

Review Articles

Medical Archives: Answers ... and Questions

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Designing Archival Programs to Advance Knowledge in the Health Fields. NANCY McCALL AND LISA A. MIX, eds. Baltimore: The Johns Hopkins Press, 1995. xxiv, 232 p. index. ISBN 0-8018-4761-3. **Hospital Patient Case Files: A Guide to Their Retention and Disposal.** HAMISH MAXWELL-STEWART, JULIA SHEPPARD, AND GEOFFREY YEO. London: Health Archives Group, 1996. **Documentation Planning for the U.S. Health Care System.** JOAN D. KRIZACK, ed. Baltimore: The Johns Hopkins University Press, 1994. xviii, 260 p. Index. ISBN 0-8018-4805-9.

Health care, especially its funding and accessibility, tops the political agenda in many countries. Already a number of hospitals have closed in Canada and more closures are forecast to take place here, and in Britain and the United States. The established ways of caring for the mentally ill have been overturned by policies of de-institutionalization. Patients and those at risk have become vocal actors in their own illnesses. High-profile publicity campaigns on behalf of those suffering from particular diseases are relatively common. Special interest groups aggressively lobby politicians to direct research funding—those for AIDS and women's health are two of the most striking examples. All of these signify major changes in health care as it has developed in the West over the past fifty years or so. Privatization of universally-agreed, essential health services, funding for care from mixed sources, and the integration of medical sciences with high technology and research-intensive pharmacology industries inevitably affect record making and keeping which support medical research, clinical care, and their administration. These three volumes, by archivists involved in medical archives, are in part a response to the ferment in health care. Although archivists have no control over the course of change, they can respond to its demands reasonably, responsibly, and with a dose of innovation tempered with a realistic appreciation of what can and cannot be accomplished. These volumes reach out to health archivists particularly, but many of the ideas and methods they discuss are applicable to archives in other settings; conse-

quently, these volumes are wholeheartedly recommended to archivists generally.

Hospital Patient Case Files: A Guide to Their Retention and Disposal is a twenty-eight page booklet concentrating on the options available for accessioning case files created in the course of patient care in clinical settings. It is clearly intended as a guide for the selective retention of patient files in a variety of formats based on British Statutory guides, record office practices, and experience. The booklet is logically organized and clear in its discussions, which are topically arranged. Each paragraph is numbered for reference, coherence, and updating. Following a review of the reasons why some patient case files must be kept for the long term, the authors discuss the advantages and disadvantages of retaining material on paper as opposed to converting files to another format. They explain the methods of taking statistically valid samples and explore the pros and cons of each. The authors emphasize the need to have a clear authority for the responsible destruction of records. Two charts display complex information in ways that are digestible and suited to repeated reference—I was especially taken with the comprehensive display of minimum retention periods and the legal criteria for keeping clinical records; in particular, the decision chart for making choices of records for future research is a model of clarity. An appendix lists useful contacts, and the select bibliography provides the new archivist with a guide to the relevant literature. The clarity of thinking and discussion is high throughout *Hospital Patient Case Files*. Clearly, this text has benefitted from the collaboration of three health archivists who work in quite different settings. The Health Archives Group is to be heartily congratulated for supporting this booklet—if the recommendations speak to a specific country, the concept of this booklet, as well as its decision-making processes, could be imported profitably elsewhere. Indeed, this volume should be adopted as a model in other jurisdictions.

Documentation Planning for the U.S. Health Care System focuses on the planning process for acquisition. The volume develops the editor's ideas on strategic appraisal as a method for shaping the accumulation of useful archives. This method and its rationale were published initially in volume 56/1 (Winter 1993) of *The American Archivist*. A number of contributors have joined Krizack to expand on the concepts of documentation of the health system and its associated sub-areas. The clear intent is to show the potential of prospective planning as a working model for acquisition by analyzing the *System* as the context for a specific case study that demonstrates how understanding this context affects the development of documentation plans. A final section develops such a plan for the Boston Children's Hospital as a practical exercise to illustrate the steps in the strategy. The book is organized to elaborate the idea of a "health care system" and its components. The editor, Joan D. Krizack, provides an "overview of the U.S. health care system" and reviews the types of "facilities that deliver health care." Peter B. Hirtle discusses the place of "health

agencies and foundations” in the U.S. health system while Paul G. Anderson provides a useful review of the functions and role of “biomedical research facilities.” Nancy McCall and Lisa A. Mix target “educational institutions and programmes for health occupations” and James G. Carson goes into the unusual history of “professional and voluntary associations.” “Health industries” are discussed by James K. Kopp. Krizack draws the volume to a conclusion by incorporating the information provided by the contributors into her “documentation planning case study.”

The volume was clearly motivated by the problem of handling duplicated information and by an acute awareness that institutions are part of a network: it is the analysis of this network that provides the path leading to reasoned appraisal decisions. All of the contributors to this volume support the notion of decisions guided by a plan which targets the functions that need to be documented. This documentation must meet the needs identified in the plan and must be the most appropriate form of information from among the vast amount of the redundant. Functions set the framework for planning, and resultant documentation plans become the criteria for collection development—a concept familiar to information professionals, especially librarians, who use it as the tool for building their collections. All of the essays are clear and have useful notes—many have annotated bibliographies. The volume, which is indexed, includes a chronological guide to landmarks in the U.S. health care system and, in the appendix, a list of academic health centres. The essays are informative and useful in and of themselves. Krizack’s discussion of the planning process and its functional base is clear and cogent. However, in the end, I was unable to see how this process shaped the key records list for the Boston Children’s Hospital, the example for the case study—these series seemed obvious to me, the U.S. health care system notwithstanding. It might have been more useful to provide a parallel list of those not selected as important documentation, with the rationale for this decision. However, each essay is rich in content, and the planning process is clearly laid out for us to follow. What is missing, it seems to me, is more rigorous handling of important terms used in this volume, particularly “function,” “system,” and, above all, “documentation.” These terms, and others, need to be carefully defined. In the end I was unsure of the relationship of documentation to records and how the planning process related to both.

Designing Archival Programs to Advance Knowledge in the Health Fields covers all aspects of medical archives management. It includes documentation planning and discussions of case files, but it goes beyond these specific topics to consider both the nature of documentation and the responsibilities of archival programmes. The goal of the volume is to demonstrate the ways in which medical archives programmes can be transformed to meet new demands for services and by users. Its focus is the United States, but, as in the previous two volumes, much can be extrapolated for use in other jurisdictions. The editors wisely divided the volume into three parts and introduced each one to set the

stage. The editors also provide a concluding essay for the book. This carefully crafted organization and skilful editing ensures that its main points are emphasized within the context of the specific topic that is being discussed. Stated simply, the volume, variety, and complexity of documents requires selection based on user needs and planning based on resources. In order to do this, programmes need to be integrated with other units in the academic medical centre and with the information retrieval systems of the larger parent institution. *Designing Archival Programs* was developed to be both a catalyst and a guide in accomplishing a new alignment for archives in medical centres. Useful definitions are provided as side bars, charts display organizations and relationships, and photographs are used throughout. An appendix lists the hospitals that participated in a records survey of academic medical centres undertaken by the editors, and there is a selective index.

The first section explores “the broadening base and changing media of evidence in the health fields,” a topic of fundamental importance to anyone either working in health care archives or responsible for medical records. Following the editors’ introduction, Joan D. Krizack “[assesses] the context for archival programs in the health fields” and Paul G. Anderson explains why “archives [are] ... a fundamental resource for the study and teaching of history.” Joel D. Howell discusses the need to “[preserve] patient records to support health care delivery” and Jane Williams reviews the issue of “collecting scientific data with ongoing value for research and teaching.” Nina W. Matheson explores “computerization and a new era for archives.” Section Two, “preparing archival programmes for the health fields,” covers all aspects of management. Little in this section is unique to medical archives, but the discussion of universal management issues within the context of a health organization is certainly useful for those volunteers or non-archivists who might have responsibilities for health care archives. Nancy McCall first “[reconceptualizes] the design of archival programs.” She is joined by Lisa A. Mix and Arian D. Ravanbakhsh for a discussion of “building relevant, well-focused and coherent holdings” and by Deborah McClellan and Ann Slakey for “promoting and facilitating wider use of holdings.” Section Three, “Standardizing and unifying the management of holdings,” begins with an essay by Lisa A. Mix on the process of “computerizing basic archival functions.” McCall and Mix explore the ways archives can “[make] provisions for the management of contemporary records.” In this essay they are joined by John Dojka and Gerard Shorb. Nancy A. Heaton explains the process of “making provisions for the management of historical records and personal papers” and Philip D. Spiess gives a useful introduction to museology in “making provisions for the management of material evidence.” Indeed, it is the integration of the management of current records, historical records, personal papers, and museum objects—often an important part of a historical unit in a health-care setting—that makes the volume unusual and, in the end, very useful, because it acknowledges a reality

of medical archives life. The candour with which this volume tackles issues of organizational placement and the users' expectations for automated and automatic service acknowledge the changing environment of information use and consequently of archive partnerships and placements within a parent organization.

The discussion in these volumes of medical institutions, their business functions, and documents is a compendium of special medical diplomatics, particularly for hospitals and clinics. As such, these books are useful as a reference for all archivists with responsibilities for this kind of material and for related records from governments and in private corporations. The models themselves, especially that of appraisal presented in *Documentation Planning* and *Hospital Patient Case Files* are worthy examples of distinct yet viable appraisal methods. Planning for documentation and selecting from among the records of activities both have their proponents; it is useful to have them outlined for similar types of records.

The programme models elaborated in these books offer many guides and examples which are applicable beyond health care settings. *Designing Archival Programs*, particularly, has very useful chapters on management and on the archives' relationship to other units within the parent institution. Schematics of placement alternatives and relationships, side bars with useful definitions of programme elements, and wide-ranging discussion of process and resources provide insights into the managerial ideas and ideologies of archivists. Ultimately I became uneasy with the constant repetition of the imperative *must do this or that* (my emphasis), which suggests that those who do not, or cannot, or have not are deficient in some generic sense. Perhaps some are already doing what the authors urge; we are not in a position to know whether or not this is the case. It seems to me that persuasion is stronger by example than by preaching.

This feast of material on medical archives might be taken to be evidence of a thriving medical archives community. In part this is indeed the case. However, the apparent strength of a flourishing medical archives culture is, in many ways, misleading. Both of the medical archives discussed as examples in these books are not as robust as the text might indicate nor as the authors would want. Archives in medical settings are rare and, these examples apart, we are fully justified in our concern for the long-term survival of archives from health care institutions. The records survey of academic medical centres undertaken by the McCall/Mix project must have been very illuminating, and it is a loss to us generally that it and its fruits were not published with a commentary. The background documents and reports prepared by the survey teams and their consultants should prove to be more illuminating *in toto* than as excerpts appearing as relatively brief notes to support a point in the text.

It is telling that the McCall/Mix and Krizack volumes are the result of grants: neither book would have been possible without substantial outside funding. It would be churlish to complain about this; however, there is something unset-

ting about the very fact that efforts which are so essential to the operation of any professional archives could only be done because of supplementary funds. I applaud the work and its results, and I rejoice that funds are available to support archives research; but I wonder what these authors might have done differently if they were operating from within strong archives programmes. *Hospital Patient Case Files*, a more modest undertaking, conceived and funded by the Health Archives Group, seems to me to be a very successful effort, drawing together the special knowledge of health archivists to provide a review of requirements and a state-of-the-art explanation of options for professional choices. It is perhaps most successful because it addresses a common level of knowledge and a specific set of problems. The very comprehensiveness of the other two books means, inevitably, that some sections are remedial reading while others are ground-breaking.

While medical archives do differ in some ways from other types of archives, sufficiently in some areas to warrant separate treatment and discussion, the methods and the users of medical archives differ little from the professional activities and clientele of archives generally. McCall and Mix present a schema of an archives management system and its document- and user-service goals and criteria, which are no different from those in public archives or in other specialist institutions. While there might be some rationale for the medical archives examples as illustrations for neophytes in the area, labelling archives by their institutional placement, such as university archives, medical archives, or business archives, creates a perception of fundamental difference between these archives and all others. The subject label of an archives can divide us, perhaps unintentionally. We should be promoting the unity that derives from the universal purposes of documents and the common responsibilities of archivists to these documents and to users. We should be united by shared standards, common ethics, and general norms of professional practices.

I appreciate that the source for two of these volumes was in outside grant funding. Special volumes of this nature are often the product that grantors like to see as proof that their dollars were wisely spent. In part, this explains the emphasis and places these volumes into context. But there may be other meanings bound up in this context—outside funds seem to be necessary to support medical archives, even extending to institutions as prestigious and as historical as the ones represented here. These remarkable and important volumes may demonstrate, paradoxically, that archives are on the margins, neither central to the enterprise of medical history nor central to the accountable records practices in medical institutions. It is this situation that the authors clearly want to change. We should applaud their enterprise and set about emulating their example.