

SYMPOSIUM

HAVE YOUR RECORDS BEEN DOCTORED?

Welcome

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Conference, 17 July 1997 at the University of Melbourne.

I think this meeting is very timely. In the twenty years that I have been on the senior medical staff of the Royal Melbourne Hospital, a recurrent *theme in meetings of senior medical staff* has been the question of what to do about medical records. There is a huge volume of records accumulated, going back almost 150 years, and which are occupying vast amounts of space. On one hand there is an argument about the economy and viability of preserving those records; and on the other hand there are the requirements of medical history, clinical research and, for the most recent ones at any rate, the medico-legal aspects of patient cases. There have been a number of proposed

* This conference was organised by the Centre for the Study of Health and Society and the Australian Science Archives Project (ASAP), now known as the Australian Science and Technology Heritage Centre (Austehc). The Director of Austehc is Gavan McCarthy and the centre is located at 203 Bouverie Street, Carlton, 3053. It continues to be affiliated with the University of Melbourne's Department of History and Philosophy of Science.

solutions involving storing everything in warehouses in various parts of Melbourne, or, at the other extreme, the destruction of everything more than seven years old. Some have advocated the preservation of a certain number of records for sampling reasons; others want to microfiche the lot. At different times, each of these courses of action has been decided upon, but eventually rejected for very good reasons. In the end, the problem just continues unsolved.

For some time now we have faced the prospect of a paperless hospital. This will raise some problems with retrieving information from material accumulated with outdated technology. We could end up with a situation where new technology in fact could lead to some decrease in access to material accumulated in the older written record. New technology also raises concerns with respect to confidentiality of information.

Changes that are occurring in the methods of funding and delivering health care also have implications for the fate of the written clinical record. The amalgamation of some hospitals, and the closure of others, means that many records might disappear or become totally irrelevant. Privatisation and outsourcing are occurring even with medical records administration. The definition of a contract is likely in the current environment to concentrate on what administrators often regard as the core function, which is immediate patient care, and not take account of other factors such as the long term requirements of medical history, clinical research and many of the potential medico-legal aspects of patient care.

Industrial conditions now mean that junior medical staff have more limited rostered hours of duty, so that over the weekend, there may be five different doctors looking after a given person in a ward. With so many people involved in the care of very sick patients, it is absolutely vital that communication *via* the medical record is of a very high standard. So the character of the clinical record, its preservation and its future, are not just of an antiquarian interest: these issues relate directly to patient care. There is certainly a need for well-informed advice that might give the records of the past and the present, a future.

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