transferred to central database’ added to them. I will encourage my patients to do likewise. I think that this will give them more control over their medical records than any centralised system.

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REFERENCES  

Limitations of the Summary Care Record

I am glad the clinical leaders of Connecting for Health1,2 have had a chance to reply to the concerns about data security and confidentiality laid out by Professor Anderson3 and Gordon Baird4 in February BJGP. In doing so they showed the weakness of their case and the strength of their opponents. In particular they protested about, ‘a number of factual errors and wrongly conflated aspects of the National Programme for IT’. Sadly they failed to show what Professor Anderson’s errors actually were.

I have no trust in the seemingly limited Summary Care Record. I suspect in future it will become more extensive, and more available, and for purposes beyond direct patient care. It is a part of the expensive and increasingly discredited and distrusted National Programme for IT. It is a thin end of a wedge.

The key phrase in Mark Davies et al’s editorial is ‘Information governance’. The current evidence we have is that the government has no understanding of this, and only limited systems in place to fully secure data against loss. The recent loss of 15 million child benefit records showed this. Equally worrying was the apparent lack of concern among ministers, and the willingness of senior managers to blame the debacle on a junior staff member.

My own medical notes have 93c3 ‘refuses consent to have health records transferred to central database’ added to them. I will encourage my patients to do likewise. I think that this will give them more control over their medical records than any centralised system.

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Back to the dark ages

It is my experience over the last 15 years that enthusiasts of ineffective alternative treatments tend to resort to two strategies when faced with convincingly negative data. The first is to slight the bearer of bad news, and the second is to call for a paradigm shift. Dr Swayne seems to do both. He affronts me by stating that I suffer from ‘tunnel vision’ and am ‘obsessive’. And he goes to some length explaining that, in order to