The Medical Secret in the Field of Industrial Fittings

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Abstract: In the field of prosthetics, the importance of medical confidentiality lies in protecting the patient's privacy and ensuring mutual trust between patients and medical and technical staff, given that the process requires access to precise personal and health data. This study aims to clarify the legal nature of medical confidentiality in this field, and highlight the obligations of doctors and prosthetics technicians to maintain confidentiality. It also seeks to emphasise the legal framework governing these obligations and the limits of liability arising from their breach. The study found that protecting medical confidentiality extends beyond doctors to include all healthcare workers, including prosthetics technicians. The results also showed that unauthorised disclosure of medical information can result in civil, disciplinary and criminal liability. Furthermore, the study emphasises the importance of strengthening legal and ethical frameworks to ensure the protection of patients' health data and respect their privacy.

Keywords: Doctor, Prosthesis, Duty to inform, Civil liability.

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Introduction :

Medical confidentiality is a fundamental pillar of the therapeutic relationship, serving as a guarantee to protect the patient's privacy and preserve their human dignity. With the evolution of the medical field, the need has emerged to study this principle in specialized contexts. Prominent among these is the field of prosthetics, which represents a physical extension of the patient's body, compensating for the loss of an organ or function. These prostheses possess a distinct specificity; they are not merely inanimate medical devices but carry within them intricate details about the individual's health condition, impacting both their self-image and social perception. This reality raises numerous legal and ethical issues, which formed the primary premise of this study, centered around the following research problem:

What is meant by medical confidentiality, and how can it be implemented in the field of prosthetics?

The study is divided into two main sections:

Section One: Medical Confidentiality.

Section Two: Obligations Arising from Medical Confidentiality and its Relationship to Prosthetics.

Section One: Medical Confidentiality

Medical confidentiality occupies a central position in regulating the relationship between the patient and healthcare providers due to the protection it offers for individual privacy and the preservation of dignity. It constitutes an obligation imposed on anyone who, by virtue of their profession, accesses information of a health or personal nature, requiring them to maintain its secrecy and not disclose it without a legitimate justification. The importance of this principle is magnified given the developments within the health sector and the overlapping of its specialties, which raises questions about its limits and scope of application. Accordingly, in this section, we will examine the following:

Subsection One: The Nature of Medical Confidentiality and its Legal Basis

Medical confidentiality is a firmly established principle aimed at protecting information accessed by the healthcare provider during treatment. Its nature is defined by everything related to the patient's condition, as well as the legal foundations upon which it is built. Below, we will define medical confidentiality (Branch One), followed by the legal basis upon which it rests (Branch Two).

Branch One: Definition of Medical Confidentiality

In the following, we will examine the definition of medical confidentiality (First) and its conditions (Second).

First: Definition of Medical Confidentiality

Definitions of medical confidentiality vary. It has been described as "everything the doctor discovers regarding the patient's health and social conditions, as well as what they may

see, hear, or understand from the patient during their professional contact"[1]. It is also defined as "all information, regardless of its nature, that comes to the doctor's knowledge concerning the patient's condition, treatment, and surrounding circumstances, whether obtained from the patient themselves or learned during or due to the practice of their profession" [2].

Alternatively, it is: "any fact or attribute whose knowledge is confined to a limited number of people, provided there is an interest-recognized by law-for one or more persons to keep this knowledge restricted within that scope" Or it is "everything that comes to the doctor's [3]. knowledge during or because of the performance of their duties, the disclosure of which would cause harm to the patient or their family, taking into account the circumstances surrounding the matter." Furthermore, it can be defined as: "any fact or matter the doctor becomes aware of, whether disclosed by the patient or a third party, or discovered through examination or diagnosis during, on the occasion of, or because of the practice of their profession, where the patient, their family, or a third party has a legitimate interest in keeping it secret" [4].

The Algerian legislator defined medical confidentiality in Article 24 (paragraphs one and two) of the Health Law as follows: "Every person has the right to respect for their private life and the confidentiality of medical information related to them, except in cases expressly provided for by the law" [5].

Second: Conditions of Medical Confidentiality

Not everything that comes to the doctor’s knowledge about the patient is considered a medical secret that must be concealed. Rather, certain conditions must be met for information and data to be classified as a medical secret. These conditions are:

1. **The doctor must have learned of the fact or information due to their profession:** The doctor is obliged to maintain the confidentiality of everything that comes to their knowledge regarding the patient, whether it is information heard directly from them or from someone else, such as family or friends, and whether acquired during the performance of their profession or because of it [6].
2. **The information and facts must be related to their role as a doctor:**The information, data, or facts that reach the doctor-and which they must not disclose-must be related to the doctor in their professional capacity.
3. **The patient must have a legitimate interest in keeping the matter secret:**For information or facts to be deemed a medical secret intended for protection, the patient's will must be

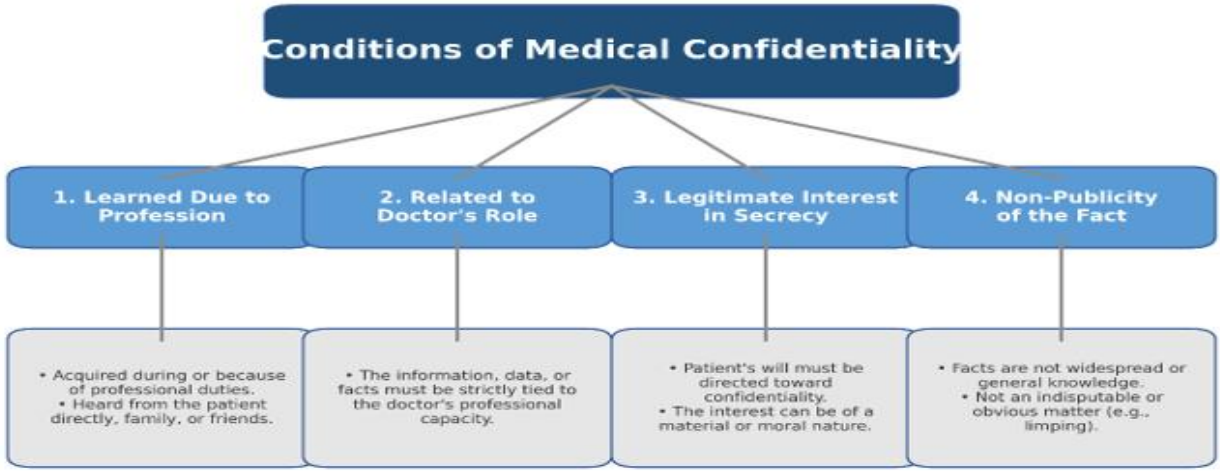
[1]-Mahmoud Ahmed Al-Mabhouh, The Criminal Liability of the Pharmacist: A Comparative Study between Sharia and Law, Arab Studies Center, Egypt, 2019, p. 124.
[2]-Amir Faraj Youssef, The Doctor’s Intentional and Unintentional Fault and the Provisions of Civil, Criminal, and Disciplinary Liability, Modern University Office, Egypt, 2010, p. 199.
[3]-Ali Muhammad Ali Ahmed, The Disclosure of Medical Confidentiality and its Impact in Islamic Jurisprudence, Dar Al-Fikr Al-Jami'i, Alexandria, 2016, p. 199.
[4]- Ali Hussein Njeida, The Doctor’s Obligations in Medical Work, Dar Al-Nahda Al-Arabiya, 1992, p. 149.
[5]- Jawaher Muhammad Mohsen Al-Haj, Concealing and Disclosing Medical Secrets in the Realm of Family Relations: An Applied Jurisprudential Study Compared to Regulations and Laws in the State of Qatar, Master’s Thesis, Specialization in Jurisprudence and Law, College of Sharia and Islamic Studies, Qatar University, 2016-2017, p. 42.
[6]- Amir Faraj Youssef, Provisions of Liability for Medical Crimes from Criminal, Civil, and Disciplinary Perspectives for Doctors, Hospitals, and Allied Professions, Arab Office, Egypt, 2011, p. 155.

directed toward keeping it confidential. This interest does not need to be of a specific nature; it could be material or moral. When the patient has an interest in maintaining the confidentiality of information and facts, duty dictates its concealment and non-disclosure [1].

4. **The non-publicity of the confidential fact:** Facts and information that have spread among people and become indisputable matters-leaving no room for doubt regarding their circulation-are considered general knowledge not exclusively known to the doctor. There is no harm in the doctor discussing any well-known and common illness, for example, limping, blindness, etc., because it adds nothing new to the knowledge of others [2].

Moreover, the doctor does not have the right to disclose a medical secret based on the premise that the confidential information, data, or facts are known to the public. Often, the general public may be skeptical about the credibility of information; if the doctor discloses these facts, they confirm the accuracy of the information and render the news an established certainty [3].

Figure 1: Conditions of Medical Confidentiality



Source: Prepared by the researcher.

Branch Two: The Legal Basis for the Obligation of Medical Confidentiality
Jurisprudence has not agreed upon a single basis for the obligation of medical confidentiality, as their views are divided into:

[1]- Hamed Mahmoud Hassan Asafra, Criminal Liability Arising from the Crime of Disclosing Professional Secrecy by a Doctor in Algerian Legislation, Journal of Judicial Jurisprudence, Mohamed Khider University, Biskra, Vol. 12, Special Issue (Serial No. 22), 2020, p. 719.
[2]- Amir Faraj Youssef, Op. cit., p. 156.
[3]- Ahmed Bouguerra, Disclosure of Patient's Secret: A Comparative Study between Sharia and Law, Master's Thesis, Faculty of Islamic Sciences, University of Algiers, 2006/2007, p. 82.

First: The Contract Theory as a Basis for the Obligation

A jurisprudential trend bases the obligation of medical confidentiality on the contractual relationship that arises between the doctor and the patient. This relationship is viewed as a legal source that places a duty on the doctor to protect the patient's secrets. Once the patient seeks out the doctor and the treatment process begins, a legal bond is established between them, implicitly including the doctor's obligation not to disclose any personal or health information or data acquired regarding the patient.

Under this concept, the duty of concealment is not limited to the information explicitly disclosed by the patient, but extends to encompass everything the doctor concludes by virtue of their profession, whether through examination, diagnosis, or medical records. This obligation is an integral part of the execution of the medical contract, whereby the doctor is held accountable for any breach thereof under the rules of contractual liability [1].

Nevertheless, linking medical confidentiality to the contract does not mean the patient has absolute freedom to lift this obligation. The doctor remains bound by confidentiality even in cases where the patient might desire disclosure, provided such disclosure touches upon broader legal or professional considerations. Therefore, the obligation of medical confidentiality sometimes transcends the limits of individual will to be subjected to more comprehensive regulations.

Despite the merit of this argument, it has faced criticisms, most notably the difficulty of characterizing medical confidentiality within the framework of traditional contracts, especially if it is likened to a bailment (deposit) contract. The subject of a bailment is typically a material object, whereas a medical secret is of an immaterial nature that cannot be handed over or retrieved in the same manner, rendering this characterization debatable in legal jurisprudence.

Second: The Public Order Theory as a Basis for the Obligation

A modern jurisprudential trend argues that the obligation of medical confidentiality is not based on a contractual foundation, but rather relies on the concept of public order. It is viewed as linked to the public interest, which necessitates protecting the trust between the patient and the doctor to ensure the effectiveness of treatment and the stability of medical transactions. According to this view, the duty of concealment is a general legal obligation that transcends the will of the parties, and it is impermissible to agree to violate or waive it.

The patient does not possess absolute authority to authorize disclosure because medical confidentiality does not solely protect an individual interest; it extends to protecting society and professional ethics. However, this theory has drawn criticism regarding the ambiguity of the "public order" concept and the difficulty in defining its scope. Furthermore, prioritizing the public interest might lead to restricting individuals' rights or granting the doctor a wider margin to evade liability, which could disrupt the required balance between protecting medical confidentiality and ensuring legal accountability [2].

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[1]- Abdelhafid Nekadi, The Foundations of Medical Confidentiality, Journal of Legal and Administrative Sciences, Faculty of Law, Djillali Liabes University, Vol., Issue 03, 2007, p. 77.

[2]- Samira Lalouch, The Legal Protection of the Principle of Medical Confidentiality in the Algerian Legal System, Journal of Global Politics, M'hamed Bougara University, Boumerdes, Vol. 06, Issue 02, 2022, p. 329.

Subsection Two: The Specificity of Prosthetics and their Relationship to Medical Confidentiality

Industrial medical prostheses raise a distinct specificity within the scope of medical confidentiality because they combine therapeutic and technical aspects simultaneously. They are not limited to the doctor's intervention alone but extend to encompass technicians, laboratories, and manufacturing institutions. This leads to a multiplicity of actors in the therapeutic process and an expansion of the circle of information circulation related to the patient. Consequently, the need arises to determine the nature of this specificity and illustrate its impact on the scope of the confidentiality obligation, particularly concerning the protection of data connected to prosthetics and ensuring its non-disclosure. Below, we examine prosthetics as an external manifestation of treatment (Branch One), followed by the information related to the prosthesis (Branch Two).

Branch One: Prosthetics as an External Manifestation of Treatment

The following addresses both the concept of prosthetics (First) and the impact of prosthetics on medical confidentiality (Second):

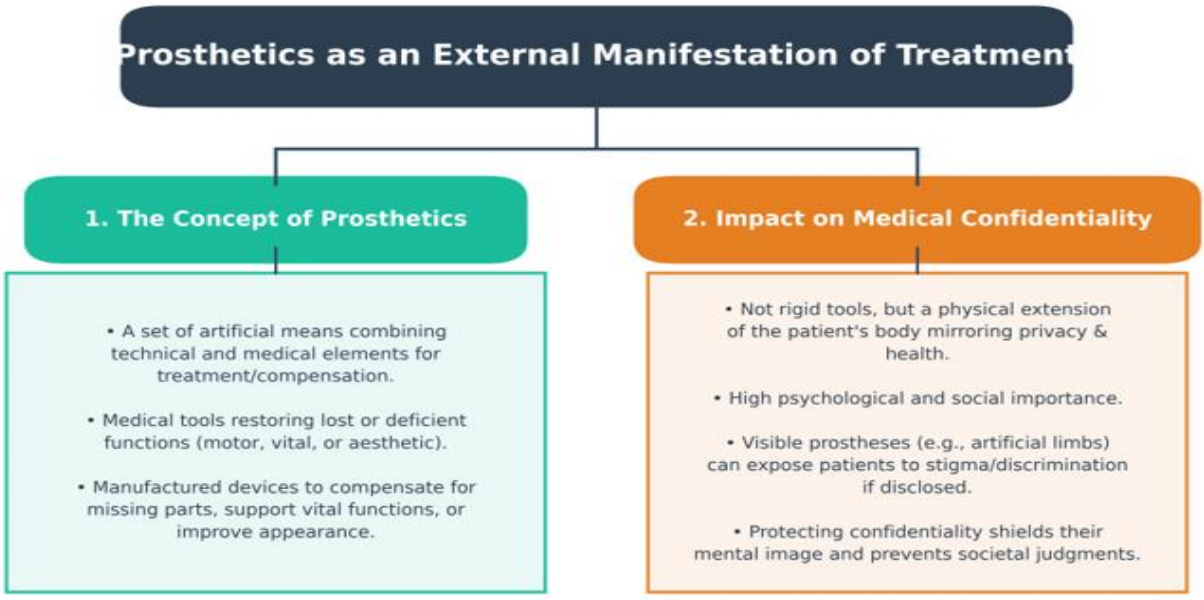
First: The Concept of Prosthetics

They are defined as: "A set of artificial means in which the technical element intervenes alongside the medical element, used in treatment or compensation, thereby raising specific legal issues, particularly in the realm of liability and medical confidentiality." Or they are: "Medical tools or equipment aimed at restoring a lost or deficient function in the human body, whether this function is motor, such as artificial limbs, vital, such as artificial joints, or aesthetic, such as dental prosthetics." Furthermore, they are defined as: "Any manufactured means or device used in the medical field with the aim of compensating for a missing part of the human body, supporting one of its vital functions, or improving its appearance for therapeutic purposes."

Second: The Impact of Prosthetics on Medical Confidentiality

Prostheses acquire special importance in the realm of medical confidentiality, as they cannot be viewed merely as rigid tools, but rather as a physical extension of the patient's body compensating for the loss of an organ or function, making any information related to them a mirror of their privacy and health condition. This importance extends to psychological and social aspects. A visible prosthesis, like an artificial limb, may expose the patient to stigmatization or discrimination if its matter is disclosed. Consequently, protecting the confidentiality of this information constitutes a protection of their mental image and their right not to be subjected to preconceived societal judgments.

Figure 2: Prosthetics as an External Manifestation of Treatment



Source: Prepared by the researcher.

On the other hand, the obviousness of some prostheses to the naked eye raises the issue of applying confidentiality, since adhering to it does not mean hiding the existence of the prosthesis as much as it aims to protect the intricate details associated with it, such as the reason for needing it or the degree of functional reliance. A prosthesis is also considered a personal document carrying unique data that represents a technical fingerprint of its owner, making it a hybrid entity between a medical product and a human extension, necessitating its protection to the same degree as natural medical secrets[1].

Branch Two: Information Related to the Prosthesis

Information related to a prosthesis is multiple and varies between the purely technical and the personal medical, making it an object of medical confidentiality that must be preserved. From a technical standpoint, this information includes the precise body measurements taken to customize the prosthesis, the materials used in manufacturing-whether metal, plastic, or silicone-the internal design of the prosthesis and its operational mechanism, in addition to technical specifications that vary from one patient to another according to their functional needs. All this data represents a unique technical fingerprint inextricably linked to its owner, and it may not be disclosed to any party without the patient's consent.

From a medical and personal standpoint, the information associated with the prosthesis includes the medical reason that necessitated it, such as a congenital illness, an accident, or health complications. It also includes the patient's medical history related to the compensated organ, the extent of functional dependence on the prosthesis, and the degree of adaptation to it, alongside the mental and psychological imagery associated with the patient's acceptance of their physical condition. This information is highly sensitive because its disclosure could cause

[1]-Abdelhafid Nekadi, Op. cit., p. 79.

severe psychological and social harm to the patient and might affect their familial and professional relationships.

It is noteworthy that this information is not limited to what is recorded in the traditional medical file; rather, it extends to include what is exchanged between the doctor and the technician during the manufacturing and customization phases, and what emerges during the fitting, trial, and modification stages. Therefore, the scope of confidentiality here is broader than in other medical fields, as it includes precise technical and industrial information in addition to standard medical data. Moreover, the nature of the prosthesis, being tangible and sometimes visible, does not permit the disclosure of any associated information. The obligation of confidentiality remains intact even for details that might seem purely technical because, ultimately, they reflect a private health and personal reality of the patient that must not be violated.

Section Two: Obligations Arising from Medical Confidentiality and its Relationship to Prosthetics

Medical confidentiality is considered one of the most important pillars upon which the relationship between the patient and the healthcare provider is built, due to the legal and ethical obligations it imposes aimed at protecting personal data and ensuring the trust necessary to initiate treatment. However, the specificity of the field of medical prosthetics-characterized by the overlapping of the medical and technical aspects and the multiplicity of intervening parties-raises special issues regarding the extent of respecting this obligation and its limits. Hence, it is imperative to study the various obligations arising from medical confidentiality and its reflections in this field, whether in terms of the duties of doctors and healthcare providers, or the obligations of technicians related to the confidentiality of information, as well as the liability resulting from its breach. This is what will be studied below, as we will examine the obligations of doctors and healthcare providers (Subsection One), then the obligations of prosthetics technicians and the liability resulting from the disclosure of medical confidentiality (Subsection Two).

Subsection One: Obligations of Doctors and Healthcare Providers

The obligation of medical confidentiality entails a set of duties that fall upon the shoulders of doctors and healthcare providers, as they are the parties most connected to the patient and most aware of their personal and health data. Their role is not limited to providing treatment alone; it extends to respecting the patient’s rights and ensuring their protection by adhering to a set of legal and ethical rules that govern medical practice. From this standpoint, it is necessary to highlight the most important of these obligations as they represent the primary manifestations of protecting medical confidentiality within the framework of the therapeutic relationship. Through this subsection, we will address the doctor's obligation to obtain the patient's consent (Branch One), followed by the doctor's obligation to notify and inform (Branch Two).

Branch One: The Doctor's Obligation to Obtain the Patient's Consent

The patient's consent forms a cornerstone in the legality of any medical intervention. In the field of prosthetics, this obligation gains double importance due to the special nature of these prostheses, which represent an extension of the human body and reflect their health and personal privacy. The doctor's obligation is not confined to obtaining the patient's approval before proceeding with installing the device or artificial limb; it extends to include every stage

of dealing with the prosthesis, starting from the diagnosis and medical evaluation stage, passing through the design and customization of the prosthesis, up to the follow-up and subsequent modifications phase.

The patient's consent in this context must be *informed consent*, meaning it is built on sufficient and comprehensive information that enables them to make an aware decision, cognizant of all its aspects. This requires the doctor to clarify to the patient the nature of the proposed prosthesis, its technical characteristics, the expected duration of its use, and the potential need to replace or modify it in the future. In addition, the doctor must explain the potential risks and complications that may arise from fitting and using it, as well as the financial cost and the potential psychological and social impacts of using the prosthesis. The doctor must also inform the patient about available alternatives, if any, explaining the advantages and disadvantages of each alternative so that their choice is built upon a sound basis [1].

The importance of this obligation is particularly evident in cases where the prosthesis is of an aesthetic or functional nature that directly affects the patient's self-image and the way they view themselves. It is also highlighted in cases involving minor patients or those lacking legal capacity, where the consent of the guardian or custodian must be obtained while taking into account what achieves the best interest of the patient. Furthermore, the patient's consent is not limited to agreeing to the fitting alone; it extends to the approval of sharing information related to the prosthesis with the prosthetics technician or any other specialist participating in the manufacturing and customization process, because the manufacturing process itself inherently requires an exchange of information between the medical and technical teams.

It is worth noting that the patient's consent in this field is not absolute or final; rather, it is subject to withdrawal or modification at any time. The patient has the right to retract their consent at any stage of the treatment, just as they have the right to limit the scope of the consent to certain aspects without others. The doctor bears the responsibility of formally documenting this consent in writing and unambiguously, while proving that the patient has expressed their approval after being informed of all necessary information. If the doctor neglects or ignores this obligation, they expose themselves to legal and disciplinary accountability, especially if the failure to obtain consent results in harm to the patient, whether the harm is physical, psychological, or social.

Branch Two: The Doctor's Obligation to Notify and Inform

The doctor's obligation to notify and inform is based on a fundamental principle: the patient's right to know everything related to their health condition and the treatment provided to them, in order to enable their actual participation in making decisions concerning their treatment. In the field of prosthetics, this obligation holds special importance given the permanent nature of these prostheses in some cases, and the radical changes they impose on the patient's daily, psychological, and social life. The medical notification here includes clarifying the diagnosis that necessitated the prosthesis and explaining the reasons that made it the most appropriate choice compared to other alternatives, in addition to explaining the nature of the prosthesis, its components, its mechanism of action, the expected duration of its use, whether it is temporary or permanent, and the stages of fitting and adapting to it.

[1]- Ahmed Bouguerra, Op. cit., p. 84.

The doctor's obligation to notify also extends to include information about the potential risks and complications that might arise from the fitting or use, whether they are immediate complications, such as infections or the body's rejection of the prosthesis, or delayed complications, such as the deterioration of parts or the need for additional cosmetic surgeries. The doctor must also inform the patient about the expected psychological and social effects, such as the extent of acceptance of the prosthesis by those around them, and the challenges the patient might face in their professional or familial environment. Furthermore, the doctor must clarify the financial costs of the prosthesis, the expenses of periodic maintenance and potential replacement, and the patient's rights in this area, such as their right to obtain a second medical opinion, to refuse the prosthesis, or to retract their decision at any time [1].

It is a condition for the notification process to be conducted in a language understandable to the patient, commensurate with their level of culture and comprehension, avoiding complex medical terminology, and to take place in suitable conditions that allow them to ask questions and inquiries and obtain clear answers. A breach of this obligation results in legal and disciplinary liability for the doctor, especially if the lack or absence of notification causes harm to the patient—whether physical, such as the misuse of the prosthesis; psychological, such as the shock of being unprepared for complications; or economic, such as bearing unexpected costs. A proper notification also serves as protection for the doctor themselves, as it proves that they fulfilled their duty to inform and that the patient expressed their consent after having been provided with all necessary information.

Subsection Two: Obligations of Prosthetics Technicians and the Liability Arising from Breaching Medical Confidentiality

Addressing the obligations associated with medical confidentiality in the field of prosthetics requires examining the role played by the various actors in this field, and the duties this imposes to ensure the protection of the patient's data. The specificity of this activity necessitates respecting a set of rules governing the handling of information during various stages, to achieve a balance between the requirements of technical work and ensuring data confidentiality. From this perspective, the confidentiality of information during the manufacturing and customization process will be studied (Branch One), followed by the liability arising from the disclosure of medical confidentiality in this field (Branch Two).

Branch One: Confidentiality of Information during the Manufacturing Process

The prosthetics technician’s commitment to maintaining confidentiality is one of the fundamental pillars in the field of prosthetics. During the manufacturing and customization process, the technician views highly sensitive information related to the patient's health condition, body dimensions, and personal privacy. The technician is the one who takes precise measurements, reviews the medical details outlined by the doctor, and designs the prosthesis to suit the patient's functional and aesthetic needs. This necessitates subjecting them to the same level of commitment to confidentiality placed upon the doctor, whether pursuant to employment contracts, laws regulating the profession, or general ethical principles. The areas of confidentiality that must be adhered to include the measurements and dimensions that represent a unique physical fingerprint, the materials used, the internal design of the prosthesis,

[1]- Samira Lalouch, Op. cit., p. 330.

photographs, X-rays, and medical documents-all of which are details reflecting a specific health reality of the patient that must not be disclosed.

The prosthetics technician is also obligated not to discuss or comment on the patient's condition with anyone outside the treating medical team, whether with colleagues at work, family members, or third parties, except to the extent necessitated by the work and after obtaining the patient's consent. A breach of this obligation by the technician entails legal and disciplinary liability, which may reach the extent of compensating for the material and moral damages inflicted on the patient as a result of the disclosure of their medical secret, especially since prostheses inherently carry precise personal information whose revelation could lead to social stigmatization or severe psychological harm.

Branch Two: Liability Arising from the Disclosure of Medical Confidentiality in this Field

Legal and disciplinary liability falls upon the prosthetics technician in the event they disclose a medical secret they became aware of during the practice of their profession. This liability is based on the breach of the professional and ethical obligation to preserve confidentiality. The liability is divided into: Civil liability, which involves compelling the technician to compensate the patient for the material and moral damages they suffered due to the disclosure, such as psychological harm resulting from social stigmatization, loss of employment opportunities, or defamation of reputation; Disciplinary liability, which can lead to the imposition of penalties by professional bodies, such as a warning, suspension from work, or even striking from the professional register; In addition to criminal liability in some cases, as the disclosure of a medical secret is considered a punishable crime under penal codes or laws regulating medical professions.

The specificity of liability in the field of prosthetics also emerges due to the sensitive nature of the information accessed by the technician, which is not limited to abstract medical data but extends to include body measurements and personal details whose disclosure could lead to grave damages that are difficult to remedy. Thus, the technician's disclosure of information before it is complete, or discussing the patient's condition with a third party without their consent, are acts that constitute an explicit breach of confidentiality and establish grounds for accountability. The technician bears this responsibility even if the disclosure occurs outside working hours or after the termination of the professional relationship, as long as the information disclosed was acquired by virtue of their work. The fact that they are not a doctor does not exempt them from this, as the law broadens the circle of those bound by medical confidentiality to include everyone who accesses the patient's secrets by virtue of their profession[1].

[1]-Asaafra Hamed Mahmoud Hassan,Criminal Liability Arising from the Crime of Disclosing Professional Secrecy by a Doctor in Algerian Legislation, Journal of Judicial Jurisprudence, Mohamed Khider University, Biskra, vol 12,n02,2020,p 725.

Conclusion:

In conclusion of this study, it is evident that medical confidentiality in the field of prosthetics represents a fundamental guarantee for protecting the patient's privacy and dignity, given the sensitive information these prostheses carry, serving as an extension of the human body. It has become clear that the obligation of confidentiality is not limited to doctors alone but extends to prosthetics technicians, with multiple legal and disciplinary liabilities resulting from its breach. Achieving a balance between the necessity of exchanging therapeutic information and protecting confidentiality requires a clear legal framework and an ethical commitment from all concerned parties.

We have also reached a set of results, which are:

- Prostheses are considered a material extension of the patient’s body, and any information related to them constitutes a part of their medical secret that must be protected.
- The doctor is obligated to obtain the patient’s informed consent and to notify and inform them of all information related to the diagnosis, risks, and alternatives.
- The prosthetics technician is subject to the same level of commitment to confidentiality as the doctor, and they may not discuss the patient's condition with anyone outside the treating medical team.

As for the recommendations we propose, they are:

- Drafting a law that regulates the professional conduct specific to prosthetics technicians, defines their obligations to maintain confidentiality, and specifies the penalties for breaching them.
- Educating patients about their rights in the realm of medical confidentiality, including their right to consent to or refuse the sharing of information.
- Developing mechanisms to formally document the patient's consent across all stages of dealing with the prosthesis.