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# Correspondence

## HOSPITAL ADMISSION AND DISCHARGE RECORDS

DEAR SIR,

As from 1 January 1970, I understand that the Department of Health and Social Security is asking that all psychiatric hospitals complete a common form to record their admissions and discharges. I understand also that this form is to be filled in quadruplicate, three copies for internal hospital use and one for the Department.

In this, there is nothing very new. What I find disquieting, however, is the tendency for official bodies to seek for ever more detailed and more confidential information about our patients. This form, for example, enquires specifically whether one's patient is suffering from epilepsy, drug addiction or alcoholism, and in addition asks for the code-number for the patient's complaint, be this depression, phobia or fetishism.

It seems to me not unreasonable that the Department should know something about the type of patients we are treating—though far more information seems to go into that vast organization at the Elephant and Castle than ever comes out. However, it does seem to me quite unreasonable that, in normal circumstances, the Ministry should have our patient's *names*. To give just one example of the potential danger here. At this present time, more and more people are being vetted for 'credit-worthiness'. Large firms have sprung up to carry out this very job. It does not seem far-fetched to imagine some unfortunate Ministry clerk being somehow manoeuvred into giving away a great deal of highly confidential information to a Credit Agency dishonest enough to use such methods.

Even if one believes that nowadays confidentiality counts for very little, the wideness and occasional vagueness of diagnostic categories can lead to the lumping together of very different sorts of people. The main-line Methedrine junkie presents a very different credit risk from the middle-aged man uncomfortably habituated to nocturnal barbiturates. The deteriorated senile epileptic has a very different prognosis from the young man with petit-mal. Such semantic blurring matters little in the cellars where the hospital stores its records. But it could mean great hardship to a man where this half-information fell into the wrong hands—and it would be very difficult for such a subject to find redress.

Our patients are all the time growing better informed, and I think there may be much indignation when it is found out that the confidentiality of medical records means so little. One effect here may be to dissuade patients from seeking in-patient care at an early stage of their illness. In general, this would be a great pity; with a drug addict, it might be absolutely disastrous.

In recent years, I have found the agents of public bodies taking it more and more as their right that they should know about our patients in detail. This is a trend that should be arrested and reversed. Meanwhile, the Department might be content to accept the hospital record number of our patients rather than their actual names.

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DEAR SIR,

Records of admissions and discharges of named psychiatric patients have been collected, with knowledge of the medical profession, in the Mental Health Enquiry since 1949. In the earlier years of the Enquiry these records were returned to the General Register Office, but latterly to the Ministry of Health, now Department of Health and Social Security. The combined admission and discharge form which Dr. Neville-Smith refers to is a revised version of the separate admission and discharge forms which have hitherto been used in the Enquiry. Recent publications arising from the Enquiry are given below.

The advantage of recording the name of the patient on the form, with some other identification particulars such as date of birth, is to enable records of hospital spells occurring to the same person to be linked for statistical study; for example, for cohort studies which follow the hospital history of groups of patients admitted to hospital in a particular period. Hospital unit numbers, which Dr. Neville-Smith suggests might be used rather than actual names, would give no indication to staff carrying out these studies whether a patient admitted on different occasions to different hospitals was one and the same person. Indeed, there is no guarantee that the same hospital number will always be preserved over the years for a patient who is admitted several times to hospital.

It must be emphasized that it is irrelevant to



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