	Total	186		
6. How would you rate your ability to defend socio-cultural issues as it pertains to confidentiality in patient care?	Negative Ranks	37 ^p	52.51	1943.00
	Positive Ranks	79 ^q	61.30	4843.00
	Ties	70 ^r		
	Total	186		
7. How would you rate your ability to identify ethical issues as it pertains to confidentiality in patient care?	Negative Ranks	32 ^s	53.39	1708.50
	Positive Ranks	73 ^t	52.83	3856.50
	Ties	81 ^u		
	Total	186		

8. How would you rate your ability to discuss ethical issues as it pertains to confidentiality in patient care?	Negative Ranks	31 ^v	51.65	1601.00
	Positive Ranks	80 ^w	57.69	4615.00
	Ties	75 ^x		
	Total	186		
9. How would you rate your ability to defend ethical issues as it pertains to confidentiality in patient care? -	Negative Ranks	31 ^y	50.52	1566.00
	Positive Ranks	74 ^z	54.04	3999.00
	Ties	81 ^{aa}		
	Total	186		
10. How would you rate your ability in handling confidential communications and medical findings of your patient with their parents?	Negative Ranks	33 ^{ab}	50.73	1674.00
	Positive Ranks	80 ^{ac}	59.59	4767.00
	Ties	73 ^{ad}		
	Total	186		
11. How would you rate your ability in handling confidential communications and medical findings of your patient with their spouse or partner? -	Negative Ranks	33 ^a	55.15	1820.00
	Positive Ranks	83 ^b	59.83	4966.00
	Ties	70 ^c		
	Total	186		
12. How would you rate your ability in handling confidential communications and medical findings of your patient with their employer	Negative Ranks	40 ^d	50.96	2038.50
	Positive Ranks	72 ^e	59.58	4289.50
	Ties	74 ^f		
	Total	186		
13. How would you rate your ability in handling confidential communications and medical findings of your patient with their insurance company? -	Negative Ranks	34 ^g	48.79	1659.00
	Positive Ranks	71 ^h	55.01	3906.00
	Ties	81 ⁱ		
	Total	186		

14. How would you rate your ability in handling confidential communications and medical findings of your patient with their Statutory authorities or the Government?	Negative Ranks	32 ^j	55.42	1773.50
	Positive Ranks	82 ^k	58.31	4781.50
	Ties	72 ^l		
	Total	186		
15. How would you rate your ability in handling confidential communications and medical findings obtained from a child who is your patient with their parent/ guardian?	Negative Ranks	35 ^m	55.77	1952.00
	Positive Ranks	85 ⁿ	62.45	5308.00
	Ties	66 ^o		
	Total	186		
16. How would you rate your ability in handling confidential communications and medical findings obtained from an adolescent who is your patient with their parent/ guardian? –	Negative Ranks	28 ^p	56.98	1595.50
	Positive Ranks	87 ^q	58.33	5074.50
	Ties	71 ^r		
	Total	186		
17. How would you rate your ability in handling confidential communications and medical findings obtained from an old person who is your patient with their caretaker?	Negative Ranks	30 ^s	51.60	1548.00
	Positive Ranks	81 ^t	57.63	4668.00
	Ties	75 ^u		
	Total	186		
18. How would you rate your ability in handling confidential communications and medical findings obtained from a person with mental illness who is your patient with caretaker/ guardian/ nominated representative? –	Negative Ranks	31 ^v	50.94	1579.00
	Positive Ranks	78 ^w	56.62	4416.00
	Ties	77 ^x		
	Total	186		
19. How would you rate your ability in handling confidential communications and medical findings obtained from a person with disabilities who is your patient?	Negative Ranks	30 ^y	46.87	1406.00
	Positive Ranks	75 ^z	55.45	4159.00
	Ties	81 ^{aa}		
	Total	186		

20. How would you rate your ability in handling confidential communications and medical findings obtained from a mentally competent adult who is your patient?	Negative Ranks	35 ^{ab}	48.64	1702.50
	Positive Ranks	73 ^{ac}	57.31	4183.50
	Ties	78 ^{ad}		
	Total	186		

Positive rank indicates that the post values are greater than the pre values

Negative rank indicates that the post values are less than the pre values

Tie indicates that there is no change between the pre and post session

The table depicts the increase in positive ranks, in all the questions by >70%. This is suggestive of improvement in the perception and ability of the students to identify, define and discuss medico-legal, socio-cultural and ethical aspects of confidentiality in patient care.

Further, the students were able to apply this knowledge to analyze special circumstances in

between doctor and patients. Confidentiality is the foundation of a successful doctor patient relationship. It is profitable for both parties to ensure an open line of communication for a satisfactory outcome. The elementary concepts of medical ethics include informed consent, privacy and confidentiality.⁵ Maintaining privacy and ensuring confidentiality with patients is paramount to developing an effective patient-provider relationship.⁶ Health professionals have a limited attitude towards patient confidentiality but have relatively good knowledge.⁷ However, through the AETCOM module 3.4, it was possible to educate students within a supervised environment about the ethically ambiguous nature of maintaining professional confidentiality and to equip them with the necessary tools to navigate such situations effectively.

Table 2: - P value of each question in the questionnaire

Question no	Question	Z, p value
1.	1. How would you rate your ability to identify medico-legal issues as it pertains to confidentiality in patient care?	-4.772 .000*
2.	How would you rate your ability to discuss medico-legal issues as it pertains to confidentiality in patient care?	-4.934 .000*
3.	How would you rate your ability to defend medico-legal issues as it pertains to confidentiality in patient care?	-4.411 .000*

4.	How would you rate your ability to identify socio-cultural issues as it pertains to confidentiality in patient care?	-3.621 .000*
5.	How would you rate your ability to discuss socio-cultural issues as it pertains to confidentiality in patient care?	-4.152 .000*
6.	How would you rate your ability to defend socio-cultural issues as it pertains to confidentiality in patient care?	-4.235 .000*
7.	How would you rate your ability to identify ethical issues as it pertains to confidentiality in patient care?	-3.641 .000*
8.	How would you rate your ability to discuss ethical issues as it pertains to confidentiality in patient care?	-4.69 .000*
9.	How would you rate your ability to defend ethical issues as it pertains to confidentiality in patient care?	-4.100 .000*
10.	How would you rate your ability in handling confidential communications and medical findings of your patient with their parents?	-4.664 .000*
11.	How would you rate your ability in handling confidential communications and medical findings of your patient with their spouse or partner?	-4.620 .000*
12.	How would you rate your ability in handling	-3.436

	confidential communications and medical findings of your patient with their employer?	.001*
13.	How would you rate your ability in handling confidential communications and medical findings of your patient with their insurance company?	-3.791 .000*
14.	How would you rate your ability in handling confidential communications and medical findings of your patient with their Statutory authorities or the Government?	-4.519 .000*
15.	How would you rate your ability in handling confidential communications and medical findings obtained from a child who is your patient with their parent/ guardian?	-4.616 .000*
16.	. How would you rate your ability in handling confidential communications and medical findings obtained from an adolescent who is your patient with their parent/ guardian?	-5.154 .000*
17.	How would you rate your ability in handling confidential communications and medical findings obtained from an old person who is your patient with their caretaker?	-4.894 .000*
18.	How would you rate your ability in handling confidential communications and medical findings obtained from a person with mental illness who is your patient with caretaker/	-4.548 .000*

	guardian/ nominated representative?	
19.	How would you rate your ability in handling confidential communications and medical findings obtained from a person with disabilities who is your patient?	-4.659 .000*
20.	How would you rate your ability in handling confidential communications and medical findings obtained from a mentally competent adult who is your patient?	-4.038 .000*

The above table shows $P < \alpha(0.05)$ is considered as significant thus concluding that there is a statistically significant difference between pre and post session

Discussion

The National Medical Commission's initiative to develop a new curriculum is a significant step toward enhancing the quality of medical education in India. This curriculum recognizes the need to produce health professionals equipped to address both local healthcare challenges and global health issues.

The structured teaching of Attitude, Ethics and Communication to the medical students relies on the fundamental principle that changing a person's attitude can change his or her behaviour. The cognitive components of attitudes are fundamental, stable, and closely tied to basic values. Behavioural attitudes reflect underlying cognitive and affective aspects. Ethical dimensions are important for behavioural evolution, and effective communication is rooted in recognizing the uniqueness and value of every individual.

The purpose of this study was to evaluate the change in perception among students following a structured session on confidentiality; one of the most important aspects of health care practice.

In a cross-sectional study conducted in Ethiopia in 2021 among health professionals at the University of Gondar with 410 participants, it was noted that there was limited attitude among health professionals towards patient confidentiality but relatively good knowledge.⁷ This was reflected in the pre-test scores of our study where only 20-25% of the students were completely confident of identifying, handling and defending the medicolegal, socio-cultural and ethical issues of confidentiality in patient care. However, after the sessions there was a significant rise in the numbers to 35 to 40%.

The table below compares the percentages of students who marked their ability of identifying, handling and defending the medicolegal, socio-cultural and ethical issues of confidentiality in patient care before and after sessions. The lowest score 1 suggests the least confidence of the participant while the highest score 5 suggests absolute confidence.

Table 3: - Pre and Post test score in percentages of participants for questions 1 to 20.

Q.NO	Scores in %									
	1		2		3		4		5	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1.	1.1	0.5	2.7	0	25.1	9.1	50.8	58.8	20.3	31.6
2.	1.1	0.5	2.7	1.1	27.3	10.2	51.3	56.1	17.6	32.1
3.	0	0.5	4.8	1.6	34.2	16.6	43.3	50.8	17.6	30.5
4.	0	0.5	3.7	1.1	28.3	12.8	43.9	51.9	24.1	33.7
5.	0	0.5	3.2	0.5	28.9	12.3	46.5	55.1	21.4	31.6
6.	0.5	0.5	3.7	1.6	32.1	12.8	45.5	57.8	18.2	27.3
7.	0.5	0.5	2.7	0.5	23	10.2	48.7	52.4	25.1	36.4
8.	0.5	0.5	2.7	0	29.9	12.3	47.1	54.5	19.8	32.6
9.	0.5	0.5	3.7	0.5	28.3	12.8	47.1	55.6	20.3	30.5
10.	0.5	1.1	4.8	0	27.8	10.7	44.9	55.6	21.9	32.6
11.	1.1	1.1	2.7	0.5	27.3	10.7	48.7	52.9	20.3	34.8
12.	1.6	0.5	2.1	1.6	27.3	13.9	45.5	50.3	23.5	33.7
13.	3.2	0.5	1.6	1.6	25.1	15	48.1	48.1	21.9	34.8
14.	2.1	1.1	4.3	0	24.6	13.9	47.1	50.3	21.9	34.8
15.	2.1	1.6	1.1	0.5	27.8	9.1	44.4	46.5	24.6	42.2
16.	1.1	0.5	1.6	0	28.3	11.8	48.7	48.7	20.3	39
17.	1.1	0.5	1.6	1.1	27.8	9.6	47.1	50.8	22.5	38
18.	0.5	0.5	4.3	0.5	27.8	16	47.1	47.6	20.3	35.3
19.	1.6	0	3.2	0.5	26.7	13.9	44.9	50.3	23.5	35.3
20.	1.1	1.1	2.7	0	25.7	12.3	43.3	48.7	27.3	38

Table 3: - Pre and Post test score in percentages of participants for questions 1 to 20.

The number of participants exhibited significant increase in the perception of their ability to identify, handle and defend confidentiality in medical practice with score of 4 and 5 post-test being more in number in comparison to lower confidence scores.

A cross-sectional study conducted in the Pondicherry Institute of Medical Sciences in 2023 among 114 undergraduate students in 2nd year MBBS concluded that the perception of students after AETCOM sessions was that one of the qualities of a good doctor was maintaining confidentiality.⁸ This was also seen among the results of our study in the increased post-test scores of the participants.

A cross sectional, descriptive study was carried out among young adults in Bangalore city regarding maintenance of confidentiality by a doctor in healthcare in 2023. 4 colleges were selected among 4 geographic zones in Bangalore, and a questionnaire was shared among the 33 participants. Results demonstrate that 21.7% (13) of respondents were unaware that a doctor is legally bound to keep details of the visit confidential. This exposes the prevalent attitudes of young adults before exposure to a structured training program and the need for AETCOM modules among young adults in MBBS students to develop the necessary skills.⁹

A questionnaire based cross sectional study was conducted among 596 1st and 2nd year MBBS students of North Karnataka in 2022 among 7 medical colleges. 92% of the students rated the AETCOM modules as necessary for building doctor-patient relationships, of which confidentiality is a vital component as observed in the other studies.¹⁰

A cross sectional-based study among 150 undergraduate and post graduate medical students was conducted at the D.Y Patil Medical College, Maharashtra in 2021. It demonstrated that students recognize the importance of medical ethics knowledge and its positive impact on their career. This is reflected in the results of our study.¹¹

Conclusions

The new curriculum by National Medical Council emphasizes core learning areas such as medical ethics, behavioural sciences, communication skills, and managerial skills. These components are designed to instil a strong foundation in ethical practices, enhance understanding of psychological and social factors affecting health, improve effective communication with patients and healthcare teams, and prepare graduates for leadership roles in managing healthcare resources efficiently.

The curriculum identifies five essential roles of an Indian medical graduate: clinician, leader and member of the healthcare team, communicator, lifelong learner, and professional. Each role is critical in shaping a graduate's competencies and responsibilities within the healthcare system. Importantly, this curriculum integrates these concepts and skills from the very first professional year, ensuring that students develop a holistic understanding of their roles early in

their training. Ultimately, this initiative aims to create well-rounded medical graduates who are not only skilled clinicians but also effective leaders, communicators, and lifelong learners, committed to upholding the highest standards of professionalism and integrity.

It is vital for a medical professional to understand the limits of confidentiality in patient care and when and with whom it can be breached. The ethical and legal issues entailing public safety and health is an important distinction for a student to understand from their formative medical education. Quality education in ethics, attitude and communication at the early years lays a strong foundation for future doctors, instilling essential skills of empathy, and a lifelong love of learning that ultimately shapes compassionate and capable healthcare leaders.

This study clearly demonstrates the impact of a motivated teaching learning session in ethics among the medical students. The AETCOM module on confidentiality is a necessary step in creating future medical professionals with a good understanding on all the aspects of confidentiality in clinical practice. The study also recommends the need for the comparative study between traditional lectures and alternative methods of teaching. Collaboration with departments outside Institution related to Law and philosophy in ethics can help improve perspectives in confidentiality.

There is definite shift in the healthcare setup with the innovation of electronic health records and digital modes of dispersal of health care. The students would benefit from exposure to these outlets in their formative years to enhance understanding and application. Studies on impact of early exposure to patient interactions among students will provide valuable information as to the changes required in the curriculum and modules.

In conclusion, teaching confidentiality to medical students is crucial for building trust between patients and healthcare providers. By using engaging methods like case-based learning and simulations, educators can help students grasp the real-life implications of patient privacy. It's important to regularly update the curriculum to keep pace with changes in healthcare and technology. Additionally, incorporating insights from patients and collaborating with other disciplines can make the learning experience more meaningful.

Ultimately, ensuring that future healthcare professionals understand and value confidentiality is essential for upholding the integrity of the medical profession and fostering a compassionate healthcare environment.

References

1. Medical Council of India. Attitude, Ethics and Communication (AETCOM) competencies for the Indian Medical Graduate. Dwarka, New Delhi: 2018. Available from: <https://www.mciindia.org/cms/wp/content/uploads/2020/01/AETCOM/book.pdf>. [Last accessed on 03-07-2025]
2. British Medical Association. Confidentiality and disclosure of health information. 1999. Available from: www.bma.org.uk/ap.nsf/Content/Confidentialitydisclosure.
3. Justice K.S. Puttaswamy (Retd.) v. Union of India. MANU/SC/1044/2017.
4. INDIAN MEDICAL COUNCIL (Professional Conduct, Etiquette and Ethics) Regulations, 2002, Dwarka, New Delhi: 2002. Available from <https://www.nmc.org.in/rules-regulations/code-of-medical-ethics-regulations-2002/> [Last accessed on 08-07-2025]
5. Humayun A, Fatima N, Naqqash S, Hussain S, Rasheed A, Imtiaz H, Imam SZ. Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore. BMC Med Ethics. 2008 Sep 25;9:14.
6. Saleem SG, Ali S, Ghouri N, Maroof Q, Jamal MI, Aziz T, Shapiro D, Rybarczyk M. Patient perception regarding privacy and confidentiality: a study from the emergency department of a tertiary care hospital in Karachi, Pakistan. Pak J Med Sci. 2022 Jan;38(2):351-5. doi: 10.12669/pjms.38.ICON-2022.5785. PMID: 35310808; PMCID: PMC8899898.
7. Tegegne MD, Melaku MS, Shimie AW, Hunegnaw DD, Legese MG, Ejigu TA, et al. Health professionals' knowledge and attitude towards patient confidentiality and associated factors in a resource-limited setting: a cross-sectional study. BMC Med Ethics. 2022 Mar 14;23(1):26. doi: 10.1186/s12910-022-00765-0. PMID: 35287659; PMCID: PMC8922732.
8. Sahanaa C, Niranjana R, Pradeep K, Gopinath S, Dhanasekar E, Vendhan S, Maniradjou V, Konduru RK, Phalsalkar M. Innovative AETCOM session on health care as a right: experience at the medical college in Puducherry. J Educ Health Promot. 2023 Nov 27; 12:386. doi: 10.4103/jehp.jehp_267_23.
9. Dias AN, Laturkar S, K M J, et al. Unveiling realities: exploring and uncovering young adults' views on navigating confidentiality and disclosure in healthcare settings in Bangalore, Southern India. Cureus. 2023 Sep 28;15(9): e46158. doi: 10.7759/cureus.46158.
10. Patil JS, Latha S, Patil V, Hugar L. Competency-based medical education: Perception and challenges among students. J Datta Meghe Inst Med Sci Univ. 2023; 18:6
11. Sharma S, Sharma R, Khyalappa RK, Sharma S, Kandoth S. Student perceptions: Background to a new ethics curriculum in Indian medical colleges. J Educ Health Promot. 2021 Aug 31; 10:284. doi: 10.4103/jehp.jehp_982_20. PMID: 34667784; PMCID: PMC8459876.