# Letters

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## Copying referral letters

As a retired GP and a current user of NHS services as a patient with multiple sclerosis, I would like to highlight an example of what, in my opinion, appears to be continued bad practice in many, if not most, areas of the medical profession.

When I asked for a copy of a letter from my consultant it was peppered with inaccuracies. Some of these were fundamental, which I was able to rectify. But my main concern is: why is copying letters to patients not routine practice (taking into account issues of consent, confidentiality, and unexpected content)? From the literature and discussions with former colleagues, there appear to be four main reasons for not doing so.

One is that patients would not understand what is written about them because of the use of medical terminology. Yet in my experience as a doctor and a patient, the vast majority of what passes as medical terminology is just jargon. On the occasions when medical terms have to be used, a plain English definition can be included either in the letter or in a separate glossary. Also, content not covered in the consultation should be clearly marked as such. Writing in plain English should be the norm — I thoroughly recommend a guide published by the Plain English Campaign.[1]

A second argument is that not all patients want copies of letters.[2] However, studies have shown that patients appreciate and find written communication helpful.[3] I also strongly suspect that many more patients would wish to have copies of letters if they could actually understand them, particularly if they knew the letters might not address their agenda.

Third, there is an argument that copying letters to patients merely adds to bureaucracy and workloads. However, the extra work and expense in a hospital setting have been shown to be minimal.[4] I cannot deny, that for GPs whose patients have easy access initially the workload will increase. But I argue that once patients and doctors have got used to this method of communication, this will improve. Unfortunately, I could find no studies looking at this issue in a general practice setting.

Lastly, there is a fear that more written communication would lead to an increase in complaints. The experience of former colleagues is that this is a true and valid reason. However, I argue that correct, clear, well-written letters, highlighting the patient's agenda and associated worries would reduce complaints to a minimum. Again, I could find no studies looking at this issue.

In my opinion, fear of litigation is not a valid reason. And if only to avoid the discomfort and inconvenience of having their poor letters pointed out by their patients, health professionals would write clearer and better correspondence, and so provide a better service.

Writing letters which patients understand and sending them copies would, in my opinion, also:

- help patients to be knowledgeable about their own health and, therefore, make the doctor's job easier;
- empower not only patients, but also doctors;
- remind them of what happened and what was decided in the consultation;
- give them a feeling of ownership and involvement in their care;
- help embed trust between patients and those caring for their health;
- enhance patients' existing rights to access their medical records;
- enable the patient to spot mistakes, such as medicine dosage errors; and
- perhaps be seen as another tool to add to doctors' skills of good communication.

In April 2003, the Department of Health set out good practice guidelines on 'Copying letters to Patients'.[5] I commend these sensible and practical guidelines. Unfortunately, it appears they are not being widely followed. Why not?

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## Therapy for psychiatric therapy

The September themed issue of the *BJGP* leads with Professor Dowrick saying the mainstays of GPs