

Isn't it time that UK family doctors embraced email services for their patients?

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E-mail services are either more convenient for patients and make better use of clinicians' time, or make more work for already hard pressed health-care professionals and threaten patient safety, argue two doctors in a Head to Head published in the *British Medical Journal* today.

The UK government sees the use of email contact and e-consultations as a means of boosting patient access to [primary care](#) and is piloting these services in 20 general practices in England.

It has mandated email communication for repeat prescriptions and appointment booking in the latest general practice contract and stipulated that [patients](#) should be able to communicate electronically with their health and social care team by 2015.

But wider use of email is not compulsory, and primary care doctors have been slow to embrace this form of technology for communicating with their patients.

With good reason, contends Emma Richards, academic GP registrar and honorary clinical research fellow, Department of Primary Care and Public Health, Imperial College, London. Despite its enthusiasm for the medium, the government has failed to issue guidance for doctors on email communication with patients, she says.

"The idea that patients can email unlimited requests and questions fills many GPs with dread—not only in terms of time but also clinical safety,"

she writes.

The evidence from telephone consultations indicates that they don't replace face to face appointments; rather, they increase them, she says.

And unlike phone calls, where a doctor can pick up aural cues about a patient's health and ask pertinent questions, that sort of exchange isn't possible in an email, she insists.

The inevitable delay in answering an email could also prove disastrous for a suicidal patient or one with chest pain, she suggests.

And she worries that email access will potentially widen [health](#) inequalities, as those most in need of healthcare, such as the elderly, may struggle to use this option because of lack of know-how or facilities.

But Elinor Gunning, a locum family doctor in London and a clinical teaching fellow in the Department of Primary Care and Population Health at UCL Medical School, insists that email services can work well, when properly planned and managed.

An email triaging system, a secure server, and patient consent, as well as ensuring that both patients and [clinicians](#) understand the limitations of email and which kinds of inquiries are best suited to this medium, are essential, she says.

"Patients must be made aware that emails may not be read immediately. The terms and conditions of email use can be covered comprehensively when consent for email use is taken, and reiterated in each email response," she writes.

Many of the concerns raised about email services can be applied to phone and fax - now regarded as established and trusted components of

general practice, she says.

She agrees that not everyone will be able to access or readily use email, but it's up to general practice to provide as many means of access as possible "to improve care for all," she suggests.

"Although more research, investment, and official guidelines are needed, sufficient strategies already exist to support the safe implementation of email services," she writes.

More to the point: [email](#) use will soon be inevitable, she says. If doctors don't embrace it now, they may "miss out on a vital opportunity to shape [it], to the detriment of patients and clinicians."

Provided by British Medical Journal

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