



LETTERS

CONTROL OF DATA IN ELECTRONIC HEALTH RECORDS

Patients find it easy to select data they don't want to share

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New and colleagues argue that patients must be informed about how their data in electronic health records are to be used and for what purpose.¹

We saw that patients found it simple to say which pieces of data they would not want to be shared when they were given two complete copies of their records and correspondence.² Patients were asked to mark errors in blue pen and data that they would not want shared in red.

We produced algorithms and a patient portal that allowed patients to select data in their records that had been categorised using Read or International Classification of Diseases codes into chapter headings: infectious diseases, growths, endocrine, blood disorders, mental health, neurological, cardiovascular, respiratory, genitourinary (includes breast and gynaecology), pregnancy, skin, musculoskeletal, neonatal, accident, and injury.

Generally, patients selected pregnancy and mental health, including drug and alcohol problems, and chose data relating to employment, genetics, and social stigma. I think that patients in the future will see the data at source and state which data they don't want shared.

Competing interests: None declared.

- 1 New JP, Leather D, Bakerly ND, McCrae J, Gibson JM. Putting patients in control of data from electronic health records. *BMJ* 2018;360:j5554. doi:10.1136/bmj.j555429295813
- 2 Powell J, Fitton R, Fitton C. Sharing electronic health records: the patient view. *Inform Prim Care* 2006;14:55-7.16848967

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