AEMH Statement on Medical Data and Information Systems
(adopted with the abstention of Italy at the 53rd AEMH Plenary Meeting, Ljubljana, September 8 - 9, 2000)

The AEMH at its Plenary Meeting in Ljubljana, the 9th of September 2000, acknowledges the importance of modern information and patient data systems for the quality of health care.

The AEMH declares that at the level of each patient:

- It is the obligation of a hospital doctor to keep and maintain a medical record.
- In the medical record, an accurate compilation of the results of all tests, diagnostic and therapeutic interventions form the basis of information to the patient.
- If the patient so wishes, these data are made available to the patient.
- The AEMH strongly supports the view that all personal notes are the property of each hospital doctor and cannot be made available without his / her consent.
- It is the obligation of the hospital to protect all patient data not only in the practice but also in the hospital archive.
- At the level of data management systems the hospital doctor who produces information remains the owner of the data. The data (e.g. research data) cannot be made available without his / her consent.
- Aggregated data should in no possible way bear any relation to an individual patient, thus protecting and respecting his / her privacy.
- The provision of information to third parties within or outside the hospital and with the consent of the owner should under all circumstances have the aim of improving the quality of care.
- The AEMH acknowledges the role, the responsibility and the rights of medical specialists in the development of information and data management systems.

Any violation or neglect of the role, responsibility and rights of medical specialists will endanger the quality of the medical process and will unnecessarily harm cooperation in health care.