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The Military Medical Screening Process

Tamar Tavory*

Abstract

Undergoing a medical examination in the recruitment center, a review by the medical committee, and the determination of the military profile score are all important stages in the military enlistment process. This article examines legal aspects of the military medical screening process, including the determination fitness for military duty; exemption from service and the process of volunteering in such a case; sharing medical information about the recruited candidate; and [appealing against the] the medical committee's decision. This article also examines the alternatives that exempted candidates face, and analyzes significant dilemmas that military and family physicians encounter when they treat recruitment candidates.

* Tamar Tavory – Advocate, Deputy Commander of the IDF Military Law School, formerly Deputy Legal Advisor to the Medical Corps of the IDF Military, Advocate General's Corps, Israel Defense Forces. Master's Degree in Law, The Judge Advocate General's School, U.S. Army, Charlottesville, Virginia (2005). Master's Degree in Literature, Tel Aviv University (2006).

From The Patients' Rights Act 1996 to The Dying Patient Act 2005: Moving Forward or Backwards

Dr. Israel (Issi) Doron,* and Dr. Carmel Shalev**

Abstract

In 2005, Israel enacted a brand new law, known as The Dying Patient Act. The new legislation intended to legally resolve and regulate the complex issue of passive euthanasia in Israel. However, this new law is limited only to "dying patients," i.e., patients who suffer from incurable illnesses with a life expectancy of less than six months.

This limited scope gave rise to the question regarding legal solution for older and chronically ill patients, or patients with dementia, who do not fall within the legal definition of "dying patient," but who prefer not be kept alive artificially. This article discusses the legal relationships between Israel's new legislation, and older, still existing law known as The Patients' Rights Act of 1996.

* Israel Doron Ph.D. - Senior Lecturer, Department of Gerontology, University of Haifa.

** Carmel Shalev Ph.D. - Adjunct Lecturer, Faculty of Law, University of Haifa.

Coercive Medical Treatment – When and By Whom?

Uri Nitzan M.D.,* Shaul Lev-Ran M.D. **, and Shmuel Fennig M.D. **,

Abstract

In this article, we review the set of laws by which Israeli physicians in general, and psychiatrists in particular, operate upon deciding to treat a patient without receiving informed consent or against his explicit will. Not infrequently, the physician finds himself perplexed in face of genuine ethical and juridical dilemmas, unable to use the law efficiently or, at times, even implement it. The paper will focus on a scenario in which the patient actively resists medical treatment, while raising essential questions concerning the existent law and its relevancy to clinical work. The potential utilizations of the different laws will be illustrated with various clinical examples. Deepening the discussion, both ethical and legal aspects of enforcing medical treatment to the “anorectic patient” will be presented as well.

* Shalvata Mental Health Care Center, Hod Hasharon, Israel, affiliated to the

** Sackler School of Medicine, Tel-Aviv University, Ramat Aviv, Israel.

Key Words: general-hospital, law, coercion, treatment, informed-consent

Revoking Drivers' Licenses on Psychiatric Grounds

Yuval Melamed. M.D. M.H.A.^{1,2} Valentina Fishkin. M.D.³,
Marnina Svartz-Vanetik. M.D.,M.H.A.^{1,3}, Ada Viner. M.D.⁴,
Joseph Ribak M.D.,M.P.H.^{4,5}

Abstract

In recent years, road accidents are on the rise and have reached epidemic proportions in Israel. The accidents are the result of a combination of three factors: road conditions, car condition, and the human factor – the driver.

In examining the human factor - the driver's fitness for driving, the issue is not supervision that threatens individual rights, but rather screening individuals that may pose a risk to themselves or others and harm the public safety. In the Medical Institute for Road Safety, medical, physiological and emotional fitness for driving is examined. The main goal of the Institute is to reduce the accidents' rate and hence the rate of road casualties. Special emphasis is placed on the mentally ill and individuals with mental disorders.

“Unsuitable personality” is a broad term that refers to lack of medical and emotional fitness. The subject undergoes a personal interview and psychodiagnostic testing: cognitive tests and/or is referred to psychiatric evaluation as necessary.

The aim of the study was to examine the reason for revoking a driver's license, or for not authorizing the application of a license to larger vehicles. The personal files of 206 subjects referred to evaluation in the Institute were examined; 104 files

had negative and 102 had positive outcomes. The results were as follows: most of the subjects (75%) were less than forty years old; the average age was 32; and almost all of them (97%) were men. The main source of referral was the Licensing Bureau. A significant correlation between marital status and fitness to drive was revealed. A similar correlation was found between traffic violations and emotional diagnoses. Borderline significance was revealed between employment and the status of the license, and the same applied to police records and accidents. The typical profile for those who received a negative response from the Institute was: unemployed individuals with police records for traffic violations and accidents.

Almost all subjects that received a negative response were diagnosed with a mental disorder, mainly personality disorders, and/or substance or alcohol abuse (76.7%).

1. Lev Hasharon Mental Health Center, POB 90000, Netanya 42100, Israel.
2. Sackler Faculty of Medicine, Tel Aviv University, Tel-Aviv, Israel.
3. Abarbanel Mental Health Center, POB 1115, Bat Yam, Israel.
4. The Medical Institute for Road Safety, Israel.
5. School of Public Health, Tel Aviv University.

Dual Record Keeping in Psychodynamic Psychotherapy: Further Protection of Patient's Privacy

Shai Lederman* and Gaby Shefler**

In this paper, we deal with the dual record-keeping policy in psychodynamic psychotherapy. This record-keeping policy of separating process notes from standard medical records is a common practice among psychodynamic psychotherapists - psychiatrists, psychologist and social workers - but its legal justification under the Israeli Patient's Rights Act has been called into question.

The Patient's Rights Act requires that the therapist keep a medical record, consisting of all information regarding the patient. In addition, the Act allows the therapist to keep his personal notes separated from the medical record. Process notes in psychodynamic psychotherapy are informal and personal, consisting of a mixture of informative description of therapeutic interaction, and of the expression of the therapist's subjective experience during the session. On the one hand, due to their informal and personal nature, therapists may choose to keep process notes separate from the medical record. On the other hand, they contain informative materials about the patient and the course of his treatment, and thus may be required for the purpose of keeping his medical record.

In this paper, we tackle this question from the patient's right to privacy point of view. Process notes contain highly sensitive information about the patient, which is even more sensitive than information in records describing physical pathology and its treatment. Due to third parties access to the medical record, keeping process notes in it might violate the patient right to privacy.

We argue that the highly sensitive nature of information recorded in the process notes and the importance of confidentiality in psychodynamic treatment justify setting a higher standard for protecting therapist-patient communication recorded in the process notes. Keeping process notes separate from the medical record, as personal notes, limits third parties' access to them, and provides further protection of the patient's privacy.

* Shai Lederman, LLB (Law and Psychology), MA (Psychology – Clinical Track).

** Professor Gaby Shefler, Clinical Psychologist and Training Psychoanalyst, Herzog Mental Hospital – Jerusalem, Freud Center for Study and Research in Psychoanalysis, Department of Psychology, Hebrew University, Jerusalem Center for Ethics at Mishkenot Sha'ananim.

Key words: patient's rights act, psychodynamic psychotherapy, dual records, medical record, personal notes, process notes, confidentiality, privacy, professional ethics in mental health profession.

Freedom of Therapy and Freedom to Treat: When the Therapist Is Also an Expert Witness

Na'ama Bar- Sadeh *

Abstract

The article deals with the implications of tightly interlocked situations in the relationship between the legal and therapeutic systems.

The author asserts that those situations are neither beneficial for the patient nor to the therapeutic process. When the legal system gives free rein to the therapeutic system, honors its autonomy, and makes use of the diagnostic system for its own needs, then the interests of the society, of the patient, and of the therapeutic system are all preserved.

* Na'ama Bar- Sadeh M.A. Senior Clinical Psychologist and Supervisor, Private Clinic naamabs@012.net.il.

Key words: Freedom of therapy, psychotherapy and the law, diagnostic and therapeutic evaluation, therapeutic relationship, expert witness, parenting capacity.