

# Medical Records and its Multi-Dimensional Roles: Political and Social Significance

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**ABSTRACT:** Medical records are not only important in the healthcare setting, but to society at large due to the evolution of their primitive roles to other more versatile and flexible functions. Apart from their direct role in healthcare provision, it is important to explore the potential social and political significance of medical records especially in the context of widening access to patients of their medical records. Their primary role as part of communicating and plan patient care from the compilation of pertinent facts of a patient's life and health history, render medical records as a wealthy source of information that can be generated outside direct care provision. In this review, the evolution of the roles of medical records are discussed beyond their initial role in the planning and coordination of care between healthcare providers. Thus, known as a repository of information and a treasure-trove of facts, medical records are inevitably open to different functions depending on how this information are utilised with the potential of a wider outreach and influence in healthcare as well as society.

**Keywords** - governmentality, medical records, art of government, system of communication.

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## 1. INTRODUCTION

Medical records were designed to document medical history, management plans, ensuring continuity of care and communication amongst healthcare professionals on patients' care. While this remains their primary function, medical records have grown to serve a variety of expanded secondary roles which influence society, including medical education, clinical audits, research and tools for quality assurance such as epidemiological surveillance. They also serve significant legal protection as a stand-alone document; an accountable tool that explains the relationship and decision between, for example, patients and clinicians.[1] Their acquired significance for social systems includes the domains of law and medicine. For healthcare professionals, the direct significance is to diagnose and treat; for legal professionals, the concern is to establish and prove a legal claim. Hence, the multidimensional roles of medical records as a repository of data and a necessary documentation that continues in a patient's journey for healthcare are reliably generated over time underpinned by wider social significances. The ever-expansion facts to include different aspects of an individual's demographics, health behavior and actions as well as treatment thus lead to different health outcomes and knowledge.

## 2. MEDICAL RECORDS AND THEIR ROLE

Medical records aim to provide unmediated access to the doctor's observations and thoughts. The World Health Organisation (2006) defines medical records as a collection of facts about a patient's history, including past and present illness and treatment entered by the healthcare professional who is treating the patient[2]. As the case progresses, medical records document the course of the illness and the thought process as well as the effect of

medical work relating to the patient. In doing so, it creates not only a record but also a healthcare trajectory of the patient.

Electronic Medical Records (EMR) has been shown to improve access as seen in many countries[3]. However, EMR as a technology remains an important key for regulatory reform to improve. There is a need to recognise the normative function of medical records as a documentation tool and its other undifferentiated roles. This will highlight their potential utility as a multi-purpose tool including waiting list times, resource allocations and service developments that indirectly impact wider social and political outcomes. The system itself may still be restricted to healthcare providers as access is limited to both protect the privacy of the patient and the autonomy of doctors in some countries. The introduction of electronic medical records (EMR) has undeniably improved medical records access for healthcare personnels, while providing better transparency and governance of medical records, particularly in the current healthcare landscape of cross-specialty referrals and multidisciplinary healthcare. Nevertheless, it has not universally improved the dialogue on patient access to their own medical records. Despite not being the primary goal to use EMR for patients nor to automatically improve patient access, the system, from a technological perspective does make access for patients more feasible in the future.

Management of medical records is a challenging process that includes determining the type of records, managing logistics of safekeeping and accessibility as well as monitoring the patient's actual health. Access to non-clinicians and managing expanded access to include medical research, education, insurance claims, malpractice suits, medical audit and statistical studies are intangible with issues relating to privacy and confidentiality[4]. A concerted effort is required from the health institution management, clinicians and other health practitioners to improve the standard of use, maintenance and preservation as well as access of medical records. It is a conglomerate of processes rather than just one step. It must capture the decisions that are made promptly in which every medical service must provide an accurate record of each encounter or setting. Medical records should be comprehensive and the omission of both relevant and non-relevant aspects of patient care must be avoided to allow the multi-purpose role to continue without generating any confounding bias.

As a comprehensive and complete entry of a patient's healthcare journey, healthcare professionals are expected to record every aspect of clinical care which are shared with other healthcare professionals and are used to improve overall clinical decision-making. At the organisational level, they are also an important source for clinical audits, individually or as statistical data, which are used to complete audit cycles and overall improve performance. The legal system relies heavily on documentary evidence in cases of medical negligence and so medical records as a legal document are expected to be accurately entered and preserved to serve the interest of both the doctor and the patient[5]. When patients decide to file a lawsuit against a doctor, medical records serve as one of the most important evidence to deduce the intention and action of the doctor and of any action or inaction. It is one of the most reliable evidential items used in court to provide information on all aspects of patient care and to determine the quality of care provided.

### **3. MOVING AWAY FROM ITS PRIMITIVE FUNCTION**

Medical records have increased social significance to healthcare leaders, historical researchers, social and legal scholars, economic analysts, insurance underwriters and policymakers. We can better understand the role that medical records play in society by looking at how they are used in different fields and why they are relevant to the work of many different types of social actors. The relevance of medical records continues to broaden and evolve, especially with the development of computer technology and its use in managing medical records. Manual medical records have transformed and moved from opportunistic records to integrated medical records that were maintained from birth to death. The move towards digitalisation has continued by becoming an integral all-encompassing modern tool on health that documents not only health, but health-related status such as the economic and social factors that directly and indirectly contribute to healthcare outcomes.

The conceptual roles of health documentation as a large apparatus significant to the legal, moral and political health systems in society, used dynamically and configured around the goals and values of both doctors and

patients as well as the community. Medical records have become a way for authorities to facilitate patient empowerment, technological self-care, improvement of health research, service planning and the reconfiguration of health provision due to the accessibility of wealth and new data knowledge. This is significant socially as medical records serve as the basis for realising patients' rights both in civil, legal and ethical transactions.

### 3.1 Medical Records as an 'art of government'

Foucault's work on government marks a new way of thinking about these issues for ethics in which technology or tools may evolve[6]. Ethics is interpreted as habitual behaviour in which people learn to comprehend and act on themselves within specific regimes of authority (such as the law) and knowledge as well as using specific self-improvement strategies[7]. The evolution of medical records as a multidimensional tool developed inherently from various self-interests of many stakeholders, such as primary clinicians, researchers or hospital auditors, who used these tools for different reasons.

As a technology of power in society that has the effect of creating authorities, I will also discuss medical records as an 'art of government' with the physical properties and wealth of information providing a basis for assorted tasks 'to know and govern the information' and to improve the health and happiness of populations[8]. This concept was described initially by Foucault who suggested that the 'governmentalisation' of the state was linked to a whole range of apparatus of the government to rationalise necessary social and economic functions, including health[8]. He proposed that the idea of 'government' is not only limited to state politics but also a non-state political form of power based on a complex body of knowledge and 'know-how' packed into rationalities of governing, which subsequently distribute the political power within society using an assemblage of persons, theories and technologies[9]. Thus, political power is used in a variety of ways through various organisations, social groups and strategies that may only be tangentially related to the formal bureaucracy of the state. Medical records, for example, are these readily available 'inscriptions' that can be used for 'arrogation and exercise of power'[10].

This concept relates to medical records in which the medical professionals 'in the know' have the power to confer, compile and control information added into these records which then flow into or to another agent who may 'determine the inscriptions, accumulates them, contemplates them in their aggregated form and hence can compare and evaluate the activities of others who are merely entries on the chart'[11]. Rose and Miller's work examined this concept of government which emphasises the complex and variegated procedures whereby autonomous individuals or groups and their actions are brought in line with a specific outcome[11]. Medical records provide a guaranteed wealth of data that continues to grow. Therefore, the concept of governmentality applies whereby the governance of medical records, and their utility is regulated from the inside by autonomous healthcare professionals and their institutions to create an expanding and shifting knowledge about a particular status in the health of the individual and the population. As medical records not only contain data and information but can also be organised, analysed, coded and measured, they facilitate the application of power because they can be used to govern at a distance. The government has the power to involve the application of data from medical records into physical force onto others. The governmentality thesis avoids seeing power in these fixed terms and acknowledges that power morphs into different forms, such as bodies of knowledge that govern people's behaviour and bodily processes that lend credence to the idea that power is everywhere and not just in certain places[11]. For example, particular data in social history such as the level of education versus the presence or absence of a disease renders the knowledge computable and calculable for an array of political purposes. Therefore, as a structural interest; medical records create a platform as a form of social control in disciplinary institutions such as hospitals for reporting and learning, providing calculations for hospital managers which then flow to higher levels such as the Ministry to formulate health policies for the interest of a nation[12]. Medical records can also be deemed to be an 'inscription device'[11]; a historical source to make comparable and combinable knowledge susceptible to evaluation, calculation, and intervention to pursue political rationalities[11]. They can be described as 'artefacts of biomedical knowledge'[13]. This includes medical

professionals, health managers, policymakers and the public which further elevates the social significance of medical records and their use as a technology of discipline and social control. Medical records as technologies of government are arguably different from political rationalities as the former described 'methods' as opposed to 'reasonings' of government action. Technologies of government is another dimension of governmentality that includes different domains (legal, political, ethics), methods (statistics, research) and devices (medical records). This stands in stark contrast to the views of others that see medical records only as a mere medical innovation capable of empowering individuals.

### 3.2 Medical records as system of communication

Medical records have the potential to socially impact as legal artefacts, as medical and ethical knowledge tool, and as a political technology. The diversities of these roles highlight interesting functions and issues around governmentality. They can also be seen as communicational constructs of social systems for medicine, as evidence for the legal system or as a statement of truth for the system of science in medicine. They can be a legal and ethical medium of social communication. This fundamental background about how medical records flourish in their roles, their significance and why it is important to engage in the issues of widening access are due to the fact that they remain an integral part of social systems of communication. Healthcare provision in many countries is continuously expanding, becoming more complex and costly, creating an environment necessitating expert authorities to manage issues involving 'differences', such as disputes between clinicians and patients. At present, the care of a single patient almost inevitably seems to involve many different individuals and groups, with the information generated by the patient's health status and the clinician's observation must be communicated effectively to bring meaning to the social system. Luhmann describes the interaction between these distinctions as social systems of communication[14]. An organisation such as a healthcare institution is a type of social system in which individual members or groups, together or apart make decisions through communication, rendering it meaningful and with purpose which is communicated reflexively through language.

Luhmann's theory can be applied to medical records. As a medical entry is created by an individual (doctor) about another individual's body (patient), his theory uses the domain system of communication (the medical entry) as part of the social system (which is to provide healthcare). However, without eliminating an individual's significance in society (be it doctor or patient involved in the case), medical records is constructed according to the primitive and potential roles to mean something for a particular system of communication[15]. These constructs include a range of functions such as legal protection or sociological research as previous communications have allowed these meanings to inform its significance for others. Medical records, despite their distinct identity, allow other unique identities to emerge based on their differentiated meanings in particular circumstances, for example, evidence in a trial or as a technological tool for patient empowerment with wider patient access.

The novelty of medical records acting as an accountability tool has seldom been explored. Horton defined accountability as the condition of being answerable for past actions[16]. The function of medical records is subject to institutional and social change. Within the medical records is a construction of a unique version of time concerning a patient's health status at various moments by relevant functional events within a healthcare provision. Horton explores Luhmann's concept of time to inform the analysis of how accountability is constructed and communicated within a particular healthcare experience. Medical records, therefore, are probably the only tool and witness of communication that can account for the 'passage of time based on the available information within it'[16]. Therefore, ethically, the account of a patient's journey renders medical records the only journal that should be verified as 'truth' by the patient who experienced this journey.

Medical records' status as source material in historical research is partly due to the rise of popular interest in social history and, by extension, the study and interpretation of data relating to ordinary people. A new generation of social historians (including scholars with backgrounds in anthropology, ethnology, evolutionary psychology, sociology, population studies and genetics) has demonstrated the importance of birth records and

parish registers as primary sources of information[17]. Patient records have been linked to several topics in studies of current medical history. The modern tradition of medical record keeping has been valuable in allowing historians and physicians in several medical and medicine-related fields of speciality. Medical records can also help society to understand how hospital organisations and medical practices interact[18].

Within the distinctions that can be observed, medical records can be distinguished from other medical documentation and become a system of communication and a historical account of their environment by referring to their own operations and previous communication[16]. They record details about the patient's history, clinical findings, test results and progress as well as support the doctor in finding the right treatment and are important in every medico-legal case in court[4]. It is this concept that explains why medical records can deliver both primary functions and social functions due to the coordination, adaptation and adjustment between these different functions using previous communication in their respective environments. They have specific meaning and intention for these systems which eventually builds up to be of social significance to society (systems theory) and to theories of social control (governmentality). Thus, they serve as constructs for these systems.

#### 4. CONCLUSION

Various healthcare institutions and systems have constantly expanded the medical records' accessibility and multiple configurations to continually evolve and garner sociological characteristics beyond its primitive role. The introduction of electronic medical records for example as the 'appropriate interface' allows further access, configurability or customisation in the dawn of the artificial intelligence era. Medical records' versatility and flexibility also allows them to be the basis for multiple heterogeneous roles serving various purposes in society. Apart from their role in health, it is important to explore the social significance of medical records as it helps to define and engage the concerns around wider access, including for patients. This is because the driving force for the evolution of medical records' diversity of functions and integrations to higher social purposes beyond their initial intended role is access. It is the 'generative' role, once accessed and utilised, appropriately and effectively that allows medical records to become versatile beyond their conventional function. It evolves into a 'method' that allows governmentality and social system to thrive under its performance. Thus, patient access to their medical records is a natural and essential progression of this evolution as medical records continue to propagate and benefit different users.

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