LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing.* Failure to comply with this may lead to delay in publication.

Patients' access to records

Sir,

Dr Marshall Marinker, in his editorial, 'Who owns the patient's record?' (October *Journal,* p.442), has chosen to attempt an analysis of the questions and a discussion of the values involved rather than simply to count votes.

Where the profession is evenly divided, it is becoming common for the Royal College of General Practitioners to attempt to produce a response based on an informal collection of personal opinions rather than to seek a position determined by a democratic vote of members.

The conference of local medical committees and the annual representative meeting of the British Medical Association this year discussed this question, and all the arguments for and against patient access to records mentioned by Dr Marinker were well rehearsed in open debate. Both conferences voted narrowly to oppose subject access, by 127:115 and 184:169 votes respectively.

If the British Medical Association and its craft conferences can only decide a policy on the issue after it has been debated by national representative meetings, how can the College throw its weight to one or other side of the argument without such open and informed evaluation?

Dr Marinker may think it simplistic to count votes but there are many who believe the College would be wiser to seek the views of its membership in a structured way on this and other current, contentious issues before making editorial statements such as, 'Perhaps we should earnestly hope that society will force this change on the profession'.

Personally, I am against subject access to the manual record for the many reasons cited in Dr Marinker's article but especially because such legislation will be retrospective and cover entries made by doctors before enactment, and because it will devalue one of the principal tools of my trade used to enhance patient care.

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General practitioners' awareness of the drinking and driving offender

Sir,

A recent edition of the *Journal* included an editorial and two papers on alcohol problems in general practice (September *Journal,* pp. 396, 407, 409). I would like to draw attention to one alcohol problem which does not receive adequate attention from general practice: the drinking and driving offender.

There are nearly 100 000 convictions annually for drunken driving and one third of offenders over the age of 30 years have an alcohol problem. The majority are unknown to their general practitioner and therefore have not been offered help. A conviction for drinking and driving offers a case-finding approach to alcohol problems in general practice.[1] Most local newspapers publish a list of convicted drivers allowing practitioners to identify their patients who have alcohol problems. In addition, those drivers who have an alcohol problem, shown by raised gammaglutamyl transferase levels at the time of arrest usually become worse after the ban from driving. These patients represent a particularly dangerous group of offenders, commonly with increased medical and social morbidity, as well as an increased risk of accidents.[2]

Studies conducted in Tayside found that general practitioners had prescribed benzodiazepines to patients without realizing that a pending court case for drunken driving was the underlying cause of the anxiety. This dual threat of alcohol and drugs to traffic safety demands attention. Apart from regarding a conviction for drinking and driving as an indicator of alcohol problems, general practitioners, when faced with unexplained anxiety, should ask the patient 'Have you been in trouble with the police recently?'

Since May 1983 the Road Traffic Act has recognized drivers who have two convictions with alcohol levels greater than 2.5 times the legal limit as 'high risk offenders'.[3] These drivers apply for their licences to be restored after their period of ban (usually three years) and the decision to grant a licence will be based partly on the information which the driver's own general practitioner gives to the medical advisers of the Driver and Vehicle Licensing Centre. General practitioners should, therefore, be aware which of their patients have been convicted for drinking and driving and be able to record the alcohol history during the period of ban with an accuracy that allows fair assessment of the driver's fitness to hold a driving licence.

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References

1. Dunbar JA, Martin BT, Devgun MS, *et al.* Problem drinking among drunk drivers. *Br Med J* 1983; **286:** 1319-1322.
2. Dunbar JA, Ogston SA, Ritchie A, *et al.* Are problem drinkers dangerous drivers? An investigation of arrest for drinking and driving, serum gammaglutamyl transpeptidase activities, blood alcohol concentrations, and road traffic accidents: the Tayside safe driving project. *Br Med J* 1985; **290:** 827-830.
3. Departmental Committee, Department of the Environment. *Drinking and driving.* London: HMSO, 1976.

The MRCGP exam: what does it measure?

Sir,

I am a course organizer and I was recently invited to spend a day observing oral