

Letters to the Editor

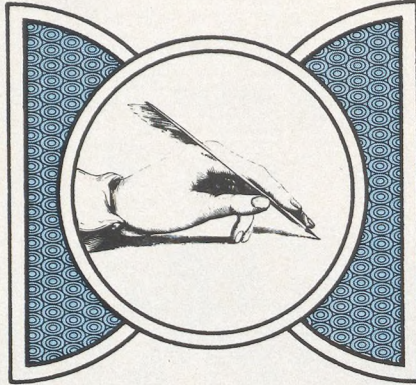
The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Computers and Health Maintenance

To the Editor:

As a family physician and neophyte personal computer user, I have been following your "Computers in Family Practice" series with avid interest. The article by James G. Arbogast and William H. Dodrill (*Health Maintenance and the Personal Computer. J Fam Pract 1984; 18:947-950*) reports to examine the use of the computer in health maintenance by employing a sophisticated software package to perform patient recall procedures, thus improving patient compliance. Although I have no doubt that such a system may be easily implemented in a practitioner's office, I take exception to the author's underlying assumption that "ethically and legally, health maintenance is the physician's responsibility." I would suggest that health maintenance is an equal partnership between physician and patient. From this point of view such a computerized retrieval system may serve to undermine the patient's responsibility for his own follow-up and general well-being.

A more creative solution would



be for physicians to write brochures for their patients in which they describe their practice and their expectations for physician-patient interaction. Biographical data could be included as well as payment preferences. Finally, the physician's concept of preventive medicine could be brought into focus, and screening procedures and routine examinations listed by patient sex, race, and age. All patients of the practice would receive this information in the office and, consequently, become "informed." The physician would be protected medicolegally, and the responsibility for compliance would fall where it rightly belongs—on the patient.

A more helpful use of the personal computer in health care delivery, I believe, is in accessing medical data bases for state-of-the-art diagnostic and therapeutic modalities for our patients' benefit and in the use of word processing software to design patient education materials.

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