

# Copying letters to patients: are we ready yet?

**F**our years ago, *The NHS Plan* (Department of Health, 2000) made it obligatory for letters to GPs and other health professionals to be copied to patients. Draft guidelines for consultation have been issued and pilots across England and Wales have been completed (Meredith, 2002). While the idea has been generally welcomed (Chantler and Johnson, 2002; Lloyd, 2004), concerns remain around training of health professionals and their fear of causing unexpected distress among patients (Murray et al, 2003).

## LETTERS TO PATIENTS OR COPIES OF LETTERS TO PATIENTS?

*The NHS Plan* (Department of Health, 2000) advocates copying correspondence between health professionals to patients. Letters between professionals are, and will be, qualitatively different to those written directly to patients (Smith, 2002). If the objective of providing information to patients about their treatment is to be fulfilled, it seems appropriate that letters be written to patients with copies to other health professionals. This also includes communication between health professionals outside of the clinical meeting.

### The ethical/moral argument

Health professionals exist for the service of the patient. Indeed, the subject of any communication between professionals is the patient him-/herself. It would therefore seem illogical that the subject (patient) is excluded from such communication. In the context of a patient's lifespan, professionals spend a tiny amount of time with him/her. Nevertheless, the outcome of that time has profound implications for the life of that patient and his/her family. It follows, therefore, that patients ought to have a record of such meetings.

### The financial argument

Lack of openness has led to a climate of litigation with calls for doctors to be more open and work in partnership with patients (Richards et al, 1996). There is also evidence that errors can occur in letters between professionals (Chapman, 2003; Murray et al, 2003), sometimes with unacceptable consequences. With open communication it is hoped and expected that such factual errors would be corrected and litigation and consequential costs to the NHS avoided.

### The legal argument

A question which has not been addressed adequately is the 'copyright' of the content of the letters. It could be argued that patients own the copyright on the content of letters about them. They have merely consented for the health professional to 'exploit' the content for the patient's own benefit. Written letters between professionals without acknowledgment of this copyright would therefore be improper.

There are legitimate concerns about some information that can be copied to patients, where it may cause harm to the patient or contain information about a third party. Withholding such information is deemed to be acceptable (Department of Health, 2000). A patient being thought likely to feel hurt or suffer undue anxiety is not reason enough to withhold a letter (Medical Defence Union, 2002).

### The outcomes argument

Improved patient outcome owes itself as much to the intervention by health professionals as to the patient's choice to comply with the treatment. It could be argued that involving patients in their care via copies of their letters could lead to better outcome. However, Letters of referrals to patients have not been shown to improve hospital outpatient atten-

dances (Hamilton et al, 1999). More research is needed in this area. This will be increasingly likely once the practice of writing letters to patients becomes more widespread.

### The uncertainty argument

Not all medical diagnoses are a certainty. Diagnostic difficulties need to be discussed and acknowledged with the patient, which can best be done through a letter which the patient and his/her family have had a chance to read and re-read. In areas of medical practice (such as psychiatry) where diagnosis is syndromal, without recourse to diagnostic physical tests, acknowledging diagnostic uncertainty would enable physicians to adopt a collaborative approach with the patient.

### TEMPLATES OF LETTERS

Letter-writing styles vary across specialities and between clinicians. There is, however, a general need for templates to be developed to achieve some uniformity of purpose. Templates produced from the pilot studies (Meredith et al, 2002) may be thought unsatisfactory to fulfil the purpose of writing a letter to a patient as suggested above. They would certainly be insufficient in communicating information in certain branches of medicine (e.g. child health, psychiatry, cancer services).

A template should include certain key headings: the context of the consultation, discussion of the diagnosis and an agreed management plan. Inclusion of web addresses for further information of a condition is also helpful. Lastly, no letter would be complete without an invitation to the patient to point out any errors that might have crept in.

### CONCLUSIONS

Writing letters to patients is as much a skill as an art. A large number of med-

ical professionals are not yet ready for the introduction of this practice. Unpreparedness will leave doctors unable to fulfil patients' rightful expectations. New training measures need to be instituted if doctors and patients alike are to benefit from the introduction of this practice. **HM**

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## KEY POINTS

- The NHS Plan expects doctors to copy letters regarding consultations to patients.
- It is important to acknowledge the major role such letters may play in the treatment process.
- There are significant advantages in copying GP's letters to patients.
- Further training is essential for all medical staff in writing letters to patients if the measure is to be successful.