FAMILY CARE 2

Why not file in family folders?

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THE big paradox in our record keeping is that we want more information stored but that we want it more easily retrievable. Unless facts about a patient are instantly available during a consultation, we may not take them into account in our decision-making and our clinical standards may suffer as a result. Many innovations in practice records have improved retrieval, and whether we use standard envelopes, A4 or even discard our pens for the VDU, we all attempt improvement by structuring the record. Separate places are used for certain kinds of information.

We are family doctors trained not only to see our patients' problems in physical, social and psychological terms but also to make decisions on management which take account of these three facets of the diagnosis. How much do we know of the structure of the families for whom we care? Our knowledge of who exactly is related to whom has more gaps than we like to think, and our records are abysmally deficient in any information on family structure. If you think I am exaggerating, see how many of your records of adult males even give their marital status.

Two steps can revolutionize the availability of this information in your practice. The first is to refile all the records by family. This simple process of putting together all those living under the same roof has few problems in the average British practice, though some sensible rules are necessary where there is more than one surname in a house and with particularly common surnames. We have put each family's cards into a gussetted envelope, which allows for the second step I recommend: we make out a plan of the family which is stuck on the front of the envelope. The practice staff become adept at this 'family planning', the details and conventions of which are admirably laid out in *Medical Records in General Practice* (Zander *et al.*, 1978), which is essential reading for anyone improving their records.

The advantages of family filing are many and the few snags trivial. The greatest change is that it provides confident knowledge of where the patient fits into the family. Zander's plan clearly demarcates the different generations and distinguishes those in the household from those who are not. Our patients expect us to have a comprehensive knowledge of their family's structure and it brings a new dimension to the consultation to fulfil this expectation.

Much of our practice organization is an attempt to prepare ourselves to meet the patients' needs in an ordered fashion. A common cause of doctor anxiety, if not overt irritation, is the unannounced patient, the 'while we are here' syndrome. Assuming that the appointment system is designed to allow some leeway for casual and emergency arrivals, it is not the extra few minutes that we resent but the absence of notes. Family folders are the answer. The unpremeditated request for a repeat prescription for another member of the family is also arranged with better grace if the records are already to hand. More important is the availability of records when one family member presents with a trivial complaint which is a pretext for a discussion about another. The author of a weighty tome on my practice bookshelves—*The Psychosocial Interior of the Family* (Handel, 1968)—would certainly approve of family folders. The dormant record of a family member who has not attended for years may give extra insight into the home.

The basis of screening and health education at practice level is systematic access to the records of at-risk groups. A glance at entries for other family members may reveal that attendance is long overdue and the personal approach can then be more successful.

The only disadvantage noted so far is a small increase in record bulk, but drastic pruning obviated any need for more shelf space. A critic tells me that updating family filing can become a problem and that a tight rein must be kept on the records of patients who leave their family group for another home. But how better to record this vital piece of social data? Large practices could run into trouble, but their standards of efficiency should be commensurate with their size. I concede that this is not a system for bedsitter-land practice—but that's another ball game.

So why not do yourself a favour? Why not change to family folders?

References

Zander, L. I., Beresford, A. A. B. & Thomas, P. (1978). *Medical Records in General Practice. Occasional Paper 5.* London: *Journal of the Royal Colleges of General Practitioners.*

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