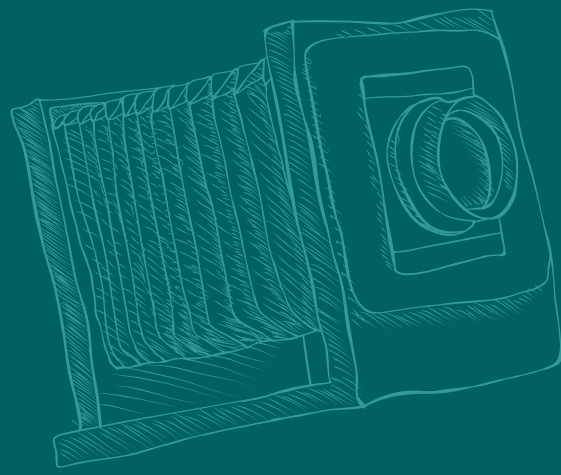
The Ethics of **Medical Photography** Toolkit



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Introduction

The Ethics of Medical Photography Toolkit is a **tool designed to support the ethical decision-making** of people using historical medical photographs, broadly understood.

The Ethics of Medical Photography Network was created because, as scholars and practitioners, we often face a practical dilemma: how can we broaden the access to historical medical photographs while ensuring that we do not harm both people in the past, and present and future viewers?

Balancing the needs of users, custodians, communities and historical actors is a challenging but urgent task. In the United Kingdom, where this project is based, medical photographs produced more than a hundred years ago are usually available to consult. However, these photographs often show vulnerable or identifiable patients, or have been taken in contexts that are sensitive for sociocultural, religious or political reasons. Sometimes these photographs are also accompanied by offensive language and representations, particularly in relation to race, gender, age, disability and sexual orientation, that can harm both people in the past and communities in the present. Users and custodians can also suffer distress when working with this material. This toolkit considers these and other scenarios to examine the ethical questions involved in working with historical medical photographs.

At the heart of this toolkit is the idea that **engaging with ethical considerations will enrich our scholarship and practice.** Our aim is not to restrict and limit the engagement with and circulation of historical medical photographs, but to empower users and custodians to ask difficult questions and assess a variety of potential actions and outcomes.

The aim of this toolkit is to provide an **iterative scaffold** to discuss ethical questions and potential strategies that users and custodians can implement. As a **living document**, we expect it to change and evolve with time. We also recommend readers to come back to it when new issues arise. This is not the last word on the ethics of medical photography, and as such, it does not include one-size-fits-all solutions, checklists or boxes to tick.

This toolkit is for everyone who encounters historical medical photographs in any capacity. We use the terms **"user"** and **"custodian"** throughout the document to include any researcher or visitor to archives and museums, as well as the wide range of GLAM (Galleries, Libraries, Museums and Archives) professionals who care for and provide access to medical photography collections.

Similarly, we use a **broad definition of the term "medical photography"** to mean not just clinical and patient photography but also anthropological and ethnographic photography, epidemic photography, humanitarian photography and, generally, any photography related to illness and health, regardless of whether it was taken within a medical setting. This broad approach to medical photography is necessary if we are to engage with the ethics of the origins of these photographs and the power relations invested through photographic practices in the past and in the present.

The toolkit is divided into **six sections:** *Sensitivity, Consent, Anonymity, Origins, Access and Care*, followed by *Resources*. Each section examines the ethical dilemmas raised by these concepts by providing historical context and theoretical analysis.

Throughout the toolkit we recommend following **three basic steps** when working with historical medical photographs:

- Do **research into the context** in which the photograph was produced, why it was taken and how it was used.
- Consider what you want to do with the photograph and the **effects** that your actions could have on the people in the photographs and contemporary viewers.
- **Be transparent** about your decisions and revisit them periodically.

As a tool for decision-making, this toolkit is open to different interpretations and philosophical positions. While the ethics of care underpins much of the discussion in this toolkit, alternative frameworks such as disability studies, lived experience, reparative justice or trauma-informed approaches might also offer ways to reflect on or engage with the ethical use of historical medical photographs.

Finally, we would like to acknowledge our own positionality. The writing of this toolkit has been informed

by our experience of working with this material as researchers or practitioners for a very long time. We have created what we wished existed when we first started.

The Ethics of Medical Photography Network: Past, Present and Future

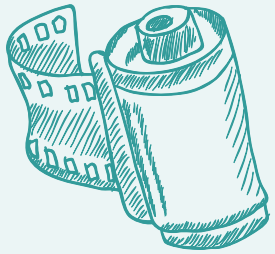
The Ethics of Medical Photography: Past, Present and Future Network was funded by an Arts and Humanities Research Council Research Networking Grant (Ref: AH/Y006259/1) between July 2024 and June 2026. It was led by Beatriz Pichel (De Montfort University) as Principal Investigator and Katherine Rawling (University of Leeds) as Co-Investigator, with the Wellcome Collection, London as Project Partner. The network assembled a multidisciplinary team of historians of photography, medicine and colonialism, with philosophers, anthropologists, and photographers alongside archivists and collections managers from the Wellcome Collection, Barts Health NHS Trust Archives, the Surrey History Centre, the Victoria and Albert Museum, the London School of Hygiene and Tropical Medicine Archives and The Humanitarian Archive (University of Manchester) for a series of workshops, academic seminars and public engagement.

While we have co-produced this toolkit as a team, specific network members have taken the lead for each section:

- Introduction: Beatriz Pichel
- Sensitivity: Katherine Rawling and Maria Berghs
- Consent: Michaela Clark



- Anonymity: Rebecca Wynter and Christine Slobogin
- Origins: Chimwemwe Phiri and Jason Bate
- Access: Jason Bate, Kate Jarman and Ginny Dawe-Woodings
- Care: Beatriz Pichel and Andreas Pantazatos



Sensitivity

Currently, many different types of information can be described as sensitive. These include personal information like names, protected characteristics, or personal medical information. Sensitivity, however, is a complex and unstable concept that changes according to time, culture, emotional sensibilities and context.

When it comes to historical medical photographs, users and custodians may often determine sensitivity through an image's content. If a photograph contains particular components like nudity, genitalia, graphic or extreme injury details, violence, or underage or vulnerable subjects, it may be deemed more sensitive than another image that does not. Equally, the age of the photograph might also affect its sensitive status, as more recent records are usually considered as more sensitive.

The presence or absence of these criteria can then inform access rules that regulate if, when, how, and by whom an image can be viewed or re-used. As a result, some sensitive photographs have specific access conditions or statuses placed on them by custodians (see **Access**). These might include the application of a 'trigger', 'content' or 'advisory' 'warning', or the labelling of collections or items as 'open with advisory', 'restricted', or 'closed'. The automatic closure of medical records including photographs for a set period of time, such as a hundred years, is one way in which they are assumed to be sensitive by custodians. Alternatively, access rules may stipulate that a sensitive image can be reproduced but only if certain actions are taken, such as anonymising the subject or obscuring any sensitive detail.

The user may also determine a medical photograph's sensitivity. Even if a medical photograph has a fully open and accessible status, users might choose to take steps such as anonymising the image, blurring some parts or even not publishing it at all. This may be guided by the legal and ethical frameworks in which they are working, as well as socio-cultural norms, for example, around nudity or bodily autonomy.

Why does this matter?

What precisely is judged to be sensitive or not can prompt new and productive questions about both medical photography and the concept of sensitivity itself. Working with sensitivity offers an opportunity to consider **why a photograph has been deemed sensitive, who made that decision, and whether it has changed over time and contexts**.

Neither image content nor access status are definitive indicators of a medical photograph's sensitivity. A photograph's production, purpose, and context can all make it 'sensitive' even when its content does not contain any sensitive criteria. Likewise, what is deemed sensitive is historically and socio-culturally contingent, as well as often contested or unpredictable.

Actual or potential custodians' and users' *responses* to a medical photograph can also determine its sensitivity and can vary considerably over time depending on different contexts, socio-cultural, religious and political norms or values, individual perspectives, and experiences. Sometimes historical photographs that were not deemed sensitive in the past *become* sensitive as circumstances or attitudes change.

As a result, even though access restrictions may be in place around sensitive images in principle, many images that do contain 'sensitive' elements maintain their previous unrestricted status and are freely available in either original or digitised form. This means that, in practice, sensitive photographs are in wide and open circulation across a range of different formats and media.

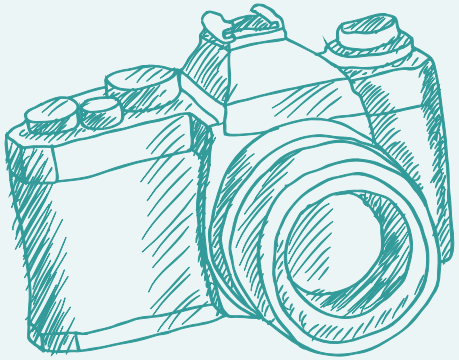
In addition, **sensitivity may not necessarily preclude access**. There can be a risk in acting paternalistically or according to our own sensibilities which can act as a bias in restricting access and information. While confronting and distressing, some sensitive photographs have a role to play in social and restorative justice, reparations, or witnessing. Some medical photographs can act as documentation of individual or historical harms. At the same time, some may perpetuate that harm to the communities or individuals connected to the photograph. Engaging with sensitivity can provide opportunities to consider power structures and gatekeeping, as well as past, present and future archival processes and policies.

Where to begin?

By critically engaging with the concept of sensitivity both custodians and users can ask themselves *why* a medical photograph is or was deemed sensitive, to whom and in what ways. Appreciating that sensitivity is not fixed but changes according to time, context, and perspective enables users and custodians to continuously reflect and revisit, not simply on how policies and principles may be applied, but also on how sensitivity is defined.

You may wish to consider:

- Is the photograph (or photographs) you are working with deemed sensitive? How, when, and by whom was this determined? Has this changed? Should this change? Do *you* think the image is sensitive? On what basis are you making this judgement? What assumptions are you making?
- Does it matter that the photograph or photographic collection is (or is not) sensitive for the way in which you are going to work with it? Does this prompt new questions or possibilities?
- Can you reflect on your own sensitivities as a user or custodian? How might differing and diverse custodians, users or viewers react to the image?
- Would the image create upset, concern or moral injury to the person depicted, to the setting, to the descendants of the people represented in them, or in some communities? Would it be distressing for a user, viewer or custodian?
- Does the format or medium of the photograph(s) affect its sensitivity in any way (for example digital versus analogue, reproduction versus original, colour versus monochrome, enlarged versus original)?
- Are there any steps you wish to take in response to a photograph's sensitivity 'status'? Custodians might reflect on their daily practices from the point of acquisition and consider who has to interact with sensitive material, how often, and under what conditions. You may choose to apply a range of measures such as user access restrictions, content warnings, or reproduction constraints. What are the possible repercussions of these actions? Users may reflect on the available viewing and reproduction options and the possible effects of these on yourself and others, including the photographic subjects (like past patients) shown in the images (see **Access** and **Anonymity**).
- Does the sensitivity of the photograph warrant precluding access to it? Are there any ways in which you can work with the photograph to redress harms or to contribute to restorative or reparation work?



Consent

The concept of consent has changed over time. In medicine today, it functions in terms of *informed* consent and refers to a person's voluntary and mindful agreement to a diagnostic measure or therapy. Fundamentally, this means medical practitioners clearly communicate the risks and benefits posed to a person's body and overall wellbeing. General standards for someone to give consent include the ability to make an autonomous decision.

This means that they:

- Have a clear a grasp of all relevant information, including an understanding of the advantages, disadvantages, and alternatives.
- Are not coerced (the person must decide freely).
- Can consciously assent or grant permission (they are competent).

Consent in terms of medical photography means opting into a different kind of risk. It suggests that a person (or their guardian) understands what it means for someone else to possess an identifiable or anonymous image of their body exposed, possibly naked, and revealing the intimate effects of an illness. This is why current ethical standards require that the person depicted give active verbal or written agreement to be photographed and confirm how the photograph may (or may not) be used.

As part of the patient record, today medical photographs are treated in a similar fashion to other medical information. The doctor's duty of confidentiality (their promise to protect the privacy of their patients) extends to photography.

The **duty of confidentiality** was already recognised by some doctors in the nineteenth century, before consent was formalised as it is today. However, most historical images printed in medical handbooks and journals or housed in archives were made when doctors and photographers often ***presumed* consent**. Many saw the making of a medical photograph as part of a patient's clinical care while the use of this material (in teaching collections, lectures, and medical texts) served the greater good of medicine.

Why does this matter?

This context makes today's conditions of consent difficult to apply to historical medical photographs. Not only was the concept of 'consent' different in the past, but the lack of formalised, written evidence makes it nearly impossible to prove that a patient agreed to be photographed or to if and how their image could be used. Even when historical consent forms exist, there remain hints that patients of the past were often ill-informed, misinformed, or unable to understand what they were agreeing to.

The risk of public exposure has also changed over time. It is unlikely that patients of the nineteenth and early twentieth centuries could have foreseen the type of circulation and manipulation of images made possible by today's editing tools, the internet, social media, and generative Artificial Intelligence. Access to historical medical photographs has increased dramatically as records age, closure dates expire, and digitisation increases. Some patients may have agreed to the use of their image in certain contexts, such as for medical research or teaching, but what about being housed in public archives or hosted online in digital repositories?

When put in these terms, it seems fairly obvious: of course, patients of the past did not 'consent'. Attempts to apply current standards of consent to historical medical photographs are an expression of care, driven by the wish to protect those depicted (see **Care**); unlike the living, those in the photographs do not have the ability to withdraw the right for their records to be viewed (see **Access**).

However, the retroactive use of consent is not without its problems. **The application of consent as an ethical standard suggests that it exists as an unchanging or constant moral principle – which it is not**. Not only can it change over time, but it promises a universal standard that may not be suitable across all contexts and cultures. Using consent as a baseline today can obscure its limitations in the past and hide the need for ethical reappraisal of medical, photographic, and research-related practices in the present.

Where to begin?

Consent is a complex term. In relation to medical photographs, it incorporates concerns around privacy, confidentiality, risk, and responsibility towards the people depicted. As a user or custodian, you may want to consider:

- If and how consent is a useful metric to judge whether a medical photograph was ethically made or used. Are other ethical, moral, or legal frameworks able to help you further?
- What would it mean to retroactively apply informed consent to historical medical photographs, and, specifically, to the collection you are working with?
- What is an appropriate burden of proof of consent for material produced before the formal implementation of consent forms?
- How a different conception of agreement may or may not have been considered in relation to the patient depicted. Search for source material that could give insight into the photographic protocols practised at the time. Evaluate the power dynamics at work in the making of the photograph and the impact of categories like social class, gender, race, disability, age or illness, especially in relation to vulnerable patients and potentially stigmatising conditions.
- If published versions of the photograph exist. How it has been reproduced by others may offer insight into whether a patient agreed to the circulation of their image. Hints at conditional or non-consent include the use of anonymisation strategies, such as cropping out the face or masking, such as covering the eyes (see **Anonymity**). Don't forget, however, that these decisions also reflect the sensibilities of the author or publisher, who actively chose to anonymise some patients and not others (see **Sensitivity**).
- The consequences of reproducing the photograph today. Even if the record has been published before, this does not mean that further iterations should be taken for granted. This is especially the case if consent to be photographed or published remains uncertain.



Anonymity

The anonymisation of a patient in a medical photograph can be inherent to the image, imposed by a photographer or physician, added by a publisher, or simply the result of poor record keeping.

Anonymity can be introduced to a medical photograph in different ways for example, because the patient's face is turned away or is accidentally in shadow; or because a researcher or archivist has added a black bar over the patient's eyes to try to shield them for ethical reasons or to comply with regulations.

Anonymity can refer to identity being conveyed or hidden verbally, textually, or visually.

Each type and source of anonymity in medical photography - be it hiding the patient's name, health or identifying information, or appearance - foments a different set of ethical quandaries.

While in medical publications the term 'de-identification' is used to describe the removal of personal data, anonymisation is a term more intimately related to visual information. This toolkit focuses on ***visual anonymity***, meaning the covering or removal of a patient's physical features.

Why does this matter?

It is important to realise that a patient's photograph might be considered intimate or carry stigma. Anonymising may seem, therefore, an easy way to make the use of a patient photograph 'ethical'.

Decisions about displaying or shielding a patient's identity will alter on a case-by-case basis. **The age of both the photograph and the subject/s** are two aspects that will always influence the choice: the more recent the photograph and the younger the person, the more likely it is that effectively shielding the patient's identity will be the preferred conclusion. The circumstances of the photograph will play into decisions around age and capacity –the image might depict an intimate examination, a naked patient, or a stigmatised disease that might have caused the person embarrassment, trauma, or limited awareness, and this may provide a strong argument for occluding the patient's face or identity.

However, the visual anonymisation of medical photographs by a custodian or user might be problematic or even harmful. It might be deemed historically or intellectually important to discover and perhaps reveal a **patient's identity**. Anonymisation can also remove important components of the learning value of the image and even wipe out a patient's personhood. It might also be the case that anonymisation further dehumanises them, rather than granting them autonomy and privacy.

Moreover, the **anonymisation tactics** may themselves be problematic, whether they are successful or not. For instance, a bar over the eyes (historically one of the most common forms of added anonymisation) fails to truly hide the patient's identity while simultaneously turning them further into a medical specimen. Generative Artificial Intelligence tools present other issues, replacing unique individuals with composite pictures, scraped from hundreds or trillions of photos without the image-owners' knowledge or consent, and leaving an entirely false portrait. In these situations, it may be better to fully contextualise the photograph and treat it and the pictured patient with care (see **Care**), rather than trying to anonymise.

Anonymity in patient photography is, therefore, a multilayered ethical quandary. Both when a patient is recognisable and when they are not, decisions about if, why and how to identify or anonymise people in medical photographs can be complex.

Where to begin?

The choice to anonymise or identify, to show or conceal, is a difficult one. Though we cannot know exactly what individuals in medical photographs would have thought and felt, it is important that the decision about showing their face in their image is made reflectively, perhaps after discussing the conundrum with trusted mentors, friends or colleagues. It is also important that the rationale for the choice can be explained to anyone who asks. If this image is on public display, revisiting this decision periodically is essential. In the end, following these general guidelines is often the best that we can do for the

patient and for the person. You may wish to consider the following additional aspects:

- One of the most straightforward decisions that can be made about the display or shielding of a patient photograph comes when the image in question unnecessarily identifies a person. For instance, if a picture was taken of a broken arm but the photographer included the patient's face in the image, it might be an easy decision to crop the photograph so that their face becomes hidden. While there is no guarantee of anonymisation (someone could still recognise that person's arm), through this intervention the photograph would be largely anonymised - and none of the visual information about that injury would be lost. Custodians could keep different versions of the same photographs, providing access to copies that potentially exclude some information while keeping the original version permanently.
- Studying the history of anonymisation and analysing anonymisation methods can help us to understand the historical and cultural meaning of anonymity. For instance, in Harold Gillies's *Plastic Surgery of the Face* (1920), attempts were made to grant anonymity to civilian patients, but not to First World War servicemen. Understanding which patients were and were not privileged with anonymity can help us to think through these groups' relationships with their doctors and with the medical realm, as well as how today we can care, with equity in mind, for those in medical photographs.
- Making a patient's face visible may be deemed necessary for discussing or representing an idea or a historical moment, particularly in relation to marginalised groups. For example, if the point of the display of the image is to draw out the power dynamics inherent in medical photographs, seeing the emotion on a patient's face can actively contribute to the learning. These types of teaching moments are often present in asylum photography; some may argue that showing the photographs taken in institutions for people with learning disabilities or mental illness stigmatises the patients and their condition even more if one hides their face and risks reinforcing the position in which they have been placed: posed as a medical subject. The anonymisation of racialised and Indigenous people can also be complex. In Canada, for example, there has been a push to identify Indigenous people; to remember lives erased or considered 'less than' by colonists.
- One needs to be ever-aware of the ethics of sharing (see **Access**). The context of where and when the image is being shared is critical, for example, will its display inadvertently support racism, or encourage prejudice against a minoritised group? For this reason, one should also think carefully about whether the image was originally used to exemplify physical features as part of the pathologisation of race, religion, class, sexuality, gender or age. Sharing an image of a patient because the photo was historically used to 'other' those with disease might, for example, now sustain damaging stereotypes of what a person with a sexually transmitted infection or mental illness 'looks like' (see **Sensitivity**).
- Other legal and cultural contexts may affect the choice to show or anonymise identifiable photographs. For example, in Norway, displaying the faces of patients from any date is illegal.



Origins

Understanding the origins of a historical medical photograph is critical to assess the photograph's authenticity, context, purpose, meanings, and value. This includes knowing how, why and when it was made, by whom, who is in the photograph, and who it was made for, as well as the way it has been classified (or not) into a collection, and the communities from which the photographs originate.

The **historical origins of medical photographs** usually refer to the medical, photographic and social practices involved in its creation. In this sense, it includes the technical aspects of photography (cameras, negatives, studio equipment, etc.); medical theories and treatments of the time; institutional, medico-legal and ideological frameworks; humanitarian or charity activities; the doctor-patient relationship and the patient's experience, among others.

Establishing the **provenance** of photographic collections, that is, the information about how a photograph or a collection ended up in the custody of an institution or an individual, is crucial. Custodians and users frequently work with photographs that have been passed through many hands. Knowing who made the images, who used them, circulated them, and collected them, along with who donated or sold them, is key to preserving their meaning and integrity. In archives, museums and other public and private repositories, custodians might retain photographs in the order in which they were taken or might organise photographs into series based on the photographer, the subject, the event, or any other category. These decisions shape how uses encounter and interpret medical photographs.

The communities where the photographs and collections came from also shape the origins of medical photography. The framing of 'community' in archival and photographic contexts has been shaped by colonial systems of classification and governance. These systems have often represented people in insensitive and stereotypical ways – for instance, the photographs produced within the epistemic frameworks of tropical medicine in the early twentieth century. While the term 'community' is often associated with colonialism and indigenous peoples, it can also describe any group that archives and museums have collected information about. A community can also refer to a group of patients or healthcare providers who live far apart but feel connected because of shared experiences, common social determinants, or support networks.

Why does this matter?

The question of the origins of medical photography raises important ethical issues regarding ensuring responsibility for the records and the potential harm they might do, managing risks, and taking care of collections (see **Care**).

By examining the origins of medical photographs, users and custodians can uncover suppressed histories of encounters, exchanges, coercion, and exploitation, while also addressing historical injustices and including the perspectives of the originating community in contemporary understanding of these issues. As such, exploring the origins of medical photography is both a methodological practice and a critical ethical intervention to engage with its historical legacies.

Engaging with communities can also broaden the historical enquiry and can open the path to redress harm, as these groups are often marginalised, and might have been misunderstood, misrepresented, or vilified in the archival or museum narratives.

You may want to acknowledge the role that medical photographs play in shaping the identities of people in the community or their family members. In some instances, local communities have legitimate moral and cultural connections or ownership claims to heritage collections, as well as specific claims, needs, or access rights to material heritage kept by institutions. This also raises important questions for UK institutions about repatriation, reclamation, and determining who has the right to protect futureproofing.

Exploring the origins of medical photography broadly is an ethical issue. It involves a fundamental shift away from merely descriptive, reductive, and static representations and toward a more active engagement that challenges historical and socio-cultural norms, assumptions, and categories, while also fostering a shared authority and

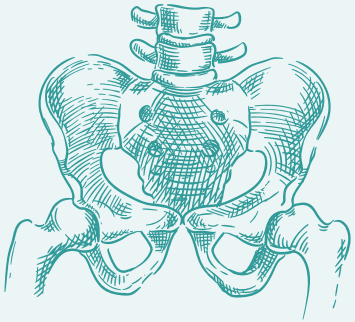
responsibility to do less harm to the historical figures depicted in the photographs. As a result, origins is a lineage that is as much about the present and the future as it is about the past; it is a dynamic, living continuation that exists right now. In practice, the term 'origins' refers to a broad range of issues and adaptations that continue to shape and define our present

Where to begin?

Engaging with the origins of historical medical photographs requires a critical approach that moves beyond the visual content of the image to understand the power asymmetries, ethical issues, and social and political context of their creation.

You may wish to consider:

- Where the photograph was taken. What was the specific social or institutional environment? Was it taken in an asylum, a hospital, a studio, a laboratory or during fieldwork? What was the relationship between medical staff and photographers with that environment?
- The existing medical understanding of the disease or condition at the time. How does this photograph reflect (or deviate from) that understanding?
- The reason(s) why a photograph, or a series of photographs, were taken, such as helping with clinical diagnosis, teaching, including it in a casebook, to publish it in a study, for public display, or for propaganda purposes.
- If the photograph has an ethnographic purpose, for instance, taken during European colonial expansion and the growth of disciplines like anthropology, how do the racial, gender, and socioeconomic contexts of the period shape the image? For example, were specific groups disproportionately photographed and categorised?
- Who was the intended audience? Medical colleagues or students, the general public, government officials, or patrons like funding bodies or sponsors?
- How was it used? Was it reproduced in a scientific article, textbook, private album, or an exhibition?
- What did this photograph do? Did it help build a doctor's reputation, establish a new medical specialty or support experimental research, was it an administrative record? Who was responsible for donating the photograph to the archive or museum? Was it part of a larger 'official' collection of materials? Was the archive or heritage collection open to the public or housed by a private institution?
- Can you create a space for the voices of the communities or individuals in the photographs to be heard?



Access

Providing access to collections is a central focus of the work of custodians. But concepts of 'access' to collections (including collections of medical photographs), take in logistical, legislative, and ethical considerations - from the location and opening hours of a service, to the legal status of the records, and how legislation and best practice guidance is interpreted in the form of an archive's own policies and practice. Restrictions placed on access may be interpreted as 'gatekeeping', especially in the context of publicly-held collections, so it is essential to make the reasoning behind any such restrictions explicit.

Users must be familiar with the logistical, ethical and legal environment within which the service operates, as well as the complex histories and contexts of individual collections. There is, therefore, no universally accepted one size-fits-all definition of what 'access' looks like across heritage collections, even within the United Kingdom. This toolkit focuses specifically on the UK context - users working in other countries will need to familiarise themselves with the legislative environment and collections management norms relevant to that jurisdiction.

Users themselves may also play a role in providing and/or increasing access to a historical medical image through reproduction and publication, and should consider whether publication is appropriate, even if it is permitted by the custodian.

Why does this matter?

Access arrangements

Although there may be common themes, policies and arrangements for access to collections may be affected by factors such as the type of custodial institution (e.g. museum, archive or library); the operating model of the institution (e.g. the difference between government archives with a statutory duty to provide access, or a privately held collection where access is discretionary); and resources, including staffing and funding.

Custodians should consider the impact of access policies and procedures; how access is provided to an image will affect how a user understands its context and creation. Users may also provide access to an image through reproduction, subject to permissions and/or licensing.

Below are some key points to consider:

- The availability of catalogue information. Not all collections catalogues are searchable online, and museums, archives, and libraries will highlight or describe different aspects of an image or set of images in a catalogue. Some material may not yet be catalogued; while some institutions may search and provide access to uncatalogued material, others may not.
- Some images may be viewed online and/or downloaded as digital copies, but the majority of historical images are not digitised and can only be accessed in person. Digital copies may not be displayed with contextual information, making it difficult to understand them within a wider collection or their origins (see **Origins**). A custodian may choose not to make sensitive medical images available online, even if digital copies are available, and restrict access to onsite users only (see **Sensitivity**)
- Custodians may restrict access to items in poor physical condition, or where there is a legal requirement for restriction, typically for more recent medical images. Reasons for restriction should be clearly communicated to users.

- Physical access arrangements may vary, and an appointment and/or registration may be required to access original material. Custodians may allow photography by users, but there may be a charge for this. Permission to copy an original image does not constitute permission to publish it.
- Some images may have historically been published e.g. in a medical journal, while the original print is preserved in a collection with more restricted access. Users thinking about providing access to an image through publication should consider how previous publication affects the context of an image, and whether publication is appropriate for their purposes.

Law

Both custodians and users must understand the legislation that applies to collections, as well as what this means for services and their access policies. Custodians have an obligation to comply with data protection and copyright legislation while also acting ethically and responsibly. There may also be other legislation that affects how they provide access.

Understanding how these pieces of legislation apply to GLAM organisations and may affect access to the materials in their care is important for users. It is, of course, important to remember that the law and its interpretation changes and evolves, and that laws may be interpreted differently within different organisational contexts.

Public Records Acts 1958 and 1967
Certain records created by public bodies including hospitals are selected for permanent retention as public records. This legislation is specific to archives holding public records, and mandates public access to this material.

Data Protection Act and UK GDPR
Data Protection legislation applies to all personal/identifiable information relating to living people (see **Anonymity**). In practice, this is often understood as requiring access to identifiable records - including medical images - to be restricted for 100 years.

Freedom of Information (FOI) Act, 2005
The Freedom of Information Act 2000 (FOIA) is a UK law that gives the public a legal right to access recorded information held by public authorities. This applies to all public bodies. Requested information may be subject to other restrictions for example under the Data Protection Act.

Medical confidentiality
Although the Data Protection Act no longer applies to records or identifiable images after a subject's death, medical information relating to that individual remains confidential after death under the common law. Custodians may provide research access based on an understanding of the public interest, which allows the common law duty of confidentiality to be set aside.

Copyright law and licensing
Copyright protects literary, dramatic, musical and artistic works as well as films, sound recordings, book layouts, and broadcasts; as well as most unpublished materials where the creator (e.g. photographer) is known until at least 2039, when this protection for unpublished works will expire. It applies differently to published and unpublished materials. Custodians should where possible identify the creator of any item or image in their catalogues. Users wishing to reproduce an image should seek guidance from the custodian, and they may need to identify the current rights holder and/or purchase a licence for reproduction.

Ethics and organisational values
Access is an ethical issue, and users and custodians should ensure that they are acting in line with their ethical frameworks, including in policies, procedures and research methodologies. It is also essential to consider the potential risk of future unethical reuse by third parties. There is a risk that once images are digitally available they may become 'unmoored'. Images may be reused and published elsewhere without permission, and without context or custodial oversight. AI and other editing tools allow images to be changed in ways that were unimaginable to the subjects or photographers, such as through nudification, or conversion to moving image.

The organisational context of a custodial institution will affect how they value access and how they permit and provide access to material. This may affect policies and guidance on collecting and acquisition; research access; exhibition and display; reproduction and sharing.

Access

Custodians will consider how legal and reputational risks around access to sensitive material affect how they provide access.

Users seeking to reproduce an image should consider whether increasing access through publication or display fits their ethical framework, even if reproduction or reuse is allowed by the custodian.

Where to begin?

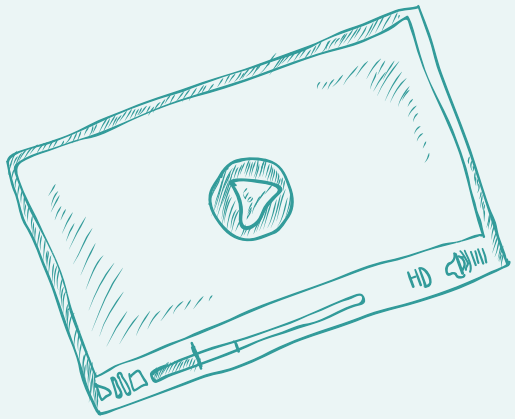
Below are a set of strategies for custodians and users to consider in how they manage, use and provide access to historical medical images. This should include acknowledgement of the origins of an image, in order to provide context and authenticity when providing access (see **Origins**). Making the conditions of production visible may encourage a more inclusive, equitable, and diverse representation of the communities documented in photographic collections, and provide new meanings for the images they hold.

Custodians could:

- Have publicly accessible policies regarding access to collections, including reprographics and publication, and a process for requesting reclosure or takedown of historic images (see **Consent**). Be explicit about your conditions for reuse - for example, this might include no (AI) editing, or no colourisation.
- Ensure that catalogue descriptions include information about access conditions.
- Engage with relevant discourse and developments to ensure legal compliance and ethical sensitivity.
- Consider if and how medical photographs should be made accessible, including whether it is appropriate to make them digitally available through a catalogue, secure digital environment, Digital Asset Management system (DAM), or whether content warnings are appropriate.
- Consider if you are the appropriate repository for potential acquisitions or if material is suitable for transfer or repatriation.
- Consider specific strategies when digitising your collections, such as blurring certain features like faces or genitals, requiring users to click on advisory notes in order to see the images or having to apply for access by emailing the archivist manager.

Users could:

- Familiarise yourself and engage with access and collecting policies.
- Understand processes for requesting access to restricted material within each service (e.g. is evidence of ethical approval required?)
- When seeking to reproduce an image, consider whether increasing access through publication or display fits your ethical framework, even if reproduction/reuse is allowed by the custodian (see **Sensitivity** and **Anonymity**).
- Consider alternatives to showing the photographs, for instance cropping, to remove some details, working with artists to re-create the image or describing the photograph verbally/textually.
- Use content or advisory notes. A warning might overdetermine a viewer's response to an image or deter them from engaging with it fully, so any content or advisory notes need to be very specific about what they are warning about.




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Care

Care is at the centre of many of the daily interactions with medical photographs that users and custodians have in the archive, the museum, the heritage site, the visitors' room or the study space.

For custodians, this **duty of care** is embedded into their role. According to the Archives and Records Association Code of Ethics, the duty of care is "the primary duty of members", understood as the duty "to manage, preserve and protect the integrity of documentary heritage and records in the public interest, in order to ensure that they continue to provide reliable evidence of past actions and decisions" (Archives and Records Association UK and Ireland, 2026).

Beyond codes of practice, we, as users and custodians, exercise care in different ways, depending on the object under our care and other contextual factors. For instance, we **take care of the physical materials** when we handle them. We hold photographs by their edges so we do not touch their surface, use pencils in the reading room, avoid eating and drinking in their immediacy, and store and display photographic materials in the appropriate physical conditions.

In other instances, we exercise **care towards the people in the photographs** because they might be in a vulnerable state or showing external signs of distress, suffering or pain. They might remind us of someone we know or, even, ourselves. We might be familiar with their story, even if the details remain invisible in the photograph. We might care just because they are humans or we might not know why we care at all.

Sometimes, after a particularly long or hard session cataloguing or researching medical photographs, or when we encounter an upsetting photograph that we were not expecting, we might engage in **self-care**, by going for a walk, talking to someone, listening to music or taking a few notes in a notebook.

We might also care about the potential viewers of the medical photographs we are dealing with, conscious of how representations of the past can affect present audiences.

Care is understood slightly differently in each of these scenarios: it is something we do with our bodies, an affective state, a duty, or all of these at the same time. To acknowledge this ambivalence, Joan Tronto and Berenice Fisher (1990, p. 40) have defined care as "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web." Hence, the web of relationships we develop with others and with our environing world constitutes the context in which we understand what is under care, why we care, for whom we care and how care should be performed.

Caring for historical medical photographs, in this sense, involves the *maintenance, continuation* and *reparation* of 'our world', understood as both the photographs as objects and our relationship to the people in the past, the present and the future mediated by photography.

Why does this matter?

When we talk about care in the context of medical photography we are talking about taking care of the photographic materials, the people who made them and/or are represented in them, the present viewers and ourselves, who are handling the materials. To disentangle these issues, it is helpful to think about the links between *care, vulnerability, harm and responsibility*.

Medical photographs can be a reminder of our **vulnerability** as human beings. Patients might be caught at their most vulnerable: they might be naked, visibly suffering or even undergoing medical treatment. Their susceptibility to physical, psychological or emotional harm is particularly obvious in photographs of minors or those who could not meaningfully give consent (see **Consent**).

However, we should think about the vulnerability of the people in the images not only when there are signs of distress. Photographs showing people taking care of others or joyfully interacting also point towards their vulnerability, as these actions seek to protect or prevent harm. Similarly, vulnerability should not be necessarily understood simply as a lack of agency.

Handling medical photographs, one should take into consideration whether the people being photographed, or their communities were exposed to **harm** during that

process. At the same time, as users and custodians of medical photographs, we need to be attentive to our own vulnerability when we are in touch with these photographs. Are we exposed to any kind of harm ourselves? Do we play an unintentional role in the expansion of the vulnerability of those humans whom we look at in medical photographs?

Working with care also requires us to reflect on **our responsibility as users and custodians**. Caring about medical photography invites reflection on our responsibility to the people in the past, and the short- and long-term effects of using their photographs. While we might not be personally responsible for the individual cases presented in the photographs, we are responsible for how the uses of the photographs reinforce or challenge systems of exploitation or oppression that might expose people of the past, present or future to harm.

Finally, you should take care of yourself. While there are no shared protocols on how users and custodians should act to protect themselves when looking at historical materials, including medical photographs, some groups have elaborated guidelines that could be useful (see **Resources**).

Where to begin?

There is not just one way to treat historical medical photographs with care. You can try the following strategies to show care towards the historical subjects, present viewers and yourself:

- Working with distressing material can take a toll. If you find yourself having a strong emotional reaction to a photograph, treat it as a starting point rather than an obstacle: interrogating what triggered that response can be a productive way to think through what the image means and what you want to say about it. Custodians might want to create workflows that minimise the impact of working with these materials.
- As a custodian or user, redressing the lack of care for patients can become your guiding principle. For instance, cropping an image might be an act of care if showing the whole image might hurt the patient. Other times, showing the whole image is necessary precisely to denounce the violence that was inflicted on patients (see **Anonymity**).
- To handle medical photographs with care entails an encounter with the context in which those photographs were taken. For instance, the place where a photograph is taken, the political environment and the social, cultural or religious conditions might render a photograph uncomfortable (see **Sensitivity**).
- Think about how vulnerable the people in the images and their communities might be (see **Origins**), and how photography might have put them in a more vulnerable position. Interrogate the social, cultural, religious and political contexts that might have contributed to that vulnerability.
- Be mindful of how potential viewers will engage with the images. To prevent further harm, you may wish to create a space for the voices of communities who have been historically marginalised to be heard.
- Have in mind that ethics is an ongoing process. Be intentional with whatever decision you make but be open to revisit it in light of new information, new context, or your own changing ideas on the topic.

Resources

Sensitivity

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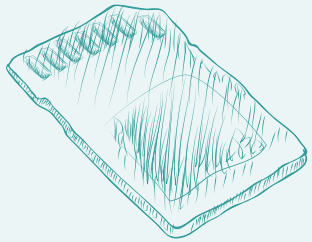
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