

Medical Informatics in developing countries. Where is the 15 seconds Medicine pointing at?

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During the 90's the first steps and the core in Medical Informatics matters tried to help Health professionals to obtain good information either in BBS, databases, or Internet. It was just the start of a new era, where the main protagonist role was the "Medical Informer".

The Internet phenomena allowed people to get almost all the information requested. After a few months, the information offered was more than was requested. Researching in the WEB rapidly was an instinctive and usual procedure for physicians, students, and every professional related to the Health field, due to the facilities available through the emerging technology.

At the end of the 90's and just during the year 2000, interactivity in the WEB allowed a nice bi-directional communication with e-mail and real time chat rooms.

The Virtual Medical Consulting also named Medical Teleadvice was born with the "Physician-Physician" way, and the second opinion request. Only several months after the new born growth, the "Patient-Physician" modality was definitely installed, as is the plot of this paper.

We were the pioneers of the Medical Virtual Consulting in Argentina. It started in 1997 in a domestic way, with an important number of consultations and we answered them by e-mail.

The complete team of "Clinica Virtual Ginecologica" integrated by five physicians, one Catholic priest, one Psychoanalyst, and several non medical officers of the board, answered questions day by day. When the emerging CGI technology (Common Gateway Interface) appeared, the patients were allowed to send the Clinical Record form directly from the site (<http://ginecologica.com>) to the medical staff.

After the case analysis and the attached images examination, the answer is nowadays sent as soon as possible by return.

Actually, the modus operandi represents a rate of ten virtual consultations a day, and the most frequent countries where the questions are coming from are:

Spain:	25 %
Mexico:	21.6 %
Argentina:	18 %

35.4 % correspond to several Latino-American countries and the Caribbe. Further consultation come from USA and several other countries not related to the latin area.

Our experience demonstrates that most patients ask for a second opinion about treatments and strategies recommendations, because of the little information the physicians usually give to them in the consultation. On the other hand information about several pathologies and respective treatments, questions about pregnancies, and specially questions trying to get psychological contention on Internet.

The consultation was always free, except during the 2 month of initiation in 2000, when the e-business star shone as a sun. It didn't allow watching the stars, and after those months operating through a merchant account in USA, no paid questions arrived.

The lack was due to the financial and economical conditions in developing countries, even in Mercosur (Sudamerican Common Market) and Spain (European Community). The classic suspicious rejection of the e-business and credit cards deals on Internet was also a great motivation to avoid paying as time passed.

As a valid alternative we got several sponsors as the only way to get support and this was the beginning of the actual program of Virtual Medical Consultation based in HUMANISM and SOLIDARITY.

We think our results point to an optimistic future due to the economic and financial actual rules design in the middle of the globalization storm.

Originally designed for rural areas by the USA Congress, and based in the European uniformed communities geographically isolated as Canary Islands (Spain), we consider seriously in this way to allow distant patients to satisfy every need, and believe this is a Health Administration function even though basically it was defined as a "non complete medical consultation".

At the end of 1999, 47 Health professionals in the Iberoamerican field formed a multicentric and multidisciplinary team and after 3 months working by e-mail in a private discussion list arrived at a conclusion and wrote a paper available in "Clínica Virtual Ginecológica" (<http://ginecologica.com>) with the main rules in ethics, legal, scientific, medical records, security, answer level, language, marketing, retribution, etc.

The last year was decisive in designing our goals. After reading "New rules for the new economy" (Kevin Kelly) and "The ten seconds Internet manager" (Mark Breier), we finally understood that the free Medical Teleadvice is the way to improve the real Medicine practice with the possibility of giving a good explanation to the patients about diseases and treatments which physicians usually don't give.

The fact that the new economy reduces costs with similar benefits, tending to become free and soft, with the intangible media where the "information" is the new spatial parameter and the byte is energy equivalent, made us think of being useful and helpful where people can not get a complete medical real consultation due to economic matters.

We believe that this 15 seconds spent in typing a little answer represents a good way of helping lots of people wanting only one thing - to be heard.

We recommend adopting this way of communicating as an additional form of medical practice.

We also strongly recommend in the analysis of several formalities and obviously serious consideration of the scientific level of the consultation before the sublime act of pressing the "Enter" key in the middle of the replay process, as the only way to obtain and satisfy our goals as follows:

"To improve the medical quality during the new century, without losing the medical artistic pattern concept, neither its scientific aesthetic magic, nor its humanistic solidarity.". (R)

Summary:

Argentinian "medical gynaecological teleadvice" was a nice experience initiated in 1997 as a test and strongly inserted nowadays in a Virtual Gynaecologic Clinic on Internet. We think that this sponsored and free consultation by e-mail is a nice way of helping distant people wanting to be heard in developing countries, with the sole condition of the scientific level of the answer beyond the classic 15 seconds in typing the answer. Most patients ask from Spain, Mexico, Argentina and all the Latino-American countries. Second opinion, further information about several diseases, and psychological contention are the need that people usually look for on Internet. Author continues working hard in this field because he believes in the artistic pattern concept of the Medicine, its scientific aesthetic magic, and its humanistic solidarity.

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