

Request Reference: FOI/010/23

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Information requested:

As part of a request for review of a previous request (FOI/003/23) the question asked was widened to; the number of patient deaths between 01/01/20 and 01/01/23.

Response:

The number of patient deaths for the period was 4.

We understand that this request, along with FOI/003/23 and FOI/011/23 relates to an interest in the deaths of patients during the pandemic. We have therefore provided below the number of patient deaths since 2013. We have highlighted the information used to provide the answer above.

Date	Number of patient deaths
2023 (to date)	1
2022	1
2021	1
2020	2
2019	1
2018	1
2017	1
2016	0
2015	0
2014	0
2013	2

Advice and Guidance

Whilst we can provide the number of deaths, we would need to refuse any requests for the causes of death or relating to diagnosis. This is due to a number of factors including;

1. We owe a common law duty of confidentiality to all patients, which continues after the death of the patient. (Exempt from disclosure under FOISA 36(2))
2. The information would be held in a deceased person's health record. (Exempt under FOISA 38(1)(d))
3. The very low numbers involved making identification of individuals highly likely.

Whilst we have answered a question about deaths from Covid in the past, we did so because we considered there was likely to be public interest in this specific statistic. We cannot answer further questions about other potential causes of death.

It would be a relatively simple exercise to ask repeated questions about a variety of causes of death. Through a process of elimination, it would be possible to identify the cause of death of a patient (which is confidential).

I.e. If we were asked about a cause of death and we did not have any patients that had died from that condition, we could answer zero. However, if we had had a patient that had died of the condition we would exempt the information as outlined above. By doing so, we would have disclosed the patient's cause of death by inference.

Taking in to account the wealth of information already published by the media, Facebook groups and other online sources about patients treated by the State Hospital, jigsaw identification would be a relatively trivial exercise.

The same rationale applies to most patient information, including their diagnosis.