

# **GUIDELINES FOR FILMING/INTERVIEWS OF HEALTH PERSONNELS/PATIENTS IN HEALTH FACILITIES**

The following are guidelines for filming of patient care activities in health facilities

- **Filming should only commence after ERC approval and written informed consent has been obtained from the patient/health worker. The patient should be made aware of exactly who will be present and what to expect during the recording.**
- **Consent should be obtained from patients who are awake and alert enough to understand the consequences of their actions. Patients who are severely ill or injured, intoxicated, psychologically disturbed, or experiencing severe pain, anguish, or grief frequently lack capacity to give consent and should not be approached.**
- **Consent should not be obtained under conditions of duress or when the patient might feel compelled to consent out of fear or gratitude. Individuals in "status relationships," such as students, should not be approached.**
- **Deferred consent is not acceptable, since the patient's privacy will already have been violated before this can be obtained.**
- **Surrogate decision makers are generally unacceptable in this situation. A possible exception exists if the person in question is permanently or indefinitely incompetent.**
- **Consent should be obtained by a disinterested third party rather than by a member of the media, film crew, or production team.**
- **Ideally, a representative of the hospital's public relations department/administration who is familiar with the organization's policies should supervise the consent process and be present during filming.**

- There must not be any discrimination, except for medical reasons, as to who is or is not asked to participate.
- For commercial filming, payment for airing a taped segment should represent fair compensation that is established before taping commences. Payments should not be so great as to be coercive and should not be an inducement for the right to broadcast vulnerable individuals.
- **Physicians and others in a position to recruit patients for filming should not be compensated directly for their participation.**
- **Patients have a right to view a tape in which they appear before its airing. They may withdraw their consent for use of the tape and/or order the portion containing their image destroyed up until a reasonable time before it is broadcast.**
- Cameras can be permitted in public areas, such as corridors, where they could view general activities that the average public might view. (This is similar to the placement of security cameras in public spaces where they are permitted in corridors or open work areas but not in offices, conference rooms, or locker rooms because there is a reasonable expectation of privacy in the latter but not the former.) These cameras should not film patients and should not be allowed to zoom for close-ups that might identify individual subjects without their permission.
- **Appropriate signage advising of the presence of the cameras should be posted.**
- **Individual staff members should be given the option of whether to appear on camera and must consent before they are filmed. They have the right to refuse. During filming, efforts should be made to minimize disruption of other patient care activities and to avoid distracting caregivers from their duties to other**

**patients. Extra personnel should be scheduled as necessary if caregivers will be preoccupied with the filming.**

- **Patients who are being filmed have the right to have the filming stopped at any time, and the film crew may be asked to leave the area. Caregivers who feel that medical care is being jeopardized can also request that filming be halted.**
- Televised reports should not overstate the success of a particular therapy or procedure or imply unique skills or abilities of individual practitioners or facilities unless such claims can be justified.

These recommendations would preclude filming in emergency departments of most urgent patient-physician interactions (e.g. trauma, cardiopulmonary resuscitation) and of children and others deemed vulnerable.

The simultaneous goals of educating and informing the public and protecting patient privacy while commercially filming patient encounters can be achieved if meticulous attention is paid to the rights of patients, especially the most vulnerable.