

# PMA REPORTS: A GP'S OBLIGATIONS

## Kate Noone of Medisec provides guidance on the dual obligations and considerations for a doctor processing a request for a PMA report

**G**Ps are often asked to complete private medical attendant reports (PMAs) in respect of their patients, usually at the request of insurance companies in the context of life assurance policies or mortgage applications. In completing such a report, it is important to remember your obligations to your patients as well as to third parties.

### Informed consent

Often, the request for a PMA report will come directly from the insurance company and may be accompanied by a photocopy of the patient's signature or some form of written consent. This consent may have been signed some years ago. The doctor must confirm full, valid, up-to-date and informed consent from the patient before disclosing any clinical details to the insurance company.

GPs must satisfy themselves that the patient is fully aware of the extent of the disclosure requested and to be submitted, including any particularly sensitive issues such as sexual health details or mental health difficulties, which may or may not be ongoing.

### No signature policies

Some insurance companies offer a 'no signature' policy, where an agent or employee of the insurance company takes a verbal consent from the applicant. The doctor completing the PMA form has a responsibility to the patient to ensure that fully informed consent has been given by the patient to disclosure of their medical history to the company involved, and as a result, the doctor should not rely on a 'no signature' policy and will need to contact the patient directly to satisfy themselves that consent is freely given.

As a practical step it is advisable to ask a patient to attend and go through the questions in the PMA and the GP's proposed responses. It is a good idea for

the patient to review the draft completed PMA form as part of the consent process. Discussions between the GP and the patient regarding consent should be documented in the patient's chart.

### Managing your dual obligations

Patients may be anxious that nothing prejudicial is disclosed unless absolutely necessary. They may be concerned that including certain information in a PMA could have a bearing on whether a policy is offered, the price of same and/or whether a claim will be paid out. GPs will need to remind a patient that any non-disclosure of relevant information or disclosure of incomplete or misleading information could lead to the rejection of a claim in the future.

Importantly, a GP should explain their legal and ethical obligations to provide accurate and truthful information to the insurance company.

The *Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners 9th Edition, 2024* (the Ethics Guide) (paragraph 51.3) states that doctors have a duty to third parties (which would include insurance companies) as well as to patients and to not omit relevant information from the report.<sup>1</sup>

A consultation with the patient affords GPs an opportunity to explain this to patients and explore the extent of the consent provided. Reviewing the completed PMA report with a patient will also help ensure the patient understands the information disclosed as well as the purpose and scope of the report. It also gives both doctor and patient the opportunity to spot any errors or inaccuracies in the report.

### Refusal of consent

If the patient objects to necessary or relevant information being provided, they are effectively withdrawing their consent, and the doctor should simply write on the

relevant section of the form 'no consent from the patient to disclose' or decline to submit the report in this instance. A patient should be informed that this is how the doctor must deal with such situations. Any discussions relating to this should be carefully recorded in the patient file.

### Genetic conditions and inheritable illnesses

In accordance with the Disability Act 2005<sup>2</sup> and the Code of Practice on Data Protection<sup>3</sup> for the insurance sector, insurance companies cannot take the results of an applicant's genetic screening into account when considering an application for an insurance policy. Doctors are not obliged to reveal the results of any genetic screening, and if they do so, the insurance company must disregard this information. It is however important to clarify that where a patient is suffering from the effects of a genetic illness, that their clinical condition and diagnosis can be disclosed. In these circumstances, the exception does not change a doctor's legal obligation to provide the insurance company with full details of any symptoms experienced, non-genetic laboratory tests or investigations and/or treatment when answering the questions on a PMA form.

An example of this would be where a patient has been identified as a carrier of the gene for haemochromatosis through genetic testing. If clinically well, and suffering no sequelae, the result of the test need not be disclosed. If the patient is suffering any consequences of haemochromatosis, say cirrhosis and diabetes, or is going for regular venesection, then this may be included in the PMA report. As in all cases of disclosure, the patient should be informed of what the doctor intends to report.

### Family history

The query often arises whether a doctor is obliged to include details of



a patient's family history in the PMA report. If a GP has information about a member of the patient's family, and that person is identifiable, then consent of that person to reveal their medical information would be required. If the patient reports a general family history of conditions or illnesses which may be relevant to the patient's health, this information can only be provided if it is derived solely from the patient's own clinical records with patient consent and not relating to an identifiable individual.

If there is any uncertainty regarding disclosure of information about a patient's family history, it is advisable to leave it to the patient themselves to offer this information to the insurance company if requested. A doctor can complete that section with 'family history information can be obtained directly from the patient'.

### Reports should be completed promptly

Delays in completing PMA reports can cause significant difficulty to a patient. Doctors should ensure to provide reports promptly so that the patient does not suffer any disadvantage and this is provided for at paragraph 51.6 of the Medical Council Ethics Guide.<sup>1</sup>

### PMA reports and the clinical record

It is important to keep a record of the completed report on the patient file. If there is a request for the patient's records, the PMA report will be included in any such disclosure as it forms part of the

patient's clinical record. A PMA report bears no difference to clinical notes, and both will be regarded as an accurate record of the patient's health at a certain point in time. Therefore, they should be treated by a doctor as requiring as much accuracy in their completion as the patient's clinical notes.

### Post-death inquiries

Sometimes, in the course of processing a claim after a patient has died, an insurance company may contact the patient's GP, requesting specific information or copies of clinical records. The patient, now deceased, may well have signed a consent for disclosure to the company while alive, and there may be a clause stating that the authority remains after death.

Medisec advises a cautious approach in these circumstances and that it is best to contact the patient's legal personal representative (LPR – usually the executor) of the deceased's estate to discuss the request. It is important not to rely on a person who identifies themselves as 'next-of kin' as they may have no legal role in confirming consent on the deceased patient's behalf.

When it comes to disclosing any information to a third party, the general rule of thumb is that a doctor should only disclose information that is relevant to the purpose of the request. Therefore, we strongly recommend that doctors discuss the relevant information with the LPR and seek their consent prior to disclosure, ensuring careful documentation of all discussions.



### Request for patient records

Sometimes an insurance company will request copies of a patient's records. It is important to remember that the same considerations as above apply regarding consent. The GP must ensure that the patient understands the extent of the disclosure, the dates involved and what level of detail is included in the records. A patient may not appreciate the nature and extent of the records sought. The patient (or their LPR) should give express consent, preferably in writing, to the release of the records.

Finally, the doctor must ensure that any release is limited to the parameters of the request, and that the release does not include information outside the specified date range if stated.

### Conclusion

In order to ensure a GP is fulfilling their obligations to patients and third parties, where there is any doubt regarding the release of records, or any aspect of PMA reports, GPs should contact their indemnifier for further guidance and support.

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### References

1. [www.medicalcouncil.ie](http://www.medicalcouncil.ie)
2. [www.irishstatutebook.ie](http://www.irishstatutebook.ie)
3. [www.insuranceireland.eu](http://www.insuranceireland.eu)