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The Letter from the Editor-in-Chief

Dear Readers,

As disruptive as it is pervasive, the Internet has created thoroughly new ways of doing business, exchanging information and delivering goods and services. It has both deepened and broadened interaction between individuals, interest groups, industry and policy makers.

In effect, the Internet has not only redefined the meaning of community; it has also created wholly new communities. The Internet phenomenon called Web 2.0, embodying diffused/participative tools such as wikis, Facebook and blogs, is now sweeping across the globe. Alongside, this has begun to sound the death knell for traditional gatekeepers of knowledge, from icons in the print media to databases such as Lexis-Nexis. Healthcare IT is no exception to this rule.

The healthcare applications of Web 2.0, known as Medicine 2.0 and Health 2.0, allow individuals to access not only vast amounts of healthcare data but structured information, and participate in continuously enhancing the content and utility of the latter. These developments, in turn, will lead to improving healthcare delivery.

Across most sectors of business, informed consumers have redefined the way corporations anticipate and respond to their needs. Medicine 2.0 and Health 2.0 are creating the informed healthcare consumer – the Empowered Patient. As a result, e-health is unlikely to be dictated from the ivory tower of policy, or reflect the take-it or leaveit philosophy corporations (and lawmakers) had got used to – before the advent of the digital age.

But the path forward is by no means clear, or straight. Our Cover Story explains the challenges faced in developing and replicating large-scale Medicine 2.0 or Health 2.0 models from the Internet.

Having informed consumers/patients is clearly desirable. Though Medicine 2.0 and Health 2.0 will help make e-health more patient-driven and participative, there are other concerns, not least in terms of ethics and law, which could undermine success.

One major risk is that technology feeds on itself, and acquires autonomous momentum. This has happened in the past, in other areas. In ehealth, however, the implications would be more serious, threatening some near-sacred tenets such as the physician-patient relationship, informed consent, privacy and liability. An incisive analysis of such issues is provided in the article ‘e-health and its Challenges: The Technological Imperative’.

Meanwhile, even as Empowered Patients seek to make sure that e-health serves their interest, the voice of another key healthcare actor, the nursing professional, has so far been largely overlooked. Closer involvement of nurses is urgent to make healthcare IT meaningful for healthcare practitioners, the State, and above all, patients. The first steps, according to a senior nursing professional, should be taken by nurses themselves (see ‘Nursing and e-health’).

In an age where hospitals symbolise modernity, it may be salutary to take note of a comment by one of the world’s best known nurses, Florence Nightingale, 150 years ago: that hospitals were no more than an ‘intermediate’ stage of civilisation. To assess what hospitals might look like 150 years from now is surely an exciting challenge.

Towards this, experts from Britain and the Netherlands (see ‘Capital in the City: Investing in the Hospital of the Future’) attempt to deconstruct the roles of a hospital in healthcare delivery. These range from the ‘office’ to the ‘hotel’, from the functional to the ‘factory-like’. Their exercise, however, aims less at futurology than at helping hospital management get a grip on understanding change, a phenomenon which has been ever-present since Ms. Nightingale’s thesis of ‘intermediacy’.

Interestingly, given our observations above, the writers conclude that “Medicine 2.0 cannot create a culture of knowledge management.”

Like much else in e-health and healthcare IT, the jury is (still) out.

Yours truly,

Christian Marolt

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