The reading passage claims that storing patients' medical records in the electronic databases has several advantages over traditional paper-based record keeping. It provides three main reasons to back up this hypothesis. Nevertheless, the lecturer finds all the reasons debatable and proffers some pieces of evidence to refute them all.

First, the reading highlights the thought that the electronic records help reduce costs by saving money on storing and transferring medical records. They can easily duplicate and transfer them when necessary. However, the lecturer brings up the idea that there is no saving by using this method since the doctors write the paper transcripts yet, and they don't throw away them because of having emergency back up and some another legal reason. She mentions that the storage costs of this act don't make any savings.

Furthermore, the reading holds the view that by using electronic records, they can reduce the chances of medical errors. Electronic records are associated with standardization forms and legible computer forms and thus minimize the possibility of human error. On the contrary, the professor underlines the fact the doctors write the records by hand, and the staffs enter that transcripts to the computers. So the problem of eligibility of the handwritings will remain like before. The staffs should interpret the records which are written by the doctors, and this doesn't make any changes.

Finally, the reading proclaims that electronic records can greatly aid medical research by making possible to gather large amounts of data from patients. In contrast, the speaker dismisses this issue regarding the fact that researchers can difficulty access to medical records since there are some strict rules about the privacy of the patient. They should gain several permissions to reach the data, and they should follow a complicated process. Some patients block the use of their medical records for researching. So the usage of the electronic records for researching is repudiated.