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Information the foundation of health care

Dr Sarah McGhee & Professor AJ Hayley

The medical record is, or should be, the central tool in managing a patient — everything that is worth knowing about the patient should be recorded there. Attempts to use the information, however, are frequently frustrated when patient records are found to be incomplete, disorganized, illegible or inadequate in some other respect.

Clinicians practicing in the Asia-Pacific region are no better than those in other parts of the health care system and a major change of attitude is needed. We must recognize our dependence on information as well as our responsibility for ensuring that its collection and recording is well thought out.

Consider for a moment what information sources you use to support your own practice. How well do these sources serve your clinical needs? Could someone audit the care being delivered or evaluate long-term outcomes? Would the information you have be sufficient for this essential process to be completed? Probably not.

Why, in 1997, do we find ourselves in this sorry situation? The reason is that health professionals have not made enough effort to make the information available. Many institutions are already involved but they are few in number, thinly spread and often tackling these issues in their "spare" time.

Medical and nursing students should be introduced to information technology as early as possible and the essentials of information management should be reinforced at every stage of clinical training. Raising awareness will help health professionals accept that quality information is necessary to improve both the standard of care and the use of scarce resources.

(The Medical Informatics Conference in Hong Kong in October and the Asia Pacific Medical Informatics Association meeting in Australia in August will address these and other important issues.)

Dr Sarah M McGhee is a lecturer in the Department of Community Medicine at the University of Hong Kong and Professor Anthony J Hayley is Professor of Community Medicine in the same department.

The Internet set to revolutionize medicine

Dr Au Kah Kay

Just as the railroads of the 19th century brought in the Machine Age and revolutionized the society of the time, the Internet takes us into the Information Age. People telecommunicate over the Internet, allowing some to choose where to work from. The world has been transformed into a global village, transcending time and distance barriers.

This, however, threatens to create a second class citizenship among those without access. With more medical web sites appearing on the Internet, it is imperative that doctors grasp themselves up to ride the information superhighway. As a new generation of doctors grows up accustomed to communicating through the keyboard, the Internet is likely to play greater and more important roles in many aspects of medical practice in the future.

The Internet has also been a medium of the past and present retrieved from a Cold War strategy to circumvent the tattered remains of a nuclear war. It has evolved into a worldwide network of computers that allows access to vast repositories of information and services, reflecting the ecletic nature of its component networks. It is estimated that more than 40 million people in the world access the Internet from 150 countries around the world are connected to the Internet. Commercial and private use of the Internet is growing by more than 10% each month.

This upsurge in interest in the Internet is due to several mutually reinforcing factors: increased ease and availability of Internet access, lower access charges, faster and cheaper communication, and more organizations offering commercial and non-commercial services over the Internet.

Of particular interest to the medical community is the large and increasing number of scientific and biomedical resources that are available through the World Wide Web. Physicians can access multimedia resources such as databases, recent news and research, atlases and electronic journals. Most major medical institutions, including the National Institutes of Health, have publicly accessible databases and services. The US Centers for Disease Control and the World Health Organization publish their weekly bulletins, Morbidity and Mortality Weekly Report and Weekly Epidemiological Report, respectively.

Leading international medical journals such as the Journal of the American Medical Association, the British Medical Journal, The Lancet and the New England Journal of Medicine are now available on cyberspace. MedLine, a useful tool for searching for references from indexed medical journals, is also available. Physicians can now keep up with current literature in the comfort of their home or office at a fraction of the journal's subscription cost.

The Internet has also revolutionized medical education. Interactive computer based medical education web sites have been set up by various universities with contents ranging from lecture notes to structured clinical questions complete with high-resolution images of X-rays, ECGs and photographs.

The study of human anatomy has been made easier with the Visible Human Project, developed by the US National Library of Medicine. It is a repository of more than 5000 transverse and longitudinal MR images of a male and female cadaver at an average of one millimeter slices. The Cyber Medical School, a project of the National University of Singapore, contains valuable information for medical undergraduates such as topical revision notes, sample examination questions and a forum for exchange of ideas with students in other countries.

The non-academic aspect of doctor's lives is not ignored in cyberspace. The Internet provides platforms for physicians to exchange views on common interests and hobbies and to share their problems and experiences on medical and non-medical issues. These take the form of newsgroups whether bulletin boards and chat lines. Job opportunities are also advertised on the Internet.

As the cost of telecommunications decreases and the speed increases, new forms of computer communication, such as local distance, real-time audio and video services, will be more available. More doctors will be able to discuss cases and consult with experts at the other end of the globe and transmit images of radiographs and ECGs via teleconferencing. More patients with chronic conditions such as diabetes and asthma will make use of electronic home care monitoring software to transmit clinical measurements, like blood sugar levels and PEFR readings, to their doctors who can then advise them on dosage adjustment accordingly.

Dr Au Kah Kay is a council member of the Singapore Medical Association (SMA) and a member of the SMA Informatics Committee. This commentary represents the writer's personal views only.