

Topical nitrates in painful diabetic neuropathy

Dear Editor

I wish to thank Drs Votrubic and Thong¹ for their comprehensive review of pharmacological management of neuropathic pain (*AFP* March 2013). I wish to raise the question of the use of topical nitrates in painful diabetic neuropathy.

Three small double blind placebo-controlled studies have shown significant improvement in pain scores with the use of glyceryl trinitrate or isosorbide dinitrate spray in painful diabetic neuropathy.^{2–4} One group of authors subsequently reported similar benefit with the use of glyceryl trinitrate patches in a non-placebo controlled audit.⁵ The proposed mechanism of action was increased generation of nitric oxide promoting vasodilation with secondary improvement in microvascular blood flow.

The responders in these studies often noted benefit within days of commencing treatment, contrasting with the time usually required to see a reduction in neuropathic pain with anticonvulsant and antidepressant medications. In addition, the use of topical nitrate sprays is associated with minimal side effects compared with oral medications, and is inexpensive.

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Work related hypertension

Dear Editor

Thank you for the issue on 'Workplace' (*AFP* April 2013). One topic that was not covered is that of blood pressure. High stress work conditions result in a significant increase in systolic and diastolic blood pressure.¹ This means that blood pressure is a crucial early indicator in identifying work related stress, and job strain in particular. Employees' blood pressure readings should therefore be taken as part of any studies on work related problems or preventive occupational medical check-ups. Twenty-four hour blood pressure monitoring is a diagnostic method, which may be appropriate for the evaluation of work associated employee blood pressure levels.²

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Pateint confidentiality

Dear Editor

I refer to the interesting article by Thuraisingham and Nalliah¹ based on a potential employee (PE) seen by a company doctor for a pre-employment medical examination (PEME) (*AFP* April 2013).

In their case study, examination reveals clinical signs leading to tests confirming hyperthyroidism. The doctor takes the PE as a patient, starts treatment, and certifies her employable. With the PE's consent, the doctor makes partial disclosure to the employer that the she has a non-life threatening illness that requires treatment until stabilised. Six months later, the company questions the doctor's decision

that declared her fit for employment, as this has incurred recurring medical expenses for her management.

The authors then highlight three ethical dilemmas that may arise during a PEME:

1. Is it ethical for employers to use physicians' reports to select workers based on 'absence of illness' rather than 'fitness to work'?
2. Should physicians divulge the illness of potential employees to third parties?
3. What are the boundaries of a clinician's duty of care in the PEME setting?

In answer to questions 1 and 2, the American Medical Association's² opinion is that where a physician's services are limited to performing an isolated assessment of an individual's health or disability for an employer, the information obtained by the physician as a result of such examinations is confidential and should not be communicated to a third party without the individual's prior written consent, unless required by law. If the individual authorised the release of medical information to an employer or a potential employer, the physician should release only that information which is reasonably relevant to the employer's decision regarding that individual's ability to perform the work required by the job. However, the potential employer could provide a written guideline to the PE ahead of time that clearly details the PEME and tests required as a pre-condition of employment. This form should include a paragraph to be signed by the PE giving consent to the doctor to disclose all findings to the company. The doctor should satisfy himself that the PE has sufficient information about the scope, purpose and likely consequences of the examination disclosure, and understands that the relevant information cannot be concealed from the potential employer.⁴ The doctor should also offer to show the PE or provide a copy of the report to be forwarded to the employer.

With respect to question 3, the Malaysian Medical Association Code of Medical Ethics³ states that when a company doctor finds on examination that an employee is unfit to work, the doctor shall advise the employee to consult their own doctor or may, in an emergency, send them directly to a hospital. Likewise, in the case study, the doctor should have informed the PE that his examination suggests hyperthyroidism that requires the attention of her doctor. He should not invite or influence the PE to become his patient. He should offer to refer the PE to a hospital should she not have her own doctor. The patient however, has autonomy to choose or change her doctor at any time.

In providing only partial information about the PE's examination to the employer, the doctor respected patient confidentiality. Annoyance of the employer over lack of full disclosure should be managed by educating the employer on medical ethics, confidentiality and professionalism. Should the company desire more detailed disclosures on PEs, it should provide written guidelines to PEs ahead of time, clearly detailing the PEME and the tests required, and written consent of the PE to disclosure of the required information by the doctor to the employer. This would absolve the doctor from seeking further consent for disclosure.

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Reply

Dear Editor

In Professor Sinniah's comments related to the first two ethical dilemmas in our case study, he states that patient confidentiality takes precedence over an employer's interest.

With due respect, the patient in our case study was required by the doctor to sign a consent letter authorising disclosure for the presence of any medical condition, but not details, to the employer. The doctor had simultaneously certified the patient fit for employment in the letter to the employer, as the employee's medical condition did not merit him to do otherwise.

Although her medical condition did not affect her employability, this information was reasonably relevant to the employer, as treatment of her medical condition would incur recurring medical costs during her tenure of work. It was as much a dilemma to the employer as it was to the doctor.

In the case study, the patient informed the examining doctor that she did not have a regular doctor. Therefore, referring the patient to a hospital would not only have been tantamount to absolving his professional responsibility to his patient, but would also have delayed a long-needed solution to the patient's problem. After all, the hospital would also be another parallel third party. The examining doctor was competent enough in this relatively trivial medical problem, and would have been her legitimate doctor once she became an employee of the company 6 weeks later. It may not have been a question of choice in this unique patient-doctor relationship. Of course, the patient has autonomy to choose or change her doctor at any time, but she had given her prior informed consent to the examining doctor.

In response to Professor Sinniah's views on the third ethical dilemma, I would like to refer to Section 3.D under Doctors in Relationship with Third Party Payers of the Code of Medical Ethics of the Malaysian Medical Association, which states that 'the position of the company doctor is such that without constant care, a conflict of loyalties is liable to arise, for, while he holds his appointment

from the management, the object of his duties is the welfare of the workers, individually and collectively. As a doctor, his paramount concern must be for the patient, and his behaviour should be guided by the customary and ethical rules of his profession'.¹ In this regard, the doctor did not stop at just certifying her fit, as her medical condition did not affect her employability, but went on to address her neglected medical condition in his duty of care.

The lengths to which a doctor would go with the employer in a PEME would depend very much on his terms of reference. The terms of reference will depend on whether he is any 'licensed general practitioner', a 'panel doctor registered with the company', or, in cases where there is an in-house medical facility, an 'in-house company doctor'.

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1. Malaysian Medical Association. Code of Medical Ethics (Online). Available at www.mma.org.my/Portals/0/pdf/MMA_ethicscode.pdf [Accessed 22 April 2013].

Letters to the Editor

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