

The Unknown Patient: Ethics of Anonymity

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doi:10.56397/CRMS.2024.09.01

With the increasing number of journals dedicated to case reports and the impressive number of clinical cases, studies, images and other subtleties of this kind, this is probably the moment for reflection. The guidelines and articles of journals are structured; however, case reports thus far have served the purpose of publishing something unusual.

Enthrall me with your acumen, said Anthony Hopkins in the unrepeatable role of a psychotic psychiatrist in his stellar performance in “*The silence of the lambs*” (https://www.quotes.net/movies/the_silence_of_the_lambs_13904;

<https://www.imdb.com/title/tt0102926/characters/nm0000164>). Now, the role of someone narrating the story and the history of a diseased person — which by appointment must be his treating clinician at the best of scenarios — is no longer to enthrall readers. Journals explicitly state that case reports do not necessarily need to be *surprising*, which certainly seems logical. Surprises generally come out from biased data, underrated findings or defective elaboration.

Since history is one of the best advisors, a simple perspective on how case reports and reporting have changed over the years will elucidate the dilemmas faced and the solutions offered. A detailed description of all of a patient's

complaints, as well as their name, surname, age and sometimes address, such as once freely proposed, is no longer available (Kitson G., 1806; On the Tic Douloureux, or Trismus Dolorificus, 1807).

In fact, anonymizing the patient's data to render everything not traceable to a single person and place has become an ethical imperative. The scope of informed consent, which was originally supposed to be used to obtain a detailed explanation of a patient's condition and treatment options, has increased to include the probability of having some (if not all) history published. However, anonymization has intrinsic problems. The depiction of a patient who once had his or her name published, perhaps even his or her photos or images related to the diseased organ, is actually one of an unknown creature. Different patients, diseases, and settings add even more concerns to an already highly debatable issue: how patients' data should be handled (Wright D & Saucier R., 2012; Saunders B, Kitzinger J & Kitzinger C., 2015).

The only savable individual seems to be the unknown patient. The picture comes close to that of the *Unknown Soldier*, whose immortality was ensured from the mere fact that he had no name. Care at distance is essentially magic.

Touch the screen... screamed Phil Collins while singing *Jesus, he knows me*. Online medicine has come so close to this notion. Personal history might be collected online, and suggestions and even prescriptions might follow. Ethical issues are overcoming clinical transparency, or are these obfuscating truth-telling? This is a thorny dilemma that we will discuss here again.

What is left from remote sources and authors reporting their cases more than one century ago will show how things have substantially changed. Authors' internal drive to highlight their experience has different explanations and reasons, all of which will contribute to the product, as seen from the readers. Among the pros and cons of continuously publishing new (or almost new?) case reports, sources have detailed a variety of reasons for this unending productivity (Vandenbroucke JP., 2001).

The list of pedagogic-oriented review papers trying to teach beginners how to write and publish a case report is ever growing (McCarthy LH & Reilly KE., 2000; Sun Z., 2013). In fact, the industry of case reports is flourishing. To date, BMJ Case Reports has published an impressive amount of more than twenty-eight thousand cases, and more are being added, with some other journals dedicated to case reports surpassing seven thousand (Clinical Case Reports, Wiley) or more than six thousand papers (Journal of Medical Case Reports). The World Journal of Clinical Cases is currently approaching the figure of six thousand articles. Moreover, all this is just to mention a few: the figures cannot be exhaustive and are changing every day.

Thus, it seems that case reports as a form of medical publication are en vogue and are worth writing and reading. However, their face value to the medical community still needs to be discussed.

The time of great discoveries might be over, and the large number of reports will make it difficult to separate unexpected, unrepeatable events from what we routinely encounter in medical practice. One must not forget that the first ever clinical appearance of HIV-AIDS emerged as a case report in the form of a preliminary communication (Gottlieb GJ, Ragaz A, Vogel JV, Friedman-Kien A, Rywlin AM, Weiner EA & Ackerman AB., 1981).

Thus, refining the theme is important. *"For the practice of medicine, the single case, the previously*

unreported fact, must be reported" — wrote Nathan in 1967 (Nathan PW., 1967).

Currently, difficulties in publishing straightforward data are becoming more logistical than they were previously when we consider the shift from direct contact to imaging and thereafter to online consultation — even of the imaging performed. The distorted patient–doctor relationship could have started with the diminishing, or abolition, of home visits (Acosta LMY, 2020). At that time, professionals may have begun to distance themselves from the client-centered approach, and technology may have led to the rest of this disconnection. One may depict the pale face of their patient in their clinical description while consulting with him or her on a video call.

As if this were not enough, selectivity in handling and publishing findings is another important issue. Case reports need to comprehensively provide whatever the medical team could find, or could not, while examining the patient. One should use intuition and be as all-inclusive as possible because even small details are important (Yitschaky O, Yitschaky M & Zadik Y., 2011). If some types of articles (such as case images or video images) do not allow more than 100-500 words of main text, we should remember that the era of narrative medicine, maybe unfortunately, is over. Of course, we have not lost the very essence of Oslerian teachings, who himself was after all a strong advocate for publishing case reports and new data in medicine (Cao W & Yang X., 2024; Das A & Singh I., 2021).

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