Canada Weekly

Volume 5, No. 5

February 2, 1977



hai lon^{computer} a potential powerful servant of the medical profession, 1

 $^{to}_{l1}$ Mr. Trudeau to meet Mr. Carter, 3

Canada-Mexico exchange, 3

Readership survey results, 3

ly n

to

ter

and

nich mi-

Police college a national institution, 4

Woman survives after four-hour heartent^{beat} stoppage, 4

e^{-News} of the arts – ballet, paintings, books, 5

tia Mineral development in Newfoundland, 6

News briefs, 6 Dan iti let n al the r, EXTERNAL AFFAIRS AFFAIRES EXTERIEURES ed OTTAWA d it 1 h LIBRARY / SIBLIOTHEQUE 0 371 INT n ith erli fer 19 ent en nts er

Computer a potential powerful servant of the medical profession

"Despite the obvious need for large and intricate systems to handle information, the potential benefits of the computer in electronically processing health data are still largely unrecognized or misunderstood," says David Rowe in an article in a recent issue of In Search, the Canadian Communications quarterly.

Mr. Rowe, an original staff member of the Health Computer Information Bureau, says health professionals often imagine the computer as a "supernatural force that supersedes the compassion and insight of personal health care, rather than as a powerful servant that can handle large amounts of information." In fact, he says, it decreases the time members of the medical profession must spend handling information and leaves them more time to care for their patients.

His views follow on the benefits of a fully automated health information system:

Computers can easily process large quantities of information, but, more important, they can also provide better information. Linking an individual's records together by computer, for instance, permits health workers to correlate events which happen to the same person, and so to recognize cause-and-effect relationships. Ordinary records, on the other hand, treat each event as a discrete entity. Another benefit has been the development of special computer programs for the diagnosis of some diseases; often the computer is able to match or outperform experienced diagnosticians. Of course, it cannot replace intuition and judgment based on the creative processes of human thought.

Development of system

Before 1974, development of medical information systems in Canada followed the trend set by the United States. Large hospitals or groups of smaller hospitals established computer centres to economize on the costs of administration. Initially these were fiscal systems such as payroll, accounting and stock inventory. Later, studies indicated that integrated or small dedicated computer systems would yield similar benefits in laboratory services once the cost of the equipment had been amortized.

Full-scale hospital information systems were slow in coming and usually began with patient scheduling-andadmission procedures. Even today, only a few Canadian hospitals have anything like a fully automated hospital information system.

A clearing house

With the growing interest in medical computers, and increasing requests for government grants to set up such systems, it became evident that some sort of central clearing house was needed to gather and disseminate information about computer applications in the health field.

The idea of such an office came from a National Symposium on Computer Applications in the Health Field, held in Ottawa in 1970. In 1971, a working party established under the Federal-Provincial Advisory Committee on Hospital Insurance and Diagnostic Services studied the idea and recommended its acceptance. National Health and Welfare approved a 15-month pilot program in October 1973 (later extended to fund the project until the end of 1975).

In March 1974, director John R. Walter and a small staff opened the office of the Health Computer Information Bureau at 274 Friel Street, Ottawa.

Sponsored by the Canadian Hospital Association and the Canadian Medical Association, the bureau represents the first attempt in Canada or any country to establish a central office of this