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# BRITISH MEDICAL JOURNAL

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*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.*

## Child health and computer confidentiality

SIR,—In recent months there has been an increasing controversy in the news media and medical press over plans to standardise and improve methods of collecting, analysing, and communicating information concerning the health of the preschool child. Sadly, a great deal of the comment has been ill-informed and emotive. Thus a recent editorial in *World Medicine* (14 June) commented: "Full marks to the BMA's Central Ethical Committee for condemning the DHSS plans to computerise children's records. Key words like 'computer' act as alarm signals...." The implication is that the bureaucrats are conspiring to breach professional standards of confidentiality. In fact nothing could be farther from the truth. The Child Health Computing Committee (CHCC) that is responsible for advising on the design of the data collection system is a multidisciplinary body with representatives from all the health professions concerned. Included on the committee are no fewer than 19 doctors and seven midwives, nurses, and health visitors. We represent the British Paediatric Association, although we write in a personal capacity.

From the outset there has been unanimous agreement on the committee on the need to ensure a high standard of confidentiality towards the collected information, and indeed more time has been given to this aspect than to any other. It has been accepted that identifiable information should be held for the specific purpose of the continuing care of the patient and should not be used for any other purpose without appropriate authorisation or the consent of the parent or guardian. Access to identifiable information held in medical

records is to be confined to the author and to the person clinically responsible for the patient during the episode for which the data have been collected unless specifically authorised by the clinician in the interest of the patient. Furthermore, an individual is not to be identifiable from data supplied for statistical purposes except when follow-up of the individual patient is a necessary part of the research and either informed prior consent has been given or consent has been obtained from the chairman of an appropriate ethical committee.<sup>1</sup>

The overwhelming majority of members of the CHCC believe that the system that has been devised is likely to be superior to current methods of data collection with respect to confidentiality. It is true that some general practitioners and the Central Ethical Committee of the BMA have expressed strong reservations. Undoubtedly some GPs do not feel it proper to share information about their patients with other members of the health care team, while others do not wish such information to be held by anyone outside their own practices. This viewpoint is understandable if the GP is prepared to and does undertake all the manifold responsibilities that contribute to a modern comprehensive child health service. However, for a variety of reasons, many do not wish or find themselves unable to undertake aspects such as immunisation, developmental screening, handicap assessment, and the school medical service; in which case it is essential that the information necessary to provide proper care, including the prevention of disability, should be readily available to those who undertake these duties.

Computers have been used to help provide a more effective and efficient medical service in most developed countries for many years. Particular use has been made of them in the past to collect and analyse maternity and neonatal data and to improve the uptake of immunisation (see also "Computers as allies" by Dr Ken Deas in *Pulse*, 20 May 1978). To suggest now that we should neglect to use such an invaluable tool would be extraordinary and somewhat reminiscent of King Canute's attempt to hold back the tide. The CHCC is merely trying to standardise and improve (including confidentiality) on the many similar computer-assisted data collection systems already in use in Britain.

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<sup>1</sup> Hansard, House of Commons, 26 May 1978, col 808.

## Getting the NHS back on course

SIR,—Your leading article (1 July, p 1) succinctly summarised the conclusions of Sir Francis Avery Jones (p 5) and Professor Rudolf Klein (p 73) about the present problems of the Health Service. The answer can be condensed into one word, a word that was on everyone's lips four years ago but is now scarcely whispered—devolution.

Regional administrators, new to their jobs in the brave new world of 1973-4, were spreading the gospel, "Region shall not do what can be done better at area and area shall not do what can be done better at district." In fact, as many now acknowledge (if only privately), most things are done better at