Information the foundation of health care
Dr Sarah McGhee & Professor Al Hedley

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 elsewhere in managing information 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 clinical care. 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 mount an information system that now is available.

Most of the information technology in our hospitals is used for management purposes rather than clinical care because it is managed, and not clinicians, who are clamoring for better information.

We do not train aspiring clinicians to create and use medical records and we do not test their ability to do so in higher specialist examinations.

Many governments in the Asia-Pacific region have now recognized the need for information technology in health care and are making provisions for it. Health professionals working in these countries now have a unique chance perhaps their last, to change their attitude and give information technology the attention it deserves. If this chance is not taken then the attainment of all the potential benefits of IT will be set back several years.

It is not a simple task to reform the management of information in an extended health service. One of the biggest problems is that it is simply not possible to apply new technology to existing methods of data collection. The result: garbage in, garbage out.

It is essential, therefore, that clinicians be closely involved in the reform process, taking the lead in ensuring that information systems meet clinical and quality improvement needs. Some individuals 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 soon as possible and the essentials of information management should be reinforced at each 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.)

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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 child 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.

During Internet Aswarg, the British Medical Journal, The Lancet and the New England Journal of Medicine are now available on the Internet. The Lancet and the New England Journal of Medicine are also available as medical journals, it is also available. Physicians can now keep up with current medical science 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 medical textbooks and 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 news group 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 long-distance, real-time audio and video services, will become 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.

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