Ethics of Electronic Health Record Systems

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ABSTRACT

This article describes how healthcare and IT are combating the ethical implications of electronic health records (EHRs) in order to make them adopted by over 90% of small practices. There is a lack of trust in EHRs and uneasiness about what they will accomplish. Furthermore, security concerns have become more prevalent as a result of increased hacker activity. The objective of this article is to analyze these ethical issues in an effort to eliminate them as a hinderance to EHR implementation. As of now, 98% of all hospitals use EHRs. Between 2009 and 2015, the government allocated money and resources for incentive programs to get EHRs into every healthcare providers’ office. During this time period, over $800 million dollars facilitated EHR implementation. Using this as a tool EHRs negative perception can be revitalized and combated with the meaningful use program. This article will highlight the ethical implications of EHRs and suggest ways in which to avoid them to make EHRs available in every healthcare provider.

KEYWORDS

Electronic Health Record, Ethics, Healthcare, Information Systems, Information Technology

INTRODUCTION

Information technology (IT) and systems (IS) are now very well integrated into aspects of today’s society. The various technologies and systems that deal with an abundance of information wield great power, but also raise various issues. Unfortunately, many people exploit technology for personal gain, at the cost of others. This technology element makes ethics an extremely important aspect in IT.

Ethics in IT, also known as information ethics, concentrates on the creation, control, and use of information technology, and how it relates to the principles that govern society. The best practice to prevent technology misuse is to instantiate standards that avert such issues.

Creation is the development process that a technology employs. This can be the development of a new product or the implementation of an IS or IT. Project management is the most important aspect of creation. If the team doesn’t utilize good tactics, they may overlook harmful issues. Control relates to the software or technology distributor, maintenance of an IT or IS, and information management. Control focuses on ethical codes, legal or implied, that employees follow.

The final aspect is the use of IT or IS. Users cannot abuse privileges, especially if it is access to trade secrets or personnel files. Similar to control, use has a foundation in the company’s code of ethics and corporate environment. Ethical breaches lead to legal, financial, and social difficulties. When a new IT or IS introduced, ethical implications arise concerning creation, control, and/or use; it is crucial to comprehend what ethical implications may arise.

The paper is organized as follows: the background section presents the needed foundational knowledge on the subject matter; it also presents the objective of the study. The research methods section presents how the methods used to identify and analyze the articles that served as the basis

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for achieving the objective of the study. The findings section outlines the analysis and findings from the execution of the research methods. The next section presents the discussion of the findings and analysis executed from the study; it also presents recommendations that should be used when applying ethics and EHRs in project/IT environments. The final section outlines the general conclusions and potential next steps as a means to close out this research study.

BACKGROUND

The healthcare industry must address all ethical implications in technology since it deals with highly sensitive information. As a result, a culture of ethical practices and standardized processes is nurtured. Electronic Health Record (EHR) systems are one technology that complies with ethical standards because of the way in which it handles patient information (Waegemann, 2003). Waegemann (2003) explains the purpose of EHR systems:

*The concept of an EHR--electronic storage and instant availability of information to authorized practitioners--is often combined with the advantages of an electronic healthcare system, including enhanced access to medical information and greater efficiency. EHR promoters even claim that full access to health information might bring cures for certain diseases, such as AIDS. Healthcare is getting more complex every day. Today, multiple specialists are involved in most patients’ healthcare, and paper records cannot keep practitioners completely informed. (p. 1)*

EHRs play a pivotal role in keeping practitioners informed and connected. Its data can be collated and analyzed on a grander scale, thus enabling researchers to view and create trends about various health issues. It wasn’t until recently that EHRs became more widespread and accepted. According to Tripathi (2012), EHRs have undergone vast transformation in the past 50 years. Predecessors to EHRs existed in the 1960s and early ’70s. In the 1990s, the modern EHR came into fruition and practice. EHRs were slowly implemented because a lack of standardization in the market and little motivation from providers (Waegemann, 2003).

In 2009, EHRs experienced a substantial boom in innovation and adoption as a result of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Tripathi, 2012). The HITECH Act contains a provision entitled the American Recovery and Reinvestment Act (ARRA), which add an incentive program and funding assistance to eligible facilities (CMS, 2016). Both HITECH and ARRA “motivated a fragmented customer base to act more like a single customer with coherent demand,” thus setting the stage for market standardization (Tripathi, 2012). Even with such changes, it is challenging for HER benefits to become more widespread. EHRs face ethical implications in healthcare and information technology, as discussed in the proceeding sections.

Study Objective

Healthcare faces important ethical questions because of the strict standards guiding the industry. Based on Figure 1, of all the hospitals that are eligible for assistance through HITECH, 98% demonstrated meaningful use of health IT and/or EHR implementation (Tripathi, 2012). Office-based health care professionals implementing EHRs experience more concern in maintaining and/or implementing EHRs.

As it is seen in Figure 2, only 57% of office-based health professionals use health IT and/or implement EHRs (Anderson, 2007). This affirms the notion that there is more concern in maintaining EHRs in office-based locations. Juxtaposed to the 98% of hospitals, there is an implication that either office-based healthcare professionals don’t rely on the advanced patient information management an EHR provides, or there are roadblocks preventing them from implementing. Such roadblocks can translate to various ethical issues, as this paper suggests (Waegemann, 2003).
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