Taking care with confidentiality

Sir,

Contrary to the suggestions of Messrs Keegan and Levenson, my letter (vol. 71(10), 2010, p. 594) does not hold that applying to the Ethics and Confidentiality Committee of the National Information Governance Board for Health and Social Care is required in law if consent cannot be obtained to accessing confidential data, nor that the common law duty of confidence is absolute.

All would surely agree that those considering disclosing confidential data without consent should carefully assess the risk of doing so and minimize the risk of liability. The best way of doing this is by seeking the advice of the Ethics and Confidentiality Committee, whose careful application of the law, including proportionality, provides a mechanism of minimizing the risk and removing liability. The Ethics and Confidentiality Committee often makes simple practical suggestions such as alteration of the level of postcode to reduce the risk of identification. In total, the Ethics and Confidentiality Committee facilitates a way forward for section 251 cover for just under 90% of its applications, with half of the remainder potentially meeting the legal standards of section 251 with more evidence.

I maintain that it is unwise for the General Medical Council to advise health professionals in England and Wales to rely upon the public interest as a basis in law in England and Wales for secondary use of patient data without consent. Whatever the position in other jurisdictions, the availability of section 251 of the NHS Act 2006 in England and Wales provides a more certain route towards a secure legal basis for disclosure of confidential information for the purposes of medical research.

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Khat: an emerging risk factor to health in Britain

Sir,

Khat (*Figure 1*) has been chewed for its euphoric amphetamine-like effects for centuries in the Middle East and north east Africa. Since the 1980s it has been used by immigrant groups, with reports now suggesting use is spreading to native young people. It is estimated that 7 tons of khat arrive via Heathrow Airport each week.

The clinical effects of khat include tachycardia, hypertension, coronary artery vasospasm and myocardial infarction. Khat has also linked to development of dilated cardiomyopathy, rhythm disturbances, thromboembolism, cerebrovascular ischaemia and stroke. Hepatotoxicity, psychiatric illness and death are also reported.

While synthetic derivatives of this drug (i.e. mephedrone) and the constituent chemicals (cathinone and cathine) are banned substances, raw khat in a plant form remains legal in the UK. Khat's 'cultural legitimacy' means its use is likely to continue. Physicians in the UK should be aware of its clinical effects and wide availability.

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Figure 1. Khat (Catha edulis celestrasae) leaves, likely of Kenyan origin and costing £6 in west London.