

The Review

First do no harm:

the e-lephant in the consulting room needs firm handling by the doctor

'First Do No Harm' is a series of 12 brief monthly articles with internet footnotes about harming and healing in general practice. Each instalment is based on one of the 12 RCGP competency domains, this month's being:

7. Primary care administration and IMT: the appropriate use of primary care administration systems, effective record-keeping, and information technology for the benefit of patient care.¹

*'Successful high-reliability organisations are characterised by mindfulness — that is, an ever-present awareness among staff of the possibility of error and to the ongoing measures that must be taken to minimise it; over-reliance on technical systems may erode this.'*²

INTRODUCTION

General practice infrastructure exists in order to enable the doctor to consult well. Behind the scenes, business management organises the resources, research provides evidence, call-and-recall systems bring in the patients who wouldn't otherwise consult, and audit safety-nets.

The electronic health record should represent the final outcome of intelligent design. Instead it is in a process of evolution; clinical decision-making and prescribing aids may offer advantages or lead to harm; and the e-lephant in the consulting room needs firm handling by its mahout, the doctor.³

HARMING

Making the patient serve the needs of the doctor, and the consultation the needs of the organisation. Looking not at the patient but at the computer. Fossilising a person in code.⁴ Assuming that the computer's always right and running call-and-recall programmes without clinical moderation.³

HEALING

Concentrating for some of the consultation exclusively on the patient. While writing the clinical note, continuing to revise the diagnosis, and retaining something of the person. Ensuring organisational continuity of care.¹

ATTITUDE

Regarding the computer as a sheepdog that, once trained, will do the running around for you.

KNOWLEDGE

Patients want more information than they receive in consultations. They have limited health literacy⁵ and have difficulty making sense of the information they get in spoken or written form.⁶ Provision of accurate well-presented literature makes patient choices more informed⁷ but of the many resources available it is unclear which are useful in which situations, particularly for patients with multimorbidity.⁸ Most symptoms, signs, and test results have low predictive value for disease so it's important to have access to data and decision aids to help weigh benefits and risks;^{4,9} and this needs information technology. Biomedical science is beneficial at both individual and population level. For instance, of reduced ischaemic heart disease deaths, about 42% are prevented by treatment of individual risk and 58% by reduction in population risk.¹⁰ Telemedicine in asthma, diabetes, heart failure, and hypertension has a weak and contradictory evidence base¹¹ but in chronic obstructive pulmonary disease reduces hospital admission and emergency hospital attendance.¹²

SKILLS

Reading and writing the computer record fluently. Using free-text, coding selectively, entering diagnosis late in the process of recording clinical notes, and configuring data entry screens to make this possible.³ Keeping the consultation open-ended by directing the patient to selected decision aids¹³ and information leaflets.¹⁴⁻¹⁶ Storing websites as favourites on the computer for rapid access during the consultation. Accessing sources of information and help. Checking drug interactions and side-effects.⁴ Having, or having access to, adequate computer skills.³ Using NHSmail.¹⁷

Wilfrid Treasure,

GP, Whalsay Health Centre, Symbister, Whalsay, Shetland.

DOI: 10.3399/bjgp12X659358

Supplementary information

The internet footnotes accompanying this article can be found at:
<http://www.darmipc.net/first-do-no-harm-footnotes.html>

ADDRESS FOR CORRESPONDENCE

Wilfrid Treasure

Whalsay Health Centre, Symbister, Whalsay, Shetland, ZE2 9AE, UK.

E-mail: doctorwilfridtreasure@gmail.com

REFERENCES

1. Royal College of General Practitioners. *nMRCGP 12 Competency areas in detail*. <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/wpba-competence-framework.aspx> [accessed 7 Nov 2012].
2. Greenhalgh T, Potts HWW, Wong G, *et al*. Tensions and paradoxes in electronic patient record research: a systematic literature review using the meta-narrative method. *Milbank Q* 2009; **87**(4): 729-788.
3. Treasure W. The primary care electronic health record: who's righting the software? *Br J Gen Pract* 2011; **61**(583): 152-154.
4. Treasure W. *Diagnosis and risk management in primary care: words that count, numbers that speak*. Abingdon: Radcliffe Publishing, 2011.
5. Kutner M, Greenberg E, Jin Y, Paulsen C. *The health literacy of America's adults: results from the 2003 National Assessment of Adult Literacy*. <http://nces.ed.gov/pubsub2006/2006483.pdf> [accessed 7 Nov 2012].
6. Schwartz LM, Woloshin S, Welch HG. Using a drug facts box to communicate drug benefits and harms: two randomized trials. *Ann Intern Med* 2009; **150**(8): 516-527.
7. Steckelberg A, Hülpenhaus C, Haastert B, Mühlhauser I. Effect of evidence based risk information on 'informed choice' in colorectal cancer screening: randomised controlled trial. *BMJ* 2011; **342**: d3193.
8. Ryan R, Santesso N, Hill S, *et al*. Consumer-oriented interventions for evidence-based prescribing and medicines use: an overview of systematic reviews. *Cochrane Database Syst Rev* 2011; **(5)**: CD007768.
9. Adams ST, Leveson SH. Clinical prediction rules. *BMJ* 2012; **344**: d8312.
10. Unal B, Critchley JA, Capewell S. Explaining the decline in coronary heart disease mortality in England and Wales between 1981 and 2000. *Circulation* 2004; **109**(9): 1101-1107.
11. Wootton R. Twenty years of telemedicine in chronic disease management — an evidence synthesis. *J Telemed Telecare* 2012; **18**(4): 211-220.
12. McLean S, Nurmatov U, Liu JL, *et al*. Telehealthcare for chronic obstructive pulmonary disease: Cochrane Review and meta-analysis. *Br J Gen Pract* 2012; **62**(604): 739-749.
13. Ottawa Hospital Research Institute. *Patient decision aids. Alphabetical list of decision aids by health topic*. <http://decisionaid.ohri.ca/AZlist.html> [accessed 7 Nov 2012].
14. NHS Choices. *Your health, your choices*. <http://www.nhs.uk/Pages/HomePage.aspx> [accessed 7 Nov 2012].
15. Patient.co.uk. *Diseases & conditions*. <http://www.patient.co.uk/pils.asp> [accessed 7 Nov 2012].
16. National Prescribing Centre. *Patient decision aids — directory*. http://www.npc.nhs.uk/patient_decision_aids/pda.php#BNF [accessed 7 Nov 2012].
17. NHSmail. *Using NHSmail*. NHS Connecting for Health. <http://www.connectingforhealth.nhs.uk/systemsandservices/nhsmail/using> [accessed 7 Nov 2012].