Audit of outpatient letters

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Traditionally, correspondence between clinicians and general practitioners is kept secret unless shown or read to the patient by the general practitioner. For most patients there seems to be no good reason for such a closed approach. It has been shown that most patients would welcome clinical information about themselves.[1,2]

We have investigated whether routine clinic letters might be of interest to the patients concerned and, if so, whether they would wish to see further correspondence.

Subjects, methods, and results

We conducted a postal questionnaire survey of 201 patients who attended general renal outpatient clinics between 1 February 1990 and 31 January 1991. Ninety one clinics were held personally by RG. Two hundred and eleven patients had been considered for the study, of whom 10 were judged unsuitable (eight spoke no English, two had psychiatric disease). Each of the 201 patients was posted a questionnaire asking whether the enclosed letter was of interest, whether it was understandable, whether it was accurate, and whether copies of further letters were wanted and requesting comments. A copy of the questionnaire with an explanatory letter was also sent to the patient's general practitioner. The patient was asked to fill in the questionnaire and return it in a stamped addressed envelope. A single postal reminder was sent to non-respondents. All letters were composed and typed by us.

The front cover of the patient's notes was marked as an aide memoire to supply further clinic letters if they had been requested. Only three letters were subsequently not sent. This was because we thought that their contents might be worrying.

Questionnaires were returned by 188 (94%) patients. Fifty one (25%) needed reminding, of whom 38 (75%) responded to the single reminder. New patients (61; 30%) were just as likely to reply as were follow up subjects. Further correspondence was requested by 169 (90%) of the 188 patients; seven did not favour the survey or filled in the form incorrectly. Twelve patients found the initial letter interesting but did not wish to receive any further communications.

Patients' comments are shown in the table. Of the 188 completed questionnaires, 120 patients wrote a total of 133 comments. Equal numbers of subjects were satisfied with their care or failed fully to understand technical terms in the letters to their general practitioners. Three patients thought that the information they had been given could have been upsetting.

Comment

We found that 96% of patients (181/188) were pleased to receive copies of their outpatient medical correspondence, and 93% of these (169/181) asked for copies of any subsequent letters. No overtly critical comments were received, though the 13 questionnaires that were not returned plus the 19 requests for no further correspondence possibly indicated dissatisfaction. No attempt was made to introduce different style, phraseology, or terminology in the general practitioners' letters. Almost one fifth of patients (34/181) said that they did not understand parts of the letter, and some approached their general practitioners for clarification. In diabetic practice this difficulty has been avoided by purposely using a straightforward style and terminology.[2] Parents of paediatric patients (222 out of 224) also found reading letters about their children helpful, and their recall of details discussed during consultations was improved.[3] Of 412 patients with renal failure in 12 different renal units, 80% indicated that they wanted more information about their treatment.[4]

Comments made by 120 patients on questionnaire. More than one comment per patient was counted

Comments	No (%) of replies
Happy with care/thank you	34 (28)
Do not understand medical terms/need more simple explanations	34 (28)
Good idea	23 (19)
Correction of factual error	15 (13)
Information could be upsetting	3 (2)
Questions asked	4 (3)
Miscellaneous	20 (17)

These recent studies together with our survey indicate that there is a large number of patients who have too little information about their diagnoses, treatment, and prognosis. Supplying this information must help in patients' understanding of their conditions and compliance with treatment. There seems no reason why most patients should not be kept abreast of their conditions. Enthusiasm for records held by patients seems to be growing.[5] We conclude that this change in approach should be further encouraged as suggested by our survey.

1 Mason DL. What's up, Doc? *Which* 1991 Feb:94-7.
2 Tattersall R. Writing for and to patients. *Diabetic Med* 1990;7:917-9.
3 Rylance G. Patients' right to know. *BMJ* 1990;**300**:608-9.
4 Lock PM, Benoliel D, Parsons V. Success of communication about renal transplantation between patient and doctor. *Nephrol Dial Transplant* 1989;**4**: 119-22.
5 Richards T. Patient held records. *BMJ* 1991;**302**:611.

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Correction

Fibrinogen and lipid concentrations as risk factors for transient ischaemic attacks and minor ischaemic strokes

Several authors' errors occurred in this paper by Dr Nawab Qizilbash and others (14 September, p 605). In the results section of the abstract the first two p values quoted (for odds ratios of ischaemic stroke for fibrinogen concentrations >3·6 g/l and for total cholesterol concentrations >6·0 mmol/l) should be p=0·09. In the results the fourth sentence of the third paragraph should begin: "Although we had originally intended to recruit twice as many controls as cases, . . ."

Fluoxetine and suicide: a meta-analysis of controlled trials of treatment for depression

Several authors' errors occurred in this paper by Dr Charles M Beasley Jr and others (21 September, p 685). In the discussion the second sentence of the fifth paragraph should read: "Fawcett *et al* reported that . . . 32 suicides occurred (0·0034 suicide deaths per patient year, . . .)." The last figure in the same paragraph should be 0·034 (not 0·071).

In tables A1, A2, and A3 in the appendix, in the left hand column under the heading "Fluoxetine"—and also in tables A2 and A3 in the left hand column under the heading "Tricyclic antidepressant"—the subheading "Median (range) maintenance dose (mg)" should be inserted between the subheadings "No of patients" and "Mean (range) days treated" and aligned with the numbers currently following "Median (range) days treated." Then, for example, in table A1 "Median (range) maintenance dose (mg)" is aligned with 60 (20-80) and "Median range (days treated" is aligned with 31 (1-43); "Baseline HAMD score," which has subsubheadings, will introduce a blank line.

In table A3, in the column for trial No 17 (reference 23), the correct value for the number of fluoxetine treated patients with emergence of substantial suicidal ideation is 0, not 3, and the correct value for the number of placebo treated patients with emergence of substantial suicidal ideation is 17, not 23.