for whom she is responsible from the time he is considered for admission until guardianship is discharged.

Dr. Freeman: May we have some discussion of the last two papers? The one on the psychiatric worker in the mental hospital and the one on the phychiatric worker or social worker in other institutions. If not, we will proceed to the next. We will proceed with a great deal of caution because there are quite a few social workers here, and we do not agree exactly with some of their tenets.

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WHAT INFORMATION MAY BE PASSED ON TO OTHER AGENCIES?

Geo. H. Freeman, M. D.
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The questions are, What information may be passed on to other agencies and other interested individuals? What should be considered as confidential information in the social history? What information may other agencies expect to get from state institutions?

I presume the question, What information may be passed on to other agencies and other interested individuals? refers to the information concerning individuals which is present in our histories.

In this connection the question arises as to whom that information should be passed on; whether it is particularly to other institutions or to social agencies, whether it is to insurance companies, or whether it is to other hospitals or physicians.

I will say that certain workers with whom I have come in contact proceed upon the basis of common law, and the basis of common law is that a communication to a physician, or a communication to a priest, or a communication to a pastor, is not privileged; that the physician must disclose such information to competent authority in a civil suit. That is the old English law, the law that what you tell a physician is not confidential. Its secrecy is exactly the same as that of any other private communication. The English settled that there was no special privilege for a private communication, and, as a result, there was no special privilege for a physician or for even a priest. That was the state of affairs in 1792 and was used as a common law principle in every American court.

In 1793 a physician in New York was compelled to testify, although all he could testify came to his knowledge in confidence.

But in 1828 there came a statutory innovation in New York state, which established a privilege, and the present-day privilege is the settled law of most states, not of all states, but it is of this state.

The Minnesota General Statutes of 1894, Paragraphs 56 to 62, specify as follows: A regular physician or surgeon cannot, without the consent of the patient, be examined in a civil action as to any information obtained in attending the patient which is necessary to enable him to prescribe or act for the patient.

Now, of course this statute refers to examination in court, but the reverse holds true that a patient can exercise his privilege and insist that those things that come to our attention as physicians which are necessary for us to prescribe or act for the patient are privileged communications and cannot be divulged to anyone.

Now, this privilege, to go into the legal part of it farther, includes about anything that one is enabled to learn about the patient from the patient himself. It includes any exhibition of that patient's person. It includes any submission to inspection by the physician. It includes any oral or written communication that the patient makes. Legally only the tenor of the communication is privileged. In other words, in a civil action the doctor can be asked the question, "Did you examine John Doe on such and such a date?" and you will be compelled to answer. But you cannot be compelled to answer the question, "What did you find out about John Doe on that date?"

The privilege is the privilege of the patient. It is not the privilege of the doctor or the privilege of the court or the privilege of anybody else, but it is a personal, exclusive possession of that patient. Presumably, in the case of the patients with whom we deal, incompetent patients, it is the privilege of their legal guardian or

the person who stands in the relationship of their protector. Being the privilege of the patient, it is not terminated by death. Finally, it may be waived by the patient, and, as a consequence, I assume by his legal guardian or representative.

That is where our difficulty comes, because, especially during the difficult and hard times we are passing through today, so many families or so many members of families have felt compelled to seek the services of some social agency, and quite naturally the social agencies feel that in order to deal adequately with the problem at hand it is necessary to have all the information it is possible to obtain about that person or persons. They ask us. They say: "Mary Jones has applied to us for relief. We are anxious to deal with her two children. What is the matter with John, who is in the hospital?" We can only tell them in general terms about John. We cannot tell them that John has syphilis, because that is a privileged communication. No one is entitled to that information. We cannot tell them a great deal about what caused the trouble with John. All we can do is to write a general letter telling them as much as we can tell without violating a privileged communication.

The second one who asks for information is the State Board of Control. We feel at liberty to give full information to the Board of Control because we feel we are not separate from them. We are just putting the information in another desk. So they get full histories.

The third instance where we are required to furnish information is where we transfer a patient to the care of some other agent. When we transfer a patient to the Willmar State Asylum, when we transfer a patient to the veterans' facilities at St. Cloud, we feel entitled to send with that patient a full description of his disorder as we have it.

This raises, I presume it should raise, a very interesting discussion, because I think some of the agencies are a little peeved with the kind of general letters they get from some institutions, particularly the ones they get from St. Peter, and this is the reason: We do not feel that we are free to give the information out. If we do give it out we are liable. It is done to save the patient from humiliation and shame. It was felt by the lawmakers of the early day that unless a patient were protected he would feel unable to give his confidence to the physician and as a consequence would be unable to get adequate treatment.

L. G. Foley, Member State Board of Control: I should like to ask Dr. Freeman a question.

A short time ago we had a young woman in one of our institutions. In fact, she was there twice. It has developed that a young man wants to marry her, but he has heard a rumor to the effect that she was at one time an inmate of a state institution. He has written asking certain information. In your opinion is he entitled to such information?

Dr. Freeman: The fact that she was in an institution is outside a privileged communication. That was what I referred to. It is only the tenor of the communication that is privileged. The fact that she was in an institution is, you might say, public property. It is on record in the probate court that she was committed to a state institution on such and such a date. It would be perfectly all right to tell him that she was an inmate of a hospital from such a date to such a date, but you could not tell him what the trouble was. He should try to get the permission of the patient or the nearest relative or the guardian if he desires detailed information. The fact that a patient is in an institution or consulted a physician on such and such a date is not privileged, but what he told the physician is the privileged part and may not be divulged.

Mr. Foley: Don't you think it is important that that young man should know the facts before marriage with her?

Dr. Freeman: It is important that he should know them. He can be told that she was in the institution, but he cannot be told what was the trouble with her when she was in the institution.

Nancy Tomlinson, Family Welfare Association, Minneapolis: In the case of a syphilitic patient, how do you deal with the question of having the family examined? How do you get that done?

Dr. Freeman: We advise some member of the family to have it done.

Miss Tomlinson: Suppose they do not?

Dr. Freeman: We cannot do anything about it.

Miss Tomlinson: We feel that there should be a way of getting around it through social agencies.

Dr. Freeman: I do not feel that we could tell it.

The law provides that a physician treating a person for venereal disorder shall notify the State Board of Health to that effect. I do not think it provides that the Board of Health shall be notified whether or not they have relatives. If the patient continues treatments, I do not think anything can be done about it.

We advise some member of the family that he should have an examination, and I think it is usually done.

Sue H. Mason, Wilder Child Guidance Clinic, St. Paul: You stated that the law providing for this privileged communication was enacted for the purpose of saving the patient from condemnation and disgrace. We all realize that that was very necessary at one time, but don't you think there has been any change in the attitude of society, at least in the attitude of trained people in social agencies, so that you could safely submit your findings to such a person without bringing condemnation and disgrace to your patient? Judging from my years of experience with social agencies, I am not aware—except in very rare instances, and I really cannot recall one for the moment—of any case where knowledge received was acted upon with that result to a patient. It may have occurred but I am not aware of it.

Dr. Freeman: It has come to my ears that instances have occurred where people interested in social work were speaking confidentially among themselves but outsiders were listening to what was being said.

This is a thing we are not going to be able to change, and the reason is the fact that it is a statute of the state of Minnesota, which can only be changed through the legislature. The lawyers won't let us change it because it is of great benefit to them. We have so many compensation cases coming up. For instance, a workman falls. The doctor says, "There is nothing the matter with you. Go upstairs and lie down for a day." That doctor cannot testify in court that he believes there was nothing the matter with that patient. On the basis of what is valuable to the individual, I am afraid we are always going to have privilege.

Mildred Thomson, Supervisor, Subdivision for Feeble-minded: I do not know anything about the matter from a legal standpoint, but when there is syphilis, a condition that may imperil others in the family, and this patient has become a definite liability, the public, the taxpayers of the state of Minnesota, are interested in that patient in a state institution. And when his family at home has become a problem, and this question of something in the man's history that may affect them comes up, doesn't that affect the legal rights of the institution? Isn't the man in quite a different status from what he would be if he had not become a public responsibility, a public liability?

Dr. Freeman: The statutes of Minnesota have made some exceptions to the question of privilege in the case of venereal disorder, syphilis, etc., and that

is that every physician treating such cases must report them to the State Board of Health and must also report by number if they fail to continue treatment. One time, when a notice of failure to continue treatments was sent to the State Board of Health, the Board sent an investigator to see the physician, and I think he was allowed to disclose the name of the individual, and the Board of Health checked up to see if he was taking treatment somewhere else.

Miss Thomson: It would not help greatly if report were made by number.

Dr. Freeman: If you don't report by name, it makes no difference.

Miss Thomson: The Board of Health reports to the Board of Control some cases of venereal disease where there is a social situation.

Dr. Freeman: They may feel that the law does not apply in such cases and that the individual is no longer privileged. We get by with lots of things that we are not supposed to do.

Elizabeth McGregor, Superintendent, Gillette State Hospital: In that connection, since I have been at the Hospital for Crippled Children, until a year or a year and a half ago, the home doctor was sent a complete outline of what was done for the child who was in the hospital, and when a child has come to us that has been in another hospital we have written and got their record. I wrote to the Mayo Clinic one day recently about a child who had been down there, and we had a letter back stating that when we got permission from the patient or the parents they would be glad to send the information desired; otherwise they were not privileged to give it to us. We sat up and wondered what we had been doing. We wrote to the State Board of Control and explained the situation and asked an opinion from the Attorney General. He told us we had no right to give information in other than general terms with regard to a patient without the written consent of the parent or guardian of the patient.

Now, when patients come in, we ask the parents if they are willing to sign a statement that gives us the privilege of sending information to their own doctor or to any agency that is interested in their welfare. If they do not want that information sent, we cannot give it.

Miss Tomlinson: There are, of course, ways of getting around most situations and I have a suggestion to make. As a matter of fact, the sort of information which most social workers need can be given in general terms, provided those making the inquiry write the sort of letters the superintendent can answer properly. In the first place, most social workers probably know as much about the patient's history as the hospital knows; in many cases, more. Some sort of reciprocity about histories might be worked out. If we all got together, the social workers who are interested in getting information from the institutions and the superintendents, we could work out something that would relieve institutions from the present flood of requests that they may not answer regarding "privileged" material; and furnish social agencies with the sort of information which they need.

Dr. Freeman: I think in some ways something along the lines of what Miss Thomson said is very important because, after all, what difference does it make to the social agency that is dealing with the question of adopting a child whether the mother some ten years ago had a psychosis of the manic type or the toxic type or whether it was a case of dementia praecox? The mere fact that they know that patient was in the hospital for six months and apparently recovered is as much information as they can get. The rest is a lot of things that were written about. So I think the essential part is not privileged, but the letters that we are getting are asking for the part that is privileged.

Miss McGregor, will you tell us whether all field agents and parole agents should be trained investigators?

SHOULD ALL FIELD AGENTS AND PAROLE AGENTS BE TRAINED INVESTIGATORS?

Elizabeth McGregor
Superintendent, Gillette State Hospital

The nature of the work of the parole agent, state agent, social service worker, or whatever the title of the field worker for the state institutions may be, requires that they be trained social case workers. If the worker is a mature person who has been in the service of the state over a long period of years, he may have gained the necessary training through experience, study at institutes, conferences, etc., for doing case work today. If he is a young person entering the field, a highly specialized technical training should be required.

Besides training in a school for social and civic work, the state agent should have a personality that is adapted for social work; in other words, case work capacity, which is a state of mind that enables the agent to put thought of technique and training in the background, yet to be constantly taking advantage of it. The agent should be absolutely honest in his relations between the agency and his client. He should be able to handle the case without detailed instruction. He should be able to observe to advantage and to adapt himself to changing conditions. He should be able to follow a program of investigation and treatment irrespective of the individual difference of the client and his problems. He should have courage to follow a course even if it brings criticism to him. He should be able to grasp the situation unbiased by prejudice or temperament, and should conform to justice and fair dealing. He should form his opinions on the conscientious and deliberate consideration of evidence. He should be able to summarize his findings and make recommendations. He should be adept in finding and using means toward a case work end. He should be able to work in harmony with other members of the staff and have a fellow feeling for his clients. He should have tact. He should have forbearance in judging the acts of others. He should have an intelligent understanding of the problem involved, and he should have more than a grain of common sense.

There are fifty-five agents representing the various departments: correctional, hospitals for the insane, department of tuberculosis, children and the custodial groups. Of this number twelve have had high school education; twelve, college training; fifteen are university graduates with special training; sixteen are graduates of special schools or nurses' training schools.

It is not our object to evaluate the work they are doing, but to emphasize the qualifications desirable and necessary for success, and to suggest a method to measure the efficiency of the individual worker.

The Leahy-Fenlason rating scale for social work discussed in the Family of February, 1934 is used in the department of sociology and the training school for social work at the University of Minnesota for the evaluation of personality traits, and is a method of evaluating the objective traits of the case worker as he adjusts himself to various case work situations. This method is based on the combined opinions of one hundred outstanding leaders, and can without difficulty be used as a measuring rod of efficiency.

Dr. Freeman: Is there anyone who cares to discuss Miss McGregor's paper? If not, we will proceed with Number 8.

Mr. Hall is unable to be present, but he has a very acceptable substitute here, Miss Thomson. We shall be pleased to hear from you, Miss Thomson.