MEDICAL RECORDS

The medical record is the 'who' what and 'why' 'where' and 'when' of patient care. Medical record provides documentary reference of logical conclusion, diagnosis care and treatment in addition to social ecomonic and behavioural pattern of the patient (in question) in particular and the environment and society in which he lives or has lived in general. Medical/ records in addition, has both medical and legal aspects. Hence it behoves that the authors of medical records and authorities dealing in medical records and other employed in the care and safe keeping of medical records should be familiar with the principles and administration of laws applicable to them. Increasing use of hospital records as evidence in courts has made it necessary to include legal aspects of medical records in the curriculum of medical education. Patients management and follow up programmes and dealing with future diseases are also made easy, rational and useful by the proper methodical and scientific maintenance of medical records.

Historically, the importance of medicolegal aspects of medical records has been recognised in the 17th century and by 18th century, several European universities have established departments of medical jurisprudence.

Total medical jurisprudence has been recognised as an important part of instruction in both medical and law colleges throughout the world.

Medical records/case sheets must be comprehensive and must have relevant negative points in addition to detailed positive information. Many hospitals, institutions and practitioners have evolved their own forms and protocol according to specific needs of the institution and specialisation and by and large differ little in the basic approach. The record should also cover provisional diagnosis, results of investigations, treatment, progress operation notes, nurses observations, final diagnosis, outcome of treatment,

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status of the patient at the time of discharge or last the visit and advise on discharge.

Medical record is to be assembled according to a specific order of the discharge of the patient. checking / the different components of a medical record. Every record should be numbered and have an identification section.

It is said that doctors and patients are likely to forget but the records remember. In order to ensure that this remembrance is obtained at the right time, it is important that suitable numbering and filing system are adopted for efficient maintenance and retrievability of medical records. A medical record technician must be familiar with medical terms, proper documentation and proper documentation and proper requirements for confidentiality. Such training lends itself to a problem focused approach in dealing with medical records, audits and quality assurance – risk management activities.

Apart from guiding and servicing the care of the patients, medical records play a very significant role in follow up treatment of the patients, in studies and research for clinical and teaching sessions and medical audit. The medical records form the basis for medical and health statistics and of various kinds of certificates and correspondence relating to patients management. Medical records data if collected with skill, knowledge dedication and in a systemic way, can be of immense value for basis of health management and planning and provide information for research, education and training. Information obtained from properly maintained medical records are useful for efficient management,. planning and evaluation of medical care programmes in addition to obtaining morbidity and mortality pattern of the community. In short medical records if properly maintained and analysed would improve the quality of patient care and reduce the frequency of preventable health hazards

There is general consensus that medical records are the property of the hospital or institution concerned and thus the physical ownership of the medical record is vested with the treating doctor or hospital which in turn respects the right to privacy of the patient as regards the confidential nature of the information.

When a doctor or hospital treats or admits a patient, it is implied that he

gets into a contract to render necessary service for the care and treatment of that patient. This necessitates a chronological record of the care and treatment rendered to the patient, *i.e.,* medical record which is meant for the benefit of patient, doctor and the hosptial.

The status of medical record in India

Medical recording and the medical record technology are not developed to the desired extent in India—not only by individual doctor and specialist clinics but even in many of the bigger hospitals. Many of the medical colleges and big institutions do not have a well organised medical records department. There is gross deficiency in trained man power in medical records discipline. The reasons for not maintaining record by medical practitioners are, he has grown with families under his care and most his of the health events in these families have been stored in his (practitioners) brain. There is reluctance for change. Either because of work load or because of the attitude, there is a lack of motivation, training and knowledge on the part of a physician to maintain effective records, fear of losing confidentiality, for the fear of being blamed for poor quality of medical knowledge and judgment and fear of income tax or being dragged to the courts. While most private and public hospitals have designed inpatient records, a large number of family physicians who make dispensing slips and record only the treatment given and medicines dispensed. Here too, some physicians use coded language. These prescriptions are discarded after one spell of sickness and treatment is over. The consultants issue the prescription giving the treatment or at the most diagnosis.

Legal Aspects of Medical Records :

Medical records can be called by the courts for medico-legal cases, workmans' compensation, insurance cases, personal injury, will cases, plea of insanity, conspiracy and malpractice and medical negligent suits. The chief value of medical records as evidence, is that they contain unbiased statements as much as the doctors, nurses and others concerned with preparing the medical record at the time of the doctor's examination had no interest in any subsequent litigation.

In Western countries (U.S.A.) the speciality of the medical record

professionals is highly developed. In fact experienced medical record managers have an electric combination of qualifications uniquely suited to the position of ‘‘health care risk managers’’ as the ever increasing number of and severity of malpractice claims continue to highlight importance of effective health care risk management programmes.

Health care risk managers focus more on providing a safe hospital environment. They especially concentrate on improving the quality of patient care and reducing the frequency of preventable accidents. Ensuring patient safety by applying techniques of risk control, generally takes precedence over risk financing and insurance matters. Medical record managers bring the unique combination of both medical and legal experience to the risk management role. Therefore medical record professionals are no more protectors of medical records, but players on a larger stage. While the confidentiality of patients’ information remains of critical importance, in an information based society, one should facilitate the flow of information to those who depend on it and who have right to it. While we consider the proper collection of data and the flow of health information, we must promote the use of technology in information.

Communication :

Computers, fax machnies optical disk storage, bar coding and other technological wonders are coming to use in the medical record department. It is up to the members of medical profession to take full advantage of these in the interest of the community and more so in their own interest. The need of the hour is motivation and a will to maintain proper medical records.

Consent :

‘Consent’ has been defined to mean ‘voluntary agreement’, ‘compliance’ or ‘permission’. Consent must be intelligent and informed, that is,. the consent must be given after understanding what it is given for, and of the risks involved. To be legally valid consent must be free consent not procured by coercion, undue influence, fraud or misinterpretation. Consent may be either express or implied.

Implied consent :

Walter Levitt "If the patient sees the doctor take up scalpel and makes no protest this will be evidence of implied consent", also unconscious patients emergency situations during surgical operations if emergency arises.

Treatment or operation without express authority to do so, the treatment is deemed as intentional interference and amounts to assault and the patient is entitled to recover damages.

Minors :- Gaurdian

Married person–spouse–No?

Authorisation of autopsy–Nearest relative.

Correction of original Data :

Information contained in the personal and statistical data of a medical record should never be altered.

Government and other agencies :

They are not entitled to receive the information without the written authorisation of the patient as is the case of private agencies. Such an agency should subpoena the medical records if confidential or privileged information is required. However, non-confidential information—name, address, date can be released. Doctor / hospital should give all reasonable assistance to law enforcement personnel in the release of non-confidential information.

Other Physicians : By written request to prove the penuinness.

Life Insurance Corporation: One has to exercise caution and have the report approved by a physician to avoid misinterpretation of information. Fee could be levied to insurance companies, but generally no charge is made for submitting abstracts or summaries.

In short, in the absence of specific law to the contrary, it is always important to remember that an authorisation for the release of information by the patient or other responsible party is always necessary wherein confidential information is to be released.