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Attention is called to a variety of records which can be used for analysis of a medical care system. This is specifically illustrated by data on prescribing.

THE STUDY OF PRESCRIBING AS A TECHNIC OF EXAMINING A MEDICAL CARE SYSTEM

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Drug Records as Sources of Information

DOCUMENTS relating to drugs, which are generated in the normal course of medical care activities within a country or a medical care system, are a useful and underutilized source of information on the structure, organization, and quality of medical services.

"Documents" is perhaps an unfamiliar term for prescriptions, records of purchase, patient charts containing orders for drugs, and other related materials. The term "prescription" in the narrow sense refers to the slip of paper filled out by the doctor identifying the patient and the drug—ideally, with dosage, strength, and instructions. In medical care settings with which the author is familiar, this form appears in ambulatory care and in home care services—the patient receives the paper and he or a family member presents himself at a pharmacy either in the residential neighborhood or in the hospital clinic area to receive the medication. For hospitalized patients prescription forms tend to be replaced by the doctor's chart entry, which is transcribed by the nurse to her daily medication sheet as a guide in the performance of her tasks, and also to order forms which are sent to the pharmacy, and to the accounting department as well if charges are to be posted to individual accounts. Thus "prescription" as the "act of prescribing" goes on for all patients but takes a variety of documentary forms. With automation, change in forms can be expected.

Another documentary source is the printed formulary or drug list and the associated list of rules in force within an institution or system. Still another data source for the social scientist is the published paper reporting clinical research on drugs.

In a sense the use of records for analytic study bears a resemblance to the work of the archaeologist reading the explicit and implicit messages in the residue of the past. But the social science investigator who studies prescribing has additional resources, such as direct observation, personal interview, and written questionnaire to amplify what is learned from prescribing records. Comparison of policy statements and actual prescriptions may reveal conflicts between announced policy and day-to-day practice which tell quite a bit about the locus of control, and even about communication and evaluation within the medical care system. Historical and descriptive sources suggest trends and give background for the design of studies.

Analysis of available drug records is