## MEDICAL RECORDS

Sir,

I feel compelled to reply to Professor D. Metcalfe's question "Why not let patients keep their own records?" (July *Journal*, p. 420).

He states that about 10 per cent of records cannot be found when patients attend and that patients can be relied upon to look after their records at home, citing the obstetric co-operation card as his example.

The majority of people are healthy most of the time and are unlikely to treasure their medical records as a mother treasures her unborn baby. One only has to note how frequently medical cards are missing when changing doctors and an FP1 has to be completed to suggest that more than 10 per cent of records would disappear.

Most pregnant women have some pride in their condition whilst many people are ashamed of their medical history. The temptation to 'lose' records pertaining to psychiatric illness, alcoholism, marital disharmony, venereal disease, termination of pregnancy, and dealings with the legal and insurance professions would be overwhelming. The certain knowledge that this would happen in some cases would serve to devalue all records.

Professor Metcalfe's suggestion that the records would be available in emergencies ignores the fact that records would not be available at any time when the patient was not present. How, therefore, do we write accurate referral letters and deal with the endless stream of enquiries about patients from third parties, and how do we cope with the telephone consultation? Notes would be available neither for research nor for educational purposes.

Another suggestion is that expensive secretarial time would be saved by the absence of filing and that the space saved could be filled by a computer. Would a data processor be less expensive, even supposing that a hard-pressed practitioner committee granted reimbursement of salary? Of course, if computers take over entirely then the whole suggestion becomes irrelevant.

Professor Metcalfe's belief is that record sharing symbolizes sharing health responsibility, but doctors are not the only professionals with files concerning clients. I do not expect to be handed my file by my solicitor or bank manager! However, I do not consider our relationship to be an adult/child one in form.

These are the relationships of professional to client and I would prefer to have this relationship with my patients.

It is more flexible than the doctor/patient relationship wherein role playing by both parties within that relationship only conceals the important points in many consultations.

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Sir,

I was interested to read Professor Metcalfe's article in the "Why Not?" series in the July issue of the *Journal* (p. 420).

I think he presents very well the theoretical reasons for allowing patients to have their notes. However, it behoves us to be practical and he fails to look at the practicalities of implementing his idea.

First, he quotes the co-operation patients give with their maternity co-operation cards. This is a highly motivated group of people and it might be more relevant to look at what happens when we hand patients repeat prescription cards. In this instance, the age range of those who handle the information we give them is much larger. I am sure anybody who surveys what happens will find that patients often fail to bring their cards even when they want a repeat prescription; they lose their cards fairly frequently and these have to be replaced; they forget to bring them when they come to see us; they can't find them when we go to see them. If this happens with repeat prescription cards I am afraid it is going to happen with notes, so I do not think our patients will look after their notes very well.

Secondly, what is going to happen to all the information that keeps arriving at our surgeries which we normally file in their notes, such as letters and reports of investigations and x-rays? This creates a logistics problem of filing—where to file them and when to put them into the patient's notes.

Then, of course, every envelope which is given to the patient really must be thoroughly vetted. Patients are going to read their notes thoroughly and although we might quite happily ignore such remarks as "The patient has a pain in the neck and is a pain in the neck", which doubtless Professor Metcalfe has seen in notes as I have done, our patients are hardly likely to take kindly to them. I am afraid that reviewing their notes is going to generate a tremendous amount of work.

Then we come to the problem of researching in the notes. Recently we have done a study which made it necessary for us to review the notes of all our patients on 'Lanoxin'. If these had been dispersed around our practice area they would have been reasonably difficult to get hold of. As it was, all we had to do was to extract them from the filing rack.

I see no immediate easy solution to these problems other than continuing in the way we do at present, which is to have our notes on the premises.

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Sir,

The impression has been formed that recent issues of the College *Journal* do not seem to contain many clinical contributions relevant to everyday general practice. It seems to me that there is a surfeit of writing about non-clinical matters—for example, registers of various kinds, audit, appointments systems, and computers.

Referring to the July *Journal* (p. 420), I would like to take issue with Professor D. H. Metcalfe concerning his suggestion that patients should have their own medical records. Is he really being serious? What would happen if records were lost or fell into the wrong hands, or were used in complaints procedures? It does not bear thinking about! In my experience only 60 per cent of patients take care of their record cards which relate to basic clinical information and treatment. It is far more important to get patients to co-operate with advice and treatment given to them by their personal physicians by the use of straightforward language and simple systems, which I will be pleased to amplify if any of your readers are interested.

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## COMPUTERS IN PRIMARY CARE

Sir,

Dr H. Mackay is quite right in believing that the task of changing over from the current 'Lloyd George' envelope to any other system is daunting (October *Journal*, p. 635). He is not quite right in believing that this can be done adequately only by the doctor, because for the Exeter system a team of paramedical workers has been assembled who, to the best of my knowledge, has carried out the task to everyone's satisfaction.