

ADVICE NOTE 20

CLIENT CONFIDENTIALITY – REPORTING ALLEGED CRIMINAL ACTIVITY

1. The purpose of this advice note is to clarify the circumstances in which a veterinary surgeon or veterinary nurse may breach client confidentiality to report a client's alleged criminal activity to the authorities.
2. Veterinary surgeons and veterinary nurses in professional practice may become aware of information detrimental to the client's interests. The starting point is client confidentiality and clients have a right to expect that information provided to veterinary surgeons or veterinary nurses will remain confidential between the client and the veterinary surgeon or veterinary nurse.
3. Generally, there is no duty to report alleged criminal activity
4. The respective Guides to Professional Conduct for Veterinary Surgeons and Veterinary Nurses state at Part 1D Your responsibilities to clients

'2 'The professional/client relationship is one of mutual trust and respect, under which a veterinary surgeon (veterinary nurse) must: ... maintain client confidentiality ...'.

5. Part 2 A of the Guide to Professional Conduct for Veterinary Surgeons (Appendix in the Guide for Veterinary Nurses) states:

Client Confidentiality

1. The veterinary surgeon/client relationship is founded on trust, and in normal circumstances a veterinary surgeon must not disclose to any third party any information about a client or their animal either given by the client, or revealed by clinical examination or by post-mortem examination. This duty also extends to associated support staff.

2. In circumstances where the client has not given permission for disclosure and when the veterinary surgeon believes that animal welfare or public interest are compromised the RCVS may be consulted before any information is divulged.

6. Client confidentiality should be breached only in circumstances where the public interest or animal welfare considerations override the responsibility to maintain client confidentiality, for example, where there is abuse of animals and breaching client confidentiality to report the alleged criminal activity may prevent further abuse.
7. Generally, a breach of client confidentiality to report alleged criminal activity should be based on personal knowledge, for example where a veterinary surgeon has seen the unlawfully imported medicines, rather than third party information (hearsay evidence) where there may be simply a suspicion that somebody has, for example, unlawfully imported medicines; although the more serious the alleged criminal activity, the more prepared a veterinary surgeon should be to report that alleged criminal activity to the relevant authority.
8. Care should be taken to ensure that when breaching client confidentiality to report alleged criminal activity to the relevant authority, a veterinary surgeon acts in good faith and is perceived to act in good faith. For example, if there has been any disagreement or argument between the veterinary surgeon and the client, the veterinary surgeon may wish to consider whether to ask a colleague for an objective view of the matter.
9. In some circumstances clients will need support to comply with legislation and veterinary surgeons may offer advice on a variety of areas, for example, animal welfare; tail docking; dangerous dogs; and the possession of illegal medicines. However, veterinary surgeons must be careful not to be used by the client to facilitate the commission of a crime or fraud; they must not be complicit in any criminal offence. Where a client ignores a veterinary surgeon's advice, the veterinary surgeon should consider whether to act for the client.
10. Veterinary nurses wishing to breach client confidentiality are advised to discuss the matter with the relevant veterinary surgeon in the practice in the first instance.
11. Each case should be determined on the particular circumstances and veterinary surgeons or veterinary nurses who wish to seek advice on matters of confidentiality are encouraged to contact the RCVS Professional Conduct Department on 020 2702 0789, to seek advice.

Professional Conduct Department
Advisory Committee February 2008