

the logic of which has us perplexed, and the other questions are clearly dependent on the situation in which they are asked. Finally, the attitude scale used for "Patients Attitudes towards Trainees" (pp. 680-682) contains many examples of the errors which could be avoided by studying the techniques of questionnaire design and attitude measurement.

Much has been written on the subject of the adequate design of questionnaires, and for those who aspire to worthwhile research, there is extensive literature on this subject, and much useful information will be found in the appended references.

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### Computers in Practice

Sir,

I was astonished to read Dr A. R. Potter's article entitled "Computers in General Practice: the patient's voice" (November *Journal*, pp. 683-685).

The questionnaire demonstrates perfectly the grammatical construction familiar to all of us who struggled through Latin as schoolboys, namely the "question expecting the answer 'no'", in the shape of the final sentence: "At present this practice has no plans to use a computer."

Patients will often answer questions in the way they think we want them answered and give us a false view of their symptoms. I am sure that Dr Potter's patients would have given a different answer to question 4 ("... would you change to another doctor?") if he had finished the questionnaire with, "At present this practice is actively considering the purchase of a computer".

In any event, the chances of a GP

without outside finance being able to afford the cost of a computer to hold patient records is very small, and most computers (as in my practice) will be used to ease administrative tasks, with no sensitive information stored in them. Even if clinical records are stored in computer files, they are much more secure against the casual snooper than those in paper files, and if they are stored in the GP's own computer they are as proof against Big Brother as the standard folder.

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Sir,

Potter argued on the basis of a survey conducted among surgery attenders that some patients may be troubled at the thought of their general practitioners recording confidential information on a computer. I think the results of this survey should be treated with some caution as the wording of the questions used appears rather biased. Furthermore, the second paragraph of the preamble, which precedes the questions, suggests reasons why patients might be concerned about the introduction of computers. I hold no particular brief for or against the use of computers in general practice, but do feel that questioning patients in a rather negative way about an innovation can introduce possibly unnecessary fears in the minds of some of those approached in this way. Moreover, if the questioning should produce correspondingly negative results, these are unconvincing because of the manner of questioning. Indeed, perhaps the most remarkable finding from this survey was the large number of respondents who were not worried by the suggested disadvantages of the introduction of a computer in their GP's surgery.

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Sir,

Dr Potter had an important idea which he tackled in his paper "Computers in general practice: the patient's voice"

It is a great pity that his questionnaire is, in my opinion, worded in such a way that his results must be thrown into doubt. If I was told: "Other general practitioners are reluctant to use computers... fear confidentiality-

... may be abused. Some patients... worry... things they tell... in private will be put into the computer... therefore... unwilling to speak... very personal problems"... I too would confess to worry and express my opinion against the use of computers in medical record storage. In short Dr Potter's questionnaire is biased.

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### Adverse Drug Reactions

Sir,

In commenting on our paper (July *Journal* pp. 429-434), Dr Brooks (Letter, December *Journal*, p. 761) questions the clinical relevance of a proportion of the potential adverse drug reactions (ADRs) that we detected. In our paper we discussed at some length the problem of defining a potential ADR and acknowledged that some of those that we had described might not be universally considered to be of major significance. Nevertheless, we concluded that where suitable alternatives exist it is judicious to avoid combinations which may result in only a low probability of a clinically significant ADR.

Contrary to Dr Brook's fears, we do not have any evidence of a deterioration in the relationship between doctors and pharmacists or doctors and patients as a result of this study. It is well known that patients forget much of what doctors tell them. Much of the work in the pharmacy using record cards consists of ensuring that patients are aware of changes in medication and of reinforcing and clarifying the doctor's instructions. In the event of a potential error or ADR being discovered, this is usually conveyed to the doctor without the patient knowing.

Since the inception of this study general practitioners have by and large accepted the pharmacists' role and several meetings have been held to improve communication between the two professions. We believe that in time the advantages of a closer working relationship will become widely accepted with resulting benefit to the professions and patients alike.

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