

'I Keep My Health Book with Me': A National Survey of 20 years' experience of Patient-retained medical records in Lesotho

Curriculum Vitae

Ronald J Henbest was born in Edmonton, Alberta (Canada) where he qualified in 1974 with a BSc in Maths and Psychology and in 1978 with an MD from the University of Alberta. He joined the Department of Family Medicine at Medunsa in 1980. He has a particular interest in the doctor-patient interaction and its importance for healing. His thesis on Patient-Centred Care involved the development of a method for measuring patient-centredness and testing it against patient outcomes. At the moment Ron is associate professor and deputy head of the Department of Family Medicine at Medunsa.

Théodore (Ted) Germond was born and bred in Lesotho. He obtained his MBChB degree at UCT in 1950 and worked for 28 years in Lesotho from 1954, 27 of them as Medical Superintendent of Scott Mission Hospital in Morija. He was awarded the "Order of Mohlomi" by His Majesty King Moshoeshoe II for his service to the nation. From 1982 to 1992 he was in the Dept of Family Medicine at Medunsa, becoming Principal MO and Senior Lecturer in the department. He is also the General Secretary of the Christian Medical Fellowship of South Africa and Regional Secretary for Southern Africa of the International Christian Medical and Dental Association.

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Summary

Patient-retained medical records (PRMRs) are attracting attention because of problems encountered with conventional record-keeping systems. The aim of this study was to formulate recommendations for the use of PRMRs in health care services in a changing Africa and especially in South Africa. A nation-wide survey was conducted in Lesotho where PRMRs have been in use for up to twenty years. The hypothesis tested was that PRMRs can be used with a high degree of satisfaction by patients, nurses and doctors. Satisfaction was measured in terms of preference, practicality and comparison with facility-retained records. The results were overwhelmingly in favour of the PRMRs. Almost all of the patients (89%) preferred to keep their own records rather than have them kept by the doctor, clinic or hospital. The PRMRs were rated as excellent or satisfactory by 79% of the doctors and 70% of the nurses in contrast to facility-retained records which were rated as excellent or satisfactory by only 57% of doctors and 49% of nurses. PRMRs were found to be available, durable, and a convenient size both for carrying and for recording. Confidentiality of information was not found to be a major problem. An important advantage of the PRMR perceived by both doctors and nurses was less unnecessary repetitions of tests and treatments and less mistakes due to increased availability of important patient information from other care-givers. Other important advantages included the saving of time and money, opportunities for health education and increased patient responsibility. It is recommended that other health care providers seriously consider implementing PRMRs and in particular, that South Africa do so on a national or provincial basis.

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Patient-retained Records

Introduction

In Lesotho, a simple patient-retained medical record, in the form of a health booklet about the size of a passport, has been in use over 20 years in one region, and for more than 10 years in the whole of the country. It has a brightly coloured plasticised cardboard cover and measures 10,5 by 15cm. The front cover contains the patient's name, address, date of birth and instruction on the record's use. The back cover illustrates, with pictures and words, the common symptoms and signs of tuberculosis. The inside covers are printed forms for recording such information as immunisations, previous significant history, drug sensitivity and screening activities. There are 16 blank pages for notes. The booklet is sold to the individual at cost (approximately R1,50) who is then responsible to keep it and to present it to any health facility visited. When full, a second record is stapled to the first.

Patient-retained medical records are receiving increasing attention, especially, but not exclusively, in developing countries.¹ This interest is due to many factors. Conventional filing systems are expensive and the retrieval rates of files is poor.^{2,3} The mobility of individuals and families render the facility-retained file of little value to the patient who has moved, resulting in the loss of information for future care-givers, or time-consuming and expensive transfer of records. The emphasis on increased patient responsibility also adds to the desirability of patient-retained records.^{4,5,6} The use of patient-retained records has been shown to be associated with improved doctor-patient relationships and better compliance with management.^{7,8} Patient-retained medical records have

also proved valuable for community-based research.⁹

The aim of this study was to formulate recommendations for the use of patient-retained medical records in health care services especially in a changing Africa. It was hypothesised that the patient-retained medical record, as used in Lesotho, is associated with a high degree of satisfaction by patients, nurse clinicians and doctors.

Lesotho is an independent kingdom, situated entirely within the borders of South Africa. It has a land area of 30 355 km² with mountain ranges covering 85% of the country and a 50 km wide lowland belt lying west of the mountains, that is the main agricultural zone. The population is approximately 1,8 million of which 93% are Basotho, 6% Nguni (Zulu and Xhosa) and 1% expatriates. The

Can patient-retained medical records be used satisfactorily by patients, doctors and nurses?

It prevents unnecessary tests and treatments.



population is 75% rural with a density of 92/km² in the lowlands and 18/km² in the mountains. Forty percent (40%) of the population is under 15 years of age.

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Method

A nation-wide survey was conducted over the six month period from January 1st to June 30th, 1991.

Sample

The sample included patients, nurse clinicians and doctors from mountain and lowland areas, rural and urban areas, private practices, government and church hospitals, and community health centres to ensure that the results would be representative of the whole of Lesotho and would be applicable to the varied situations found in other parts of Africa and beyond.

A total of seven hundred (700) patients, aged 15 years and older, participated in semi-structured interviews. Six hundred (600) of the interviews were conducted at the various health facilities mentioned above. Four enumerators were used to enable the required number of patients from each facility to be

interviewed consecutively without disrupting patient flow. The remaining 100 interviews were conducted with randomly selected respondents from randomly selected households in distant villages equally distributed between mountain and lowland areas. The interview was conducted in Lesotho on site by experienced interviewers who had been trained in the use of this particular interview by study, role-play and discussion. In addition to carefully tested closed questions, ample use was made of open-ended questions in order to achieve a greater understanding of the reasons for the answers given to the closed questions. The interviewers were accompanied

TABLE 1. DISTRIBUTION OF PATIENTS

Type of Institution	Geographic Location		Distance to Health facility		Number of visits in past 12 months		
n=691	%	n=691	%	n=690*	%	n=687*	%
Government	35	Mountains	22	≤ 1hr walk	52	First visit	26
Church	22	Lowlands	49	1-2hr walk	25	Second visit	19
Private	29	Urban	29	≥ 2hr walk	23	3-5 visits	45
Households	14					6 or more	10
TOTALS	100		100		100		100

*n varies from 691 due to missing values

TABLE 2. DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

Age (Years)		Sex		Marital Status		Educational Status		Employment	
n=686*	%	n=690*	%	n=690*	%	n=680*	%	n=687*	%
15-25	33	male	33	Married	74	No schooling	5	Unemployed	62
26-40	35	female	67	Single	18	Primary 1-8yrs	60	Employed	37
41-65	26			Widowed	7	Secondary 9-12yrs	31	Pension	1
66-89	6			Separated	1	Post-secondary	4		
TOTAL	100		100		100		100		100

*n varies from 691 due to missing values

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by an experienced team leader who helped with practical, logistical and communication problems and with the sampling of households in the villages.

The seventy-four (74) nurse clinicians attending a national refresher course, compulsory for all nurse clinicians in Lesotho, completed a self-administered questionnaire in English immediately before the course began.

The 104 doctors registered with the Lesotho Medical, Dental and Pharmacy Council and practising in Lesotho during the time of the study were surveyed by means of a postal survey using a modification of the Dillman Total Design Survey Method¹⁰ to help achieve high response rates.

Satisfaction

Satisfaction with the patient-retained medical record was measured in terms of:

1. preference,
2. practicality, and
3. comparison with facility-retained medical records.

Preference was measured by asking patients who they preferred to keep their records and by asking nurse clinicians and doctors to rate both patient and facility-retained medical records on a ten point scale.

Practicality was assessed in terms of:

1. size (both for carrying and for notes),
2. durability,
3. availability (not being left behind or lost) and
4. confidentiality.

Comparison of patient-and-facility retained medical records concerned:

1. quality of medical care,
2. access to patient information,
3. patient responsibility for own

TABLE 3. DEMOGRAPHIC AND PRACTICE CHARACTERISTICS OF THE NURSE-CLINICIANS AND DOCTORS

	Nurse Clinicians	Doctors
	%	%
Female	100	26
Geographic location		
Urban (Maseru)	10	41
Lowland	39	30
Mountain	51	29
Years since qualifying		
≤ 5 years	8	15
6-10 years	38	32
≥ 11 years	54	53
Employment		
Private practice	4	26
Government	33	50
Church, Red Cross, NGO	63	24
Time spent with outpatients		
≤ 1/3rd of time	7	38
1/3rd to 2/3rd of time	14	31
≥ 2/3rd of time	79	31
Type of practice		
General practice		70
Specialist practice		30

n varies from 71 to 72 for the nurse clinicians and from 75 to 86 for the doctors due to missing values

- health,
4. patient compliance with management,
5. patient education,
6. time,
7. cost-effectiveness, and
8. research.

Pilot studies to assess and modify the structured interview and the questionnaires were conducted at Emmaus Hospital in South Africa,¹¹ where patient-retained medical

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records have been in use for several years, and at Scott Hospital, Morija, Lesotho.

Results

Response rates

Excellent response rates were obtained from all groups of participants – 99% of the patients, 97% of the nurses, and 86% of the doctors. Of the 700 patients asked to participate, none refused, 4 were ineligible due to age less than 15 years, and 5 had inadequately completed interviews, for a total of 691 useable responses. Of the 74 nurse clinicians asked to participate, one failed to return the questionnaire and one questionnaire was incomplete, resulting in 72 useable responses. Of the 104 doctors surveyed, 11 responses were not received, 3 were received too late for inclusion in the results and one was incomplete for a total number of 89 useable responses.

Participant characteristics

As shown in Table 1, a wide cross-section of patients, in terms of health care facilities attended, geographic location, distances from the nearest health facility, and number of visits to the facility were interviewed. As shown in Table 2, two-thirds of the patients were female, two-thirds were forty years of age or less, three-quarters were married, a range of educational levels was present with the majority having primary schooling, and almost two-thirds were unemployed.

The demographic and practice characteristics of the clinicians are shown in Table 3. The nurse-clinicians were female, experienced and spent most of their time with outpatients, with the majority

TABLE 4. PATIENT PREFERENCE FOR PATIENT-RETAINED MEDICAL RECORDS

Do you prefer to keep your own record, or would you prefer to have it kept by your doctor, clinic or hospital? (n=679*)

	%
Keep it myself	89
Doctor, clinic or hospital	6
Don't mind either way	<u>5</u>
	100

Whose is the information written in the record?
(May choose more than one answer) %

Mine	83
The doctor's who wrote it	42
The hospital's	23
The nurse's who wrote it	18
Any doctor's or nurse's	9
Don't know	3

*n differs from 691 due to missing values

practising in the mountains in church, Red Cross or other non-governmental organisations. Most of the doctors were male, experienced, and doing general practice duties, with half of them in government employ and a sizeable portion in Maseru. Of note, 42% of the doctors had been in their present post for more than 6 years.

Satisfaction with Patient Retained Medical Records (PRMRs)

Preference

Patients, nurse clinicians and doctors all showed a marked preference for PRMRs (Tables 4 and 5). The vast majority of patients preferred keeping their own records and considered the information written in the record to

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TABLE 5. CLINICIAN PREFERENCE FOR PATIENT RETAINED MEDICAL RECORDS OVER FACILITY-RETAINED MEDICAL RECORDS

Nurse-clinicians (n=66*)

Rating out of 10		PRMR	FRMR
		%	%
Excellent	(7,6-10)	58	33
Satisfactory	(5,1-7,5)	12	6
Unsatisfactory	(2,6-5,0)	21	32
Very unsatisfactory	(0,0-2,5)	<u>9</u>	<u>29</u>
		100	100

$$X^2=14,2; df=3; p=0,002$$

Doctors (n=88*)

Rating out of 10		PRMR	FRMR
		%	%
Excellent	(7,6-10)	46	23
Satisfactory	(5,1-7,5)	33	34
Unsatisfactory	(2,6-5,0)	14	24
Very unsatisfactory	(0,0-2,5)	<u>7</u>	<u>19</u>
		100	100

$$X^2=14,96; df=3; p=0,001$$

*n varies from totals due to missing values

be theirs. In response to an open question asking reasons for their preference, the main reasons given were availability and safety of the record. The commonest aspect of availability mentioned was, "so that it is available for different caregivers"; other aspects included, "so that it is always available, for example, in emergencies", and "I travel a lot and take it with me in case of need". A significantly greater percentage of nurse clinicians found PRMRs to be excellent or satisfactory compared to facility-retained medical records (FRMRs) (70% vs 39%, p=0,002). The same was true for doctors with 46%

rating the PRMR as excellent compared to 23% for the FRMR (p=0,001). In addition, 94% of both doctors and nurses stated that the PRMR should not be abolished and 97% of the doctors and 95% of the nurses stated that the PRMR should be used in all outpatient clinic and health-centre work.

Practicality: Size, Durability, Availability and Confidentiality

Patients found the PRMR to be an appropriate size to carry (Table 6). Nurse clinicians and doctors found the PRMR not only to be an

Patients felt it was always available, for all emergencies and for all different care-givers.

Less than 1 out of 10 patients lost their recordbook.

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TABLE 6. PRACTICALITY: SIZE OF THE PATIENT-RETAINED MEDICAL RECORD

Patients' views (n=685*)		
	%	
Too small	17	
Too big	3	
Just right	80	
	<u>100</u>	
Nurse clinicians' and doctors' views		
	Nurse clinicians (n=72)	Doctors (n=89)
Size for patients to carry	%	
0,0-2,5 (most inconvenient)	1	2
2,6-5,0	7	1
5,1-7,5	4	16
7,6-10,0 (most convenient)	88	81
	<u>100</u>	<u>100</u>
Size for clinical notes	%	
Much too small, too small	11	
Reasonable, good, perfectly adequate	89	
	<u>100</u>	<u>100</u>

*n differs from 691 due to missing values

appropriate size for carrying, but also a good size for record keeping.

As shown in Table 7, 85% of the patients had had their PRMRs for 3 years or more, 35% for 11 years or more, and 13% for more than 20 years. Two-thirds of patients had thus far required one PRMR and two-thirds of nurses and three-quarters of doctors thought that PRMRs could be maintained in good condition for at least three years and a substantial number for 6 or more years.

As shown in Table 8, less than one third of patients reported having ever attended for help without their PRMR. The commonest reason being, having left it at home; only 13% reported

having lost it.

More than two-thirds of both nurses and doctors estimated the loss of PRMRs to be less than 10% of the time.

Perceptions regarding confidentiality are shown in Table 9. Very few patients had experienced unauthorised reading of their PRMRs at home or heard of it happening to anyone else. However, one-third were worried about the possibility of this happening and rural patients were significantly more worried about

TABLE 7. PRACTICALITY: DURABILITY OF PATIENT-RETAINED MEDICAL RECORDS

Duration of usage of PRMRs in Years (n=678*)	
0 to 2	15
3 to 5	20
6 to 10	30
11 to 20	22
More than 20 years	13
	<u>100</u>
Number of PRMRs per patient (n=682*)	
0	1
1	68
2	22
3	6
4 or more	3
	<u>100</u>

Percentage of Nurse-clinicians and Doctors who:

Thought it could survive in good condition:	Nurse clinicians (n=72)	Doctors (n=89)
	%	
Up to 2 years	35	21
3 to 5 years	37	53
6 to 10 years or more	28	26
	<u>100</u>	<u>100</u>

*n differs from 691 due to missing values

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TABLE 8. PRACTICALITY: AVAILABILITY

Patients n=672*

	%
Always have PRMR when attending	71
Have been for help without the PRMR	<u>29</u>
	100

Reasons for not having had the PRMR (n=198)

Forgot it at home	42
Temporarily mislaid it	14
Lost it	13
Didn't come straight from home	9
Too sick to think of it	9
Destroyed by fire, water, children	4
Did not know to bring it	3
Unknown/not reported	<u>4</u>
	100

Estimates by Nurse clinicians and Doctors of patients who come for care having:

	Nurse clinicians (n=68*)	Doctors (n=81*)
left their PRMR at home:	%	%
0 to 10% of the time	52	40
11 to 20% of the time	7	24
more than 20% of the time	<u>41</u>	<u>36</u>
	100	100
lost their PRMR:	%	%
0 to 10% of the time	67	70
11 to 20% of the time	7	17
More than 20% of the time	<u>26</u>	<u>13</u>
	100	100

*n varies from totals due to missing values

Patients were less worried about confidentiality than the doctors and nurses.

The privilege of confidentiality belongs to the patient.

confidentiality than urban patients (41% vs 12%, $Xc^2=80,8$; $df=2$; $p=0,0000$). Of note, one quarter of the patients were worried about unauthorised reading of their record if it were to be kept at a health facility.

Nurses and doctors were more likely than patients to be concerned about confidentiality, but few thought that PRMRs might cause problems with medico-legal cases.

TABLE 9. PRACTICALITY: CONFIDENTIALITY

Percentage of patients who reported:

	%
Unauthorised reading of their own PRMR (n=683*)	9
Hearing of it happening to someone else (n=672*)	3
Worry about unauthorised reading of PRMR at home (n=680*)	32
That they would allow others to read their PRMR (n=658*)	41

Percentage of nurses and doctors who thought that:

	Nurses n=71*	Doctors n=89
Maintaining confidentiality is a problem with PRMRs		
	%	%
Disagree	52	28
Unsure	9	20
Agree	<u>39</u>	<u>51</u>
	100	100
PRMRs cause problems with medico-legal cases		
	%	%
Disagree	65	43
Unsure	24	35
Agree	<u>11</u>	<u>22</u>
	100	100

*n varies from totals due to missing values

South Africa should use
PRMRs throughout the
country!

Comparison with facility-retained medical records:

Both nurse clinicians and doctors perceived patient-retained medical records as having many advantages over facility-retained medical records as shown in Table 10.

PRMRs were experienced as improving the quality of care by helping to prevent unnecessary repetition of medication, X-rays and other tests and by helping to prevent mistakes. PRMRs were experienced as helping to increase the access to

significant patient information contained in notes from other facilities.

In addition, most of the nurse clinicians and the majority of the doctors felt that PRMRs helped patients to take greater responsibility for their health and a significant number thought that PRMRs increased patient compliance.

The PRMR was thought to provide an effective means of patient education in that the majority of nurse clinicians and a sizeable proportion of doctors

Patients felt the
information written in
their records, belonged
to themselves.

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TABLE 10. ADVANTAGES OF THE PATIENT-RETAINED MEDICAL RECORD

	Nurses n=71* %	Doctors n=89 %
1. Improves quality of care		
Prevents unnecessary repetition	83	88
Prevents mistakes	86	70
2. Increases access to information		
Significant medical history	61	71
Notes from hospitals	72	68
Notes from other health facilities	78	84
3. Increases patient responsibility	85	51
4. Increases patient compliance	59	36
5. Useful for patient education		
TB messages read	58	33
6. Saves Time		
Saves time for patient	90	91
Saves time for nurse/doctor	96	83
7. Is cost-effective	NA**	87
8. Useful for community-based research	NA**	67

*n differs from 72 due to missing values

**not asked

Important patient information available to new care givers whom the patients might visit.

thought that the health message about tuberculosis on the back cover of the PRMR was read and understood by most patients. In fact, 37% of patients actually knew 3 or more of the 5 pointers to tuberculosis as illustrated on the cover. A total of 57% of the patients reported that they read the notes in the PRMR, half of them "often or always," and the other half "occasionally". Those who read it often said they found it helpful: "to know what the doctor says about my health," "to remind me about my

appointment," and "to know my medicines and how to use them."

Another notable advantage of the PRMRs was that they were perceived as saving time for all concerned - care-givers as well as patients.

Consistent with the above advantages, the majority of doctors thought the PRMRs to be cost-effective. They also thought them to be useful for community-based research.

Increased patient responsibility.

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Discussion

Preference

The results indicate a strong and unequivocal preference of patients, nurse clinicians and doctors alike for patient-retained medical records and are consistent with the findings of others. For example, Elbourne et al found a strong preference amongst obstetric patients in the United Kingdom for keeping their own obstetric records⁵ and Macfarlane and Saffin found that 92% of parents preferred to keep their children's records.¹²

Not only patients, but care-givers too, have been found to prefer patient-retained records. A recent study demonstrated that 93% of community health staff and 136 out of 137 general practitioners did not want to revert to practice-held records after experiencing parent-held records.¹³

Ownership

One facet of interest concerns ownership. The vast majority of patients in this study considered the information written in their records as belonging to themselves in marked contrast to patients attending Emmaus Hospital in KwaZulu, South Africa¹¹ where only 1,5% thought so. Factors that may have led to this difference include the fact that in Lesotho, patients pay for their PRMR and it has been in use there for much longer. An additional factor is that the Basotho have not been subjected to the humiliations of an apartheid system of government, which for many South Africans may have led to a sense of loss of ownership of life in general.

Practicality

Understandably, if a record is too bulky to carry or store, easily damaged, lost or forgotten, or causes anxiety about loss of confidentiality, it is not practical for general use. The PRMR used in Lesotho was found to be of appropriate size, durable, available, and not overly problematic with respect to confidentiality by patients, nurse clinicians and doctors, who had had extensive experience with the records.

Ted Germond with a PRMR



Confidentiality

The issue of confidentiality with respect to PRMRs appears to concern care-givers more than patients. Confidentiality is a fundamental ethic in medicine, but it is important to appreciate that the privilege of confidentiality belongs to the patient. With the PRMR it is up to the patient to maintain whatever degree of confidentiality is desired. This may be more difficult for some members of a family than others, (such as minors and women) and in some cultures than others (such as those where the husband and in-laws have a high degree of authority). Thus, it is noteworthy how little unauthorised reading was reported in this study which involved a traditional African culture. At times a certain amount of circumspection may need to be used in deciding on the content of the note to be put in the record.

But this should be done for facility-retained records as well because they are also open to abuse. For example, a patient's record should not be sent from one doctor to another without the patient's permission.¹⁴ Thus a patient's privacy is often abused or neglected in many facilities, perhaps especially in teaching hospitals where doctors, nurses, and students who may not be involved directly in caring for a patient have access to the patient's record. In fact, in this study, almost as many patients stated that they would be worried about confidentiality if their records were kept by the health facility as expressed concern about it being a potential problem at home. Modern computerised methods of recording may create even bigger problems with confidentiality. As stated by Hiller and Siedel, "Never before has the right to privacy of health care confronted

such peril.... The conversion from manual to automated systems has led generally to a tendency to collect more information, to share and exchange information and for more people to have access to records, so that there is a real danger of the gradual erosion of individual liberties."¹⁵

Improved patient care

An important advantage of the PRMR perceived by nurse clinicians and doctors was that by decreasing unnecessary repetitions of tests and treatments and by decreasing mistakes, the PRMR led to improved quality of patient care. This was likely due in large part to the increased availability of important patient information from other care-givers and facilities. Certainly, the commonest reason given by patients for preferring to keep their own records concerned availability – availability for different care-givers, availability in emergencies, and availability when travelling. They clearly thought that the information written in the records was important for receiving appropriate care. In most countries where there is significant mobility of the population and fragmentation and specialisation of health care, with multiple care-givers involved, it is a great advantage to any care-giver to have a record of previous care immediately at hand.

Shared responsibility

Perhaps even more important, the PRMR provides the opportunity for patient and care-giver to share the responsibility for health care in an adult-adult relationship. This should lead to consensus both in assessment of the problem and in decision-making with increased accountability of the

care-giver to the patient. The educational opportunity provided by PRMRs, not only through health-related messages on the covers, but also through the notes themselves, also facilitates shared responsibility. Evidence that shared responsibility which "protects or restores a patient's dignity"¹⁶ was being experienced, can be found in the reasons given by patients for keeping and reading their records. This is important because the potential for actually improving the health of an individual and the community is increased when the responsibility for health care is shifted from the doctor to the patient.⁷

Another spinoff of shared records should be little, if any litigation. As stated by Baldy et al, litigation is unlikely when the patient has his or her own record because the climate of trust militates against anger.¹⁷

Time-saving

Among the other advantages of the PRMR claimed by nurse clinicians and doctors was the saving of time for both patients and themselves. This saving can indeed be significant as studies have shown that patients may wait many hours just for their files.³ Savings in clinical and clerical time have also been demonstrated with patient-retained records.⁵

Money-saving

Yet another advantage of PRMRs is saving money. If patients are charged the cost of the PRMR, there may be no cost to the health facility issuing them. In addition, there is saving of storage space and expensive receptionist and secretarial time taken up in extracting and refileing files.¹⁶

Research

The doctors in the study thought that PRMRs were useful for community-based research. PRMRs make a large amount of data available for patient and community-based studies. This has been demonstrated by Morley, who found that 95% of the PRMRs were available in a household survey that he conducted.⁹ In a survey done across Lesotho in 1990 by the Ministry of Health, 98% of rural and 99% of urban children were in possession of their PRMRs.¹⁸ Of the households randomly interviewed in the present study, 99% had at least one PRMR.

Methodological considerations

In concluding this discussion, a few comments about the study itself are in order. Firstly, both the sampling and the high response rates make this national survey highly representative of the perceptions of patients, nurse clinicians and doctors in Lesotho. The exceptionally high response rate of the postal survey of doctors speaks for the value of the Dillman Total Design Survey Method.

Secondly, this study gathered opinions based on experience. Not opinions based on theory. Opinions of patients as well as care-givers, not just one or the other. The long experience with PRMRs of the patients, nurse clinicians and doctors in this study increases the value of these opinions. Certain aspects of practicality and perceived advantages can be further tested by gathering specific information to see to what extent the perceptions are accurate. Certainly the fact that the records have been in use for twenty years, coupled with a strong preference for their continued use, attests to their practicality as well as to their desirability.

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Thirdly, we attempted to reduce the potential for bias in a number of ways. Impartial colleagues carefully scrutinised the letter to the doctors for bias. Questions were couched in negative as well as positive and neutral forms. Important questions were asked in more than one way and care given to their placement. For example, the question asking for rating of PRMRs versus FRMRs was deliberately put at the beginning of the questionnaire to test "gut reaction" about PRMRs. The questions concerning whether PRMRs should be abolished and whether they should be used universally in outpatient, clinic and health centre work were placed at the end of the questionnaire to see if respondents' opinions still held after having reflected about the various aspects of the PRMR. The interviewers were experienced and were trained in the use of this particular questionnaire by study, role play and discussion.

Conclusions

The hypothesis that the patient-retained medical record is used in Lesotho with a high degree of satisfaction by patients, nurse-clinicians and doctors was strongly supported. The PRMR was found to be highly preferred, practical, and to have many advantages over facility-retained records.

Recommendations

1. Lesotho should continue with their patient-retained medical records.
2. Other health care providers should seriously consider implementing patient-retained medical records. At this time of reviewing health priorities, we believe that health planners should give careful

attention to the benefits inherent in the PRMR, not only for the patient and community but also for the health workers, themselves. It would be a mistake to continue with facility-retained medical records in the face of the evidence presented above, simply because they are sanctioned by tradition.

3. Further research should be carried out in hospitals and health centres to determine the actual savings in terms of staff salaries, space, files as well as savings in time for patients. Further research should also be done to determine the actual percentage of PRMRs left behind or lost and compared with the percentage of FRMRs not available or lost.
4. Suggestions regarding the record itself are that it should: contain more pages (doubling the present number of pages would negligibly increase its size), use lined rather than blank pages to minimise scrawling across the page with large handwriting, have a more durable cover, and have a standardised price throughout the country. (R1,50 would more than cover the printing cost, even with 32 pages at present rates at Morija Printing Works).
5. Patient education is suggested, including media support for best use to be made of the PRMR at all visits. Workshops are suggested for health-workers for education and motivation regarding the benefits of the record and on clear, concise comprehensive note-taking.
6. In South Africa, a national workshop is suggested concerning the countrywide implementation of PRMRs and the medico-legal aspects involved.

References

1. Kizza-Muwanguzi M. A descriptive analysis of advantages and disadvantages of patient-retained medical records. The Medical University of Southern Africa, South Africa. Masters Thesis, 1990.
2. Laforet EG. The medical record: cui bono? An appeal for personal custody of health data. *Pharos* 1980;43:2-7.
3. Van der Westhuizen H, Fehrson GS, Germond T. The introduction of a patient-retained, problem-oriented medical record (POMR). *S Afr Fam Pract* 1985;6:320-4.
4. Giglio R, Papazian B. Acceptance and use of patient-carried health records. *Med Care* 1986;24:1084-92.
5. Elbourne D, Richardson M, Chalmers I, Waterhouse I, Holt E. The Newbury maternity care study: A randomised controlled trial to assess a policy of women holding their own maternity records. *Br J Obstet Gynaecol* 1987;94:612-9.
6. Kamien M. What happens when patients carry their own health summaries? *Aust Fam Physician* 1988;17:359-63.
7. Giglio R, Spears B, Rumpf D, Eddy H. Encouraging behaviour changes by use of client-held health records. *Med Care* 1978;16:757-64.
8. Galodetz A, Ruess J, Milhaus R. The right to know: giving the patient his medical record. *Arch Phys Med Rehabil* 1976;57:78-81.
9. Morely D. Paediatric priorities in the developing world. London: Butterworths, 1973:150.
10. Hoddinott SH, Bass MJ. The Dillman total design survey method: a sure-fire way to get high survey rate returns. *Can Fam Physician* 1986;32:2366-8.
11. Germond T. The patient-retained medical record at Emmaus Hospital. Unpublished pilot study. December, 1990.
12. Macfarlane A, Saffin K. Do general practitioners and health visitors like 'parent-held' child records? *Br J Gen Pract* 1990;76:25-8.
13. Saffin K, Macfarlane A. How well are parent-held records kept and completed? *Br J Gen Pract* 1991;41:249-51.
14. Strauss SA. The keeping of medical records and the rights of doctor and patient to these. In: Doctor, patient and the law. Van Schaik JL (ed). 2nd edition: 90-3.
15. Hiller M, Seidel L. Patient care management systems, medical records and privacy: a balancing act. *Pub Health Reports* 1982;97:332-45.
16. Metcalfe DHH. Why not let patients keep their own records? *J Roy Col Gen Pract* 1980;30:420.
17. Baldy M, Cheal C, Fisher B, Gillett M, Heut V. Giving patients their own records in general practice: experience of patients and staff. *Br Med J* 1986;292:596-8.
18. Ministry of Health, Kingdom of Lesotho. 1990 National EPI coverage survey. Oct-Nov, 1990.

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