PROBLEM-ORIENTATED MEDICAL RECORDS

THE problem-orientated medical record is one of the newest and one of the most exciting ideas that has arisen in general practice in recent years. Originated by Professor Laurence Weed of the United States, it is increasingly being studied all over the world, and it is likely to provide a new approach to record-keeping in general practice.

The theoretical basis of the problem-orientated medical record is remarkably simple, being a change from diagnosis to problems presented by the patient or perceived by the doctor. This system may prove to be of immense value in all branches of medicine, but for many reasons it is likely to be particularly appropriate and effective in general practice.

First, more than any other specialty, general practice consists of patient-centred rather than disease-centred medicine and by moving the emphasis in record-keeping away from the diagnosis and more towards the patient and his problems, this system is in tune with modern thought in primary care.

The enormous difficulty in describing diseases seen in general practice in terms of the traditional, pathological diagnoses is particularly great in the fields of psychological disorders and upper respiratory tract infections. In the latter, until virus diseases are clearly classified, and routine investigation becomes the norm, the vast majority of conditions will continue to defy precise diagnosis in terms of aetiology or pathology.

Secondly, there has always been a wide gulf between general-practice records and hospital records. For years it has been apparent that the best general practitioners do not write their notes in the traditional hospital way. Many young practitioners when working through their guilt complex on entering general practice have tried to reproduce the hospital note form, but invariably have found it inappropriate. The problem-orientated record, in effect, justifies the best of current practice where the notes already identify the patient's needs and problems—and the action that follows.

The effect of this kind of record is also to shift the focus of attention away from the results and more towards the doctor's intention. Here again it represents a significant advance because practitioners have known for years that apart from some surgery, where, for example, the results of operations may well be an accurate index of care, in general practice cause and effect are much less clearly linked. It is quite possible for the patient who has received optimum care to die, and the patient who has been almost neglected to do well.

The problem-orientated record, however, by recording the patient's problems as presented and perceived by the doctor is a much more precise tool in defining the care that a patient has or should have received. The ultimate result need not now cloud analysis of what it was that the doctor intended.

Thus this form of record is particularly relevant at a time when there is growing interest in all forms of audit in general practice. The problem-orientated record offers more scope in this field than many other devices so far discovered.

Finally, this system far more than record-keeping based on traditional diagnostic methods, acts as a built-in reminder to further action by the doctor. If a patient's problem

has once been identified and recorded, this system will constantly stimulate the doctor to do something about the problem. It is all too easy in current practice to make what may be an accurate and correct diagnosis, but then, having written it down neatly, to fail to deal with what may be the patient's main problems.

The breadth of this concept and its value is that the problem may well not be strictly medical, it may be psychological or social; but problems are problems, and as Professor Weed is reported to have said, " the patient does not specialise ".

It is of course inevitable that the use of these records will create difficulties and problems, not the least being the layout of the notes and the terms that are used to describe problems. There is a danger that notes may get bigger but the advocates of the system deny this. There will still be dangers of misunderstandings between different people using the system.

It is now probable that this method or some variation of it will come to be accepted. General practice is only at the beginning of the refining process that will be necessary to develop this important tool much further. Nevertheless, even now it can be said that this is likely to be the greatest administrative revolution in general practice since the introduction of the concept of the general-practice team. Like all great administrative advances it is likely to improve clinical care considerably and thus greatly benefit the individual patient and his problems.

REFERENCES

Weed, L. (1969). *Medical Records, Medical Education and Patient Care.* Cleveland, U.S.A.: Western Reserve University.

Weed, L. (1973). Tape-slide. No. 73/10. Chelmsford: Medical Recording Service Foundation of the Royal College of General Practitioners.

INVESTIGATIONS IN GENERAL PRACTICE

All doctors now require access to diagnostic facilities with which to practise the scientific medicine that they have been taught in medical schools.

Royal College of General Practitioners (1973). *Present State and Future Needs of General Practice,* third edition.[1]

INVESTIGATIONS are used for refining diagnosis, excluding a diagnosis, and monitoring treatment. All clinicians, regardless of their branch of medicine need access to modern investigations if their patients are to receive efficient care.

New techniques in investigation have mainly been developed by specialists and the enormous advances in so many fields represent some of the great triumphs of scientific medicine. Often, however, as each new technique was introduced, it was suggested that it was too subtle or too complex to be used by general practitioners and that it should remain exclusively in specialist hands. Such thoughts have been voiced in turn with regard to many investigations in pathology, radiology, respiratory function and electrocardiography.

Time, however, has shown that as each investigation became standardised and its precise significance more widely appreciated so it became incorporated in general practice. This process will continue and it is likely that many new investigations, as yet undiscovered, will become standard procedures in general practice in the future.

Access to investigations

In the past, resources have not always been made available to general practice and often in times of scarcity access to investigations has been withdrawn first from the community