

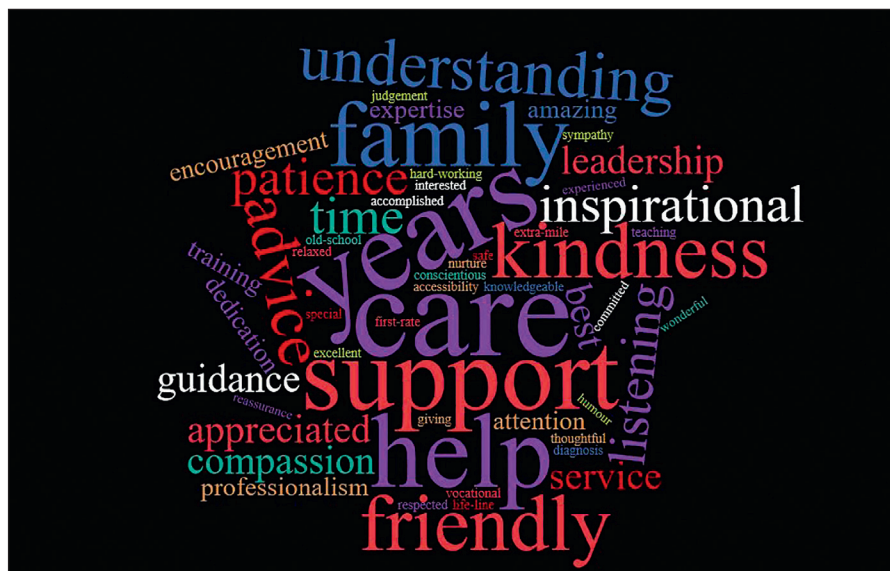
Retirement, GDPR, and word clouds

After 28 years working full time in the same practice I retired. I received over 100 cards, letters, and emails from patients and colleagues wishing me well and thanking me for what I had done over the years.

I had kept a folder of cards and letters of thanks from patients; partly in order to provide evidence for appraisal, partly for the emotional and psychological boost they bring, and partly out of respect for the patients who have taken time to write. Currently, with low morale and the shortage of GPs coupled with increasing demands, patient expectation, and complaints, the development of resilience is a priority. While the highest level of resilience depends upon an internal locus of control and recognition of value and quality, past positive feedback can be an important counter to current challenges and difficulties. It is also a personal marker of achievement. Both of these would still matter to me as I was intending to continue in some clinical practice; however, as I was no longer their GP, was it still acceptable for me to keep these letters and cards from patients? They had identifiable personal data; names, addresses, and often names of family members. Some just wished me well but many had specific details of illnesses and events in the past. This clearly did constitute identifiable sensitive personal data under GDPR.

CONSIDERING PATIENT CONFIDENTIALITY

The only justification for retaining this information under GDPR could be legitimate interest. Consent did not apply as it has to be sought and explicit; contract no longer applied as I was no longer their GP. Public task, legal obligation, and vital interests never applied. Even legitimate interest was doubtful. The patients might expect me to retain the cards and there is minimal privacy impact, but does making me feel good and bringing back memories constitute a legitimate interest? Likewise, is it necessary to have a cardboard box full of



The word cloud created by Philip.

cards and letters to achieve this, or is there a less intrusive way to reasonably achieve the same result? Finally, for how long was it appropriate to retain this information? It could not be argued that I was keeping it for public interest archiving, scientific or historical research, or statistical purposes.

Reflecting on this led me to consider creating a word (tag) cloud as a visual representation of text data. The tags are usually single words, and the frequency of each tag is shown with font size or colour. I used Wordclouds.com and I went through the letters and cards and typed in the significant feedback words that were enclosed. I excluded the 'best wishes for the future' phrases and although I initially included the words 'thank you' it was far in excess of other words and distorted the image. Some words or phrases were combined, for example, kind and kindness. All of this can be done in the software. A few changes to the font and colours and a word cloud of what people had said was generated.

I was struck with mine by how little of it related to technical medical knowledge and how much related to interpersonal relationships and attitudes. With the challenges of technical medical advances, pathway and protocol-driven medicine, AI, and smartphone apps, it was satisfying to use information technology to affirm the unique and enormous value of the long-term relationships of UK general practice.

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