

BRITISH MEDICAL JOURNAL

U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED

MAR 28 1986

PROCUREMENT SECTION
CURRENT SERIAL RECORDS
SATURDAY 15 MARCH 1986

LEADING ARTICLES

Risk of AIDS to health care workers		Ampoules, infusions, and filters	
ALASDAIR M GEDDES	711	DEREK G WALLER, CHARLES F GEORGE	714
Government hypocrisy on drugs	712	Drugs for poor sleepers?	715
Tumour markers in germ cell tumours		IAN OSWALD	
GORDON J S RUSTIN	713	Towards estimation and confidence intervals	
		M J S LANGMAN	716

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Amodiaquine induced agranulocytosis: inhibition of colony growth in bone marrow by antimalarial agents	
ELIZABETH G H RHODES, JENNIFER BALL, IAN M FRANKLIN	717
An early marker of fetal infection after primary cytomegalovirus infection in pregnancy	
HAROLD STERN, GILLIAN HANNINGTON, JAMES BOOTH, DEBORAH MONCRIEFF	718
Amodiaquine induced agranulocytosis and liver damage	
KLAUS A NEFTEL, WERNER WOODTLY, MARTIN SCHMID, PAUL G FRICK, JÖRG FEHR	721
Is vomiting during pregnancy teratogenic?	
MARK A KLEBANOFF, JAMES L MILLS	724
Rubella vaccination and pregnancy: preliminary report of a national survey	
SHEILA SHEPPARD, R W SMITHELLS, ANN DICKSON, HELEN HOLZEL	727
Alveolitis after use of a leather impregnation spray	
G M WRIGHT, A LEE	727
Serious interaction between cyclosporin A and sulphadimidine	
D K JONES, M HAKIM, J WALLWORK, T W HIGENBOTTAM, D J G WHITE	728
Pyoderma gangrenosum after cholecystectomy	
A J CARR, R C PERCIVAL, K ROGERS, C T HARRINGTON	729
Meningitis and pneumonia due to novel multiply resistant pneumococci	
KEITH P KLUGMAN, HENDRIK J KOORNHOF, VALERIE KUHNLE, STEVEN D MILLER, PHILIP J GINSBURG, ALFRED C MAUFF	730
Admission of demented old people to psychiatric units: an assessment of recent trends	
C W SMITH, C J STALEY, T ARIE	731
Unreviewed Reports—Bullous eruption after cinoxacin and ultraviolet A light (HIGHT), Atrial natriuretic peptide in acute pulmonary embolism (MANN and LANG), Overdose of chlormezanone (KIRKHAM and EDELMAN), Irreversible renal transplant failure after enalapril (BROWN and WILLIAMS), Aortogastric fistula after operation for bleeding gastric ulcer (SELLU and LYNN), Pancreatitis associated with sulphasalazine (SURYAPRANATA ET AL)	732
Detoxification from alcohol at home managed by general practitioners	
TIM STOCKWELL, ELIZABETH BOLT, JANE HOOPER	733
Reflections on Practice: Does writing in the "BMJ" bring about change?	
J BAHRAMI	736

MEDICAL PRACTICE

Neonatal screening for sickle cell diseases in Camberwell: results and recommendations of a two year pilot study	
MARY E C HORN, MOIRA C DICK, BEVERLY FROST, L R DAVIS, A J BELLINGHAM, C ERIC STROUD, J W STUDD	737
For Debate: The general surgeon	741
MILES IRVING	
ABC of Spinal Cord Injury: Later management and complications—II	743
DAVID GRUNDY, JOHN RUSSELL	
Statistics in Medicine: Confidence intervals rather than P values: estimation rather than hypothesis testing	
MARTIN J GARDNER, DOUGLAS G ALTMAN	746
Letter from Chicago: Not an offer to sell	751
GEORGE DUNEA	
The Savage Case: The final week: paediatricians' evidence	753
CLARE DYER	
Any Questions?	740, 742, 752, 754
Medicine and Books	755
Medicine and the Media—Contribution from	754
CAROLINE RICHMOND	
Words	740
B J FREEDMAN	
Personal View	758
P RODGERS	

CORRESPONDENCE—List of Contents	759
--	-----

OBITUARY	772
-----------------	-----

NEWS AND NOTES

Views	767
Medical News	768
BMA Notices	770
One Man's Burden	771
MICHAEL O'DONNELL	

SUPPLEMENT

The Week	776
Nurses' views on Griffiths made loud and clear	
PHILIP JOHNSTON	777
From the council: GMC asked to reconsider advice on confidentiality and the under 16s	778
DHSS's revised guidance on contraceptive services for young people	782
Health professions' continued concern over NHS funding	782

CORRESPONDENCE

Whose data are they anyway? M Pringle, MRCP, and Sally Robins, BSC; D Wise, FRCP; J Oldroyd, FRCP	759	Generic prescribing J L Hayward, FRCS, and I S Fentiman, FRCS	762	Suspected cases of pulmonary tuberculosis referred from port of entry N Horsfield, MRCP, and L P Ormerod, MRCP	765
Urgent need for changes in recommendations on pertussis immunisation A Nicoll, MRCP	760	Data corruption M A Walker, FRCSed, and others	762	Inhuman demands on doctors C J Groves, MB	765
The future of BCG vaccination K M Goel, FRCP, and P Galea, MRCP	760	Human insulin S A Olczak, MD, and R H Greenwood, MRCP	763	Midwifery qualifying examination R M Burton, FRCOG	765
Vagal slowing of the heart during haemorrhage A J Marshall, MD, and J Berth-Jones, MRCP	760	Role of computed tomography in assessing "operability" of bronchial carcinoma R Milroy, MRCP, and others; J Weir, FRCP, and others	763	Surgical treatment of male pattern baldness J L Burton, FRCP	765
Bradycardia and hypotension D W Ryan, FFARCS	760	Ventricular assist devices B Sethia, FRCS	763	Points Percutaneous electrohydraulic lithotripsy of retained bile duct calculus (Anne Hemingway and D J Allison)	765
Population study of causes, treatment, and outcome of infertility H E Reiss, FRCOG	761	Occupationless health Sir George Godber, FRCP; A R P Walker, DSC, and B F Walker; R Purkiss	763	Does hospital noise disturb patients? (N J Boulter and M J M Boulter); Chester porphyria (J Andrews); Occupationless health (C Preston); Heart failure and breast enlargement suggesting cancer (W J G Murray and P S Kiff); Management of depression in general practice (N Macleod); Hepatitis B in a West Indian population in the United Kingdom (J Barbara and others); Toxicity of vitamins (D S McLaren); Recommendation to increase private practice fees by 10% (E Blackadder)	766
Totally implantable vascular access for long term chemotherapy P J Woll, MRCP, and R D Rubens, FRCP	761	Sexual dysfunction in Asian couples Gwyneth Sampson, MRCPsych, and E Simpson	764		
Function of an ophthalmic "accident and emergency" department S A Vernon, FRCS	761	Nephrotic syndrome presenting after acute decompression P Wilmshurst, MRCP	764		
Hypocalcaemia or hypoalbuminaemia? M J Waterson, MRCPATH, and M N Fahie-Wilson, MPHIL; I A D Bouchier, FRCP; V Fonseca, MRCP, and C W H Havard, FRCP	761	Employees with epilepsy in the NHS T A Betts, MRCPsych	764		

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the *BMJ*.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Whose data are they anyway?

SIR,—Access to computer files will become a legal right this year. Despite the interest this has prompted in the whole idea of patient access to records (1 March, pp 577, 578, 595, 596), the idea is not new.^{1,2}

We administered a questionnaire to 100 consecutive patients attending the surgeries of a general practitioner. One of four versions of the questionnaire was given to each patient after his consultation. Version 1 consisted of a sheet of questions about "today's consultation" concerning waiting time, length of consultation, adequacy of the doctor's examination, agreement with his opinion, understanding of management, and whether a written copy of his opinion and advice would have been useful. The other versions consisted of the same first sheet and an additional sheet containing a written consultation record and specific questions about its value, but differing in the way the doctor had written his summary. Version 2 contained an exact copy of the doctor's own consultation notes; version 3 had all abbreviations expanded; and version 4 contained information only about the diagnosis and the management plan.

Responses to the questions on sheet one did not differentiate between the four groups, and little opposition was expressed to any aspects of "today's consultation." Nineteen patients thought that a written copy of the doctor's opinions and advice would have been useful to take home. An open question about problems which might consequently arise elicited "no problem" from 70% of respondents, but 13 mentioned confidentiality, seven the time and work involved, and 11 problems about understanding the information.

Replies on the second sheet differentiated between the groups in terms of the patient's

understanding of what was written. Eight of the 25 patients with an exact copy of the doctor's record failed to understand parts of the account, with one marking seven incomprehensible sections. Complete understanding was claimed in the other two groups. When asked specifically about the resulting problem of confidentiality, 42 thought this could be a problem. However, most respondents to the second sheet of questions thought such a written record to be of value. Fifty agreed that it would help to increase patients' knowledge; 54 agreed that it would help patients to follow advice; 48 thought it would increase the patients' satisfaction with their doctor's care.

While the case of a trainee chef wrongly recorded as a heroin addict is extreme,³ the findings of Ms Molly Baldry and others (p 596) have shown that mistakes could be corrected and health better understood if patients could read their medical records. While only a fifth of patients in our study thought a copy of their consultation notes would be useful in theory, over two thirds were in favour once they had seen an example. This was mirrored by increased appreciation of the potential problems.

Merely handing the medical record envelope to a patient is insufficient. We have shown a high degree of failure on the part of patients to understand records in the doctor's idiom. If medical records are to be useful to patients four criteria must be met. The record must be legible; it must be translated into terms familiar to the patient; it should be interpreted to the patient; and the patient should be encouraged to express fears and discuss the contents.

Doctors adopting the policy of open access to patient records must find time to edit the records, removing confidential letters and information

which may be distressing, to translate the record into readable form, and to discuss the contents with the patient.

MIKE PRINGLE
SALLY ROBINS

The Health Centre,
Collingham,
Nr Newark

- 1 Metcalfe DHH. Why not let patients keep their own records? *J R Coll Gen Pract* 1980;30:420.
- 2 Dowell T. Personal medical record card. *Br Med J* 1983;286:526-7.
- 3 Kent A. Lies, damn lies and records. *BMA News Review* 1985;11:14-5.

SIR,—Amidst all the articles in the *British Medical Journal* and *BMA News Review* extolling the virtues of patients having access to their records, it was a relief to read the opposing argument of Mr Alexander P Ross (1 March, p 578). If patients were permitted to read their files many facts as well as opinions would have to be omitted.

Who has time to calm a nervous young woman who has found from her records that her sore throat has led to tests for syphilis and leukaemia? Moreover, it is not just a matter of avoiding unnecessary anxieties that would take a long time to allay: as I am a general physician with an interest in clinical genetics and an awareness of social factors in disease my notes contain much material that is essential for correct management but has been supplied in confidence by relatives and friends. If the disastrous decision were made to allow patients access to earlier records that were not written for their eyes certain patients of mine would learn one or more of these painful facts: that their father is not their biological father, that they are the offspring of incest, that their small size is