

Editor's comment

An electronic world

BRIDGET FARHAM

ugqirha@iafrica.com



When I was working in Labrador, Canada, one of my elderly patients came back from a referral trip to the hospital in St Anthony in a very strange state. His daughter was most concerned about the

apparent deterioration in his condition and brought him in to me. The old man was in his late 70s but, although suffering from a number of chronic conditions, was generally pretty well and certainly nothing like the slow, drooling person who was led into my office.

Initially I had no idea what was happening. Then I examined him and found, among other things, classic cog-wheel rigidity of his limbs. He had no history of Parkinson's disease and the onset was too sudden to suggest this anyway. I had to phone St Anthony before I found out that he had been given haloperidol to deal with an episode of confusion while he was in hospital. I stopped the drug and he returned to normal. I made a large note in his file that this patient was not to be given haloperidol, and sent a letter to this effect to St Anthony.

A few months later, when I returned from leave, I again found that the old man was Parkinsonian. My colleague had sent him

to St Anthony again and, once again, he had been given haloperidol, with the same drastic consequences.

During the same period the family of another elderly man came in with him, complaining that the diarrhoea that he had been suffering from for some months had not resolved. He had seen my colleague, who had done a faecal occult blood test. I looked through the man's file and, sure enough, the result was there and was positive. I referred him to the surgeons in St Anthony, who resected a bowel tumour. Fortunately, he did well – or at least he was still doing well when I left the area about a year later.

Both of these problems could have been avoided if our patients' records and results had been available electronically. The staff in St Anthony would have received a flag about the man who responded badly to haloperidol and my colleague would have received a reminder about the positive faecal occult blood test.

To be fair, this was just as the internet was first really getting going, e-mail was still relatively unusual and we were in the middle of very rural Canada. But, there was a business computer centre just down the road from the clinic, which had internet access. No one in the provincial health department had, at that time, thought about

how this could be used in an isolated clinic, with a referral hospital that was a plane flight away – often cut off entirely by bad weather in the winter.

I was recently browsing the internet and found out that the clinic now has a dedicated telemedicine area. This means that X-rays, blood results and ECGs can all be transmitted electronically in real time. This must make such a difference to practise there, particularly as the remoteness of the area means that the doctors are often quite newly qualified. I certainly was! In fact, there are frequently no doctors at all and the clinic is staffed by highly trained nurse practitioners, who must value the service all the more.

We live in an electronic age. There are plenty of Luddites out there who decry it and certainly, I am no lover of technology for its own sake. But e-mail, the internet, the use of servers and file transfer protocols have made it possible for me and many others to work remotely for several years now. This is something that I value very highly. I am sure that if I were still in practice I would value these aids in managing my practice just as highly. What we need now is a public health service that also sees the value of electronic management – if, of course, we ever get a public health service that works at all.

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Tel. (021) 657-8200 Fax (021) 683-4509 E-mail: publishing@hmpg.co.za

Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100