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Limitations of the Summary Care Record

I am glad the clinical leaders of Connecting for Health[1,2] have had a chance to reply to the concerns about data security and confidentiality laid out by Professor Anderson[3] and Gordon Baird[4] in February *BJGP*. In doing so they showed the weakness of their case and the strength of their opponents. In particular they protested about, 'a number of factual errors and wrongly conflated aspects of the National Programme for IT'. Sadly they failed to show what Professor Anderson's errors actually were.

I have no trust in the seemingly limited Summary Care Record. I suspect in future it will become more extensive, and more available, and for purposes beyond direct patient care. It is a part of the expensive and increasingly discredited and distrusted National Programme for IT. It is a thin end of a wedge.

The key phrase in Mark Davies *et al*'s editorial is 'Information governance'. The current evidence we have is that the government has no understanding of this, and only limited systems in place to fully secure data against loss. The recent loss of 15 million child benefit records showed this. Equally worrying was the apparent lack of concern among ministers, and the willingness of senior managers to blame the debacle on a junior staff member.

My own medical notes have 93c3 'refuses consent to have health records transferred to central database' added to them. I will encourage my patients to do likewise. I think that this will give them more control over their medical records than any centralised system.

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CAM

The work of Professor Ernst and his team at Exeter in the study of complementary medicine (CAM) is disappointing. Their obsessive search for 'compellingly positive evidence' of positive outcomes in specific disorders in response to specific treatments scratches the surface of a profoundly interesting and challenging phenomenon. It represents a kind of scientific tunnel vision.

For example, their 'table of treatments which demonstrably generate more good than harm' does not include homeopathy. And yet, the study of clinical outcomes at Bristol Homeopathic Hospital (United Bristol Healthcare Trust), in patients with a wide range of longstanding disorders responding poorly to conventional treatment and referred by their GPs or other specialists, shows an overall level of benefit of around 75%, often resulting in reduction or withdrawal of conventional medication.[2]

The familiarly dismissive argument that an uncontrolled study such as this yields no data of statistical significance deserving of serious attention, represents a severe case of what has been called 'paradigm paralysis'.[3] These are real results in really sick people. That they may be achieved by a package of care that includes a decent dose of non-specific effects, alongside whatever specific effects the homeopathic prescription may have, does not make them invalid, it makes them particularly interesting, and very important. In his James Mackenzie lecture,[4] 'Who Cares?' David Haslam eloquently expounds the limitations of the prevailing medical paradigm of which the Ernst approach is a prime example.

Having met Professor Ernst a number of times I have no doubt of the earnestness and good intentions with which he and his team pursue their cause, but it is sad that the leader of such a potentially pioneering academic department is not prepared to be more of a 'paradigm pioneer'.

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Back to the dark ages

It is my experience over the last 15 years that enthusiasts of ineffective alternative treatments tend to resort to two strategies when faced with convincingly negative data. The first is to slight the bearer of bad news, and the second is to call for a paradigm shift. Dr Swayne seems to do both. He affronts me by stating that I suffer from 'tunnel vision' and am 'obsessive'. And he goes to some length explaining that, in order to