



# dapaanz

fostering excellence in addiction practice

## The dapaanz position on client-level data requirements

### Context

As the ethical body for the addiction treatment workforce, the dapaanz board needs a clear position on whether dapaanz members would contravene the Code of Ethics by complying with the proposed requirement for NGOs to collect individual client-level data (CLD) and forward this to government agencies (as recently requested by Ministry of Social Development and other government agencies).

This position paper clarifies the dapaanz board's stance on how dapaanz members should respond to the request for disclosure of client's personal information to government agencies.

### Board Position

Dapaanz members are required to abide by the dapaanz Code of Ethics<sup>1</sup>. The proposed changes to information sharing between some social services, and the Ministry of Social Development (MSD), has potential to create ethical dilemmas for dapaanz members, as described below.

### Confidentiality and privacy

The fourth principle/core value in the dapaanz Code of Ethics is focused on confidentiality and privacy. This requires clients' rights to privacy to be protected. Information cannot be disclosed without informed consent, except for certain situations (such as client or public safety, diminished capacity or legal requirements). Dapaanz members could provide client information to government agencies, but only if the client has consented to this. However, there are several issues that members need to be cognizant of.

### Relevant ethical principles / core values

Key principles/ core values within the dapaanz Code of Ethics relevant to this discussion include:

- Respect for the dignity of others
- Beneficence (to do good) and non-maleficence (to do no harm)
- Trust
- Promotion of client autonomy
- Honesty & integrity
- Skilfulness
- Professional conduct

### Potential ethical issues

The Board has raised the following issues that potentially undermine the professional ethics of members.

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<sup>1</sup> <http://www.dapaanz.org.nz/vdb/document/20>

**1) Purpose needs to be clear**

For dapaanz members to be able to gain informed consent from clients to disclose information, it is important that government agencies are clear about the purpose of collecting this information, how it will be stored, and how it will be used, now and in the future. This is both ethically and legally binding (Privacy Act 1993).

**2) Use of population vs individual information**

The collection of statistical information for understanding service delivery and population patterns is supported by the Board. Anonymous health data, eg., for PRIMHD, is already collected and linked to NHI numbers. However, collecting information to track individual clients and their families raises potential ethical issues which would need to be fully considered before dapaanz members could ethically participate in this.

**3) Organisational policies**

Organisations (rather than individual practitioners) may enter into contracts with government agencies which require the provision of CLD. Dapaanz members employed by these organisations, who are asked to change their practice in response to this requirement may experience ethical dilemmas if there is conflict between the Code of Ethics, employer requirements, and clients' best interests. There needs to be clarity about how a CLD policy applies to current clients, what this will mean for clients, and what happens for clients who do not consent for information to be disclosed.

**4) Current clients**

If an organisation is required to provide CLD to government agencies, dapaanz members would need to gain the consent of current and future clients before disclosing the required information.

**5) Consent vs coercion**

If service provision is dependent on clients consenting to CLD, this is coercion, not consent and means vulnerable people will be denied support. It places dapaanz members in an ethical and moral dilemma.

**6) Implications for service delivery**

If CLD requirements are introduced, dapaanz would like an opt-out clause, whereby people can decline and still receive services. It would be useful to monitor the numbers of people who opt out.

**In conclusion:**

While this CLD requirement may have good intentions (ie, supporting families and increased service accountability), it has the potential for unintended negative consequences (including reduced access to services for those in most need).

An approach which requires people to share CLD with government agencies as a condition of access to services is inappropriate and disempowering.

Dapaanz members would be able to provide CLD to government agencies, if clients provide informed consent for them to do so and there was a clear and ethical rationale for providing that information. However, if this became a compulsory requirement for access to service, it would conflict with the professional ethics of dapaanz members.

The dapaanz board are concerned about the potential impact of the provision of CLD on professional practice and on people's access to services. We are happy to work with key stakeholders to find solutions.