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A World We've Never Experienced Before: Installation of Closed-Circuit Televisions in Operating Rooms

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On September 24, 2021, the Medical Service Act in Korea was amended to include provisions for the installation of closed-circuit televisions (CCTV) in operating rooms (ORs). According to the amended Medical Service Act, by September 25, 2023, medical institutions that operate on patients in an unconscious state, such as general anesthesia, must install CCTV in the operating room. Due to the many problems that may arise when installing CCTVs in operating rooms, there is no country in the world that enforces CCTV installation in operating rooms by law.

David Barbe, the past president of the World Medical Association, expressed his concern on the installation of CCTVs in ORs in Korea, saying that "This bill has a strong Orwellian tendency, so it is closer to totalitarian national thinking than a free citizen-state".¹

Despite deep concerns and opposition from the medical community, the Medical Service Act has already been amended, therefore, we must be prepared for how to minimize the confusion and unexpected problems this new legislation will bring.²

The biggest concern is the privacy of the subjects being filmed. Here, we must consider the privacy of not only patients but also all medical staff participating in surgery.

In the case of the Infant Care Act, it is stipulated that only "minimum video information" should be legally and legitimately collected so that the rights of recorded subjects such as infants and children and childcare staff are not infringed.³ Similarly, the same principle should be applied to this bill as well. In order to minimize the risk of leakage of patient's sensitive personal information and the violation of basic rights of medical personnel due to excessive collection of personal information, detailed standards regarding CCTV installation location, image quality, and number of installations per operating room should be documented as sub-enforcement decree.

In the same context, it should be accompanied by a discussion on measures to prevent indiscriminate viewing requests for recorded videos. It would be desirable to limit the scope of requests for viewing of video information to only institutions, not individuals.

Also, the current legislation specifies that the recorded video information be stored for more than 30 days, but considering the security issues associated with the increase in storage

period, unnecessary extension of the period will do more harm than good. Therefore, it is also necessary to discuss how long the storage period should be determined.

It is also important to specify the subject of the right to request CCTV recording in the actual medical field. Since the subject of protection of the revised Medical Service Act is a patient who has lost consciousness under general anesthesia while being filmed, it is not appropriate to list the patient and patient guardian in parallel as the right to request video recording based on the right to self-determination of personal information. In order to prevent confusion due to differences of opinion between patients and guardians or between guardians and other guardians, the right to request a filming should be granted only to the patient himself, and in exceptional cases where the patient is judged to be incapable of decision-making, the right to request from the guardian, who is the legal representative, should be acknowledged.

In general, surgery involves a variety of medical personnel in addition to surgeons and anesthesiologists. Therefore, it is necessary to explain who is involved in the work and what is the role of fellows, residents, physician assistants (PAs), and even students.⁴

In the United States (US), the PAs system to subsidize the shortage of doctors has been implemented since the 1960s, and related laws, academic societies, and educational curriculum have been established. Currently, about 150,000 certified PAs are working in the medical field in the US.⁵

Likewise in Korea, the surgical field is experiencing a serious manpower shortage, and PAs are participating as assistants to surgeons in many hospitals, but the related laws and regulations have not yet been clearly enacted, which may cause disputes. Therefore, prior to the implementation of this bill, it will be necessary for relevant organizations to thoroughly discuss and institutionalize the controversial aspects, such as the role and qualifications of PAs.

The lack of an in-depth discussion of cost is also an important issue.

The bill stipulates that 'the central and local governments can support the cost required for installation.' The cost should include not only the equipment installation cost, but also various operating costs such as the cost of personnel required for storage and security maintenance, equipment maintenance cost, and related personnel training cost.

In spite of fierce opposition from the medical parties, if it is implemented for the purpose of improving the rights and interests of the public, it is natural for the governments to bear the cost.

However, there has been no research on how much the overall cost of implementation will be nationwide, therefore, if the budget for expenses is not established in the 2022 fiscal year, it is necessary to review an extension of the grace period.

In addition to the issues listed above, there are many other issues to consider, such as penalty exceptions or technical issues with equipment maintenance, but it is difficult to address them all here.

Korean surgeons are placed in a medical environment they have never experienced before, and it is difficult to predict what various problems will arise from this bill.

What we need to do is to minimize the disruptions caused by the new legislation so that patients and physicians are in a safe medical environment, and the most important thing is that the trust relationship between the patients and the doctors should be restored. To do this, it is necessary to discuss and stipulate detailed but important issues that are not specified in the law, and many studies are already underway in the medical and legal parties. The legislators and the government officers who introduced the bill should also listen to their voices and work together to make it a bill that can be helpful to the people.

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