

A Familial Approach to Confidentiality in the Church



by STEVE MIDGLEY

Certain things seem so obviously necessary that they don't really need to be discussed—like the need for confidentiality in pastoral ministry. It seems *obvious* that a pastor or church lay leader or counselor needs to be someone you can speak to in confidence. It's a matter of basic trust. We want to know that what we say will be kept “just between the two of us.” The word *confidence* derives from the Latin *confidere*, which means to trust. The whole idea of speaking in confidence presumes that we are able to fully rely on the person to whom we are speaking.

One way to explain the issues surrounding confidentiality is found in the metaphors of trust and theft. Let's say I invite you into my home. It's like taking you into my confidence; I am allowing you to see what I possess and expressing my trust that you will handle my possessions well. Without it being stated, we both understand that though I am perfectly happy for you to look at, and even examine, the things on display, I am not giving you permission to use my possessions as you please. If you were to steal a vase and pass it on to someone else, I would be very unhappy and would feel that my trust had been abused. This same kind of trust is utterly central to the proper handling of someone's private information. Passing on a person's confidences to someone else is like stealing them, and violates the trust that

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had been assumed in the relationship.

To prevent this betrayal from happening, it seems that complete confidentiality is the only appropriate way to manage private information. Yet, as we shall see, confidentiality proves to be rather more complex than we might think. Even the traditional medical model of confidentiality is facing new scrutiny and new challenges. Yet, because the medical model is so widely accepted, I will begin there as I introduce the issues surrounding confidentiality. Then, I will briefly explore the biblical witness to secrets, openness, and truth telling. Finally, I will offer a relationally-based, familial approach to the practice of pastoral confidentiality in the church.

Traditional Thinking on Confidentiality—and the Problems

Most of us, perhaps without quite realizing it, apply the traditional medical model of confidentiality to the life of the church. We tend to assume that church members should receive the same level of confidentiality from their pastors as a patient can expect from a doctor.

In medicine, the principle of confidentiality is a long-held tradition. The Hippocratic Oath famously states that: “Whatever...I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.” The World Medical Association’s International Code of Medical Ethics makes the same point in updated language: A doctor “shall preserve absolute secrecy on all he knows about his patient because of the confidence entrusted in him.” And the General Medical Council in the UK, the professional association that provides registration for all practicing doctors, links confidentiality directly to patient trust: “Trust is an essential part of the doctor-patient relationship and confidentiality is central to this.”

Yet, in reality, this commitment to confidentiality is far from easy to fulfill. Maintaining confidentiality is so complex, in fact, that some are beginning to question whether this traditional view can survive.

One obvious difficulty is the tension that exists between confidentiality and “freedom of information” which has become so important in Western society. It is hard to see how we can be fully committed to both. Confidentiality assumes certain things will, and should, remain private. Yet, increasingly, we seem to be questioning this perspective. Our concern for

freedom of information reflects a growing conviction that secrecy is a bad thing and that a healthy democratic society is one in which information cannot—and should not—be hidden. Which of these two principles should hold sway?

Then there are the contradictory demands that our society places on professionals. We expect them to keep our confidences without fail, but we also demand that they should be unfailingly truthful. This creates

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impossible tensions. Maintaining someone's confidence will often require a professional to be, at the very least, economical with the truth. You can't keep confidences without sometimes evading questions that are put to you. Other times, you might have to deliberately allow (or even cause) someone to believe something that is not true.

Some commentators even write about “the myth of confidentiality,”¹ because in the professional realm, it is hardly ever possible. People assume that “this is confidential” means “this is just between the two of us,” but in practice that is rarely the case. Doctors talk to their colleagues. Medics dictate notes that are typed up by clerical staff. And cases are discussed at multi-disciplinary presentations. It wouldn't be hard to imagine a situation where as many as twenty different professional agencies might legitimately be involved in a single social work case. All of them come into possession of information that was originally conveyed on a “confidential” basis.

The medical ideal of confidentiality is neither as absolute nor as simple as we first thought. Isn't it interesting then, to find that this complexity is also reflected in the Bible's teaching on the issues of secrecy, openness, and truth telling? Though the Bible does not use the word confidentiality, it

¹ Jacki Pritchard, “The Myth of Confidentiality—A Social Work View” in *Confidentiality and Mental Health*, ed. Christopher Cordess (London: Jessica Kingsley Publisher, 2001) 119-126.

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