


"It's an ergonomic keyboard. Once you learn how to use it, it will increase your speed by six percent!"

Should there be a legal obligation to use ICT in the Health Care System?

Catherine Régis

Canada Research Chair in Collaborative Culture in Health
Law and Policy

- 
- 1) Why should we ask such a question?
 - 2) How could we frame a legal obligation?
-



1. Why should we ask?

- From excitement to frustration: A day (or what should have been) at the Montreal Children's Hospital
-

- **Interesting facts:**

- **System inertia**

- Quebec is last of the class on the use of ICT by physicians in Canada (CSBE 2015)
 - DSQ and Electronic health records, biggest computerization piece in the Quebec health care system, are not organized to increase citizen participation
 - Seem to be a lack of interest from the Ministry of Health and Social Services
 - Physicians are generally not paid to use innovative ICT
 - One obstacle to interprofessional collaboration is lack of shared access to electronic medical record (Laverdière, Régis, 2016)
-

- **Patients are interested**

- 67% of people search on the Internet for health information (Enquête canadienne sur l'utilisation d'Internet, 2012)
 - ½ smart phones' users consult health material (contenus santé) (Pew Internet, 2013)
 - 1/5 smart phones' users use health applications (Pew Internet, 2013)
 - Multiplication of more accessible health videos (Bol et al. 2015, Feinberg, 2016)
 - Patients prefer Ipad to doctors when discussing surgery 80, 7% (M. Winter, Australian study, 2016)
-

- **Patients and professionals don't connect!**

- Unused space on the Internet - lack of interaction between health care professionals and patients (Christine Thoër, UQAM et Marc Zaffran/Martin Winckler)

Resistance...



- Professional regulation and guidelines from professional bodies
 - Ex: Physicians are responsible to evaluate risks related to ICT. (Le médecin, la télémédecine et les technologies de l'information et de la communication, Guide d'exercice 02/2015, CMQ)

- So because of a certain inertia in the health care system, patients increasing interests towards ICT and the lack of interactions among health-care professionals and patients, it is worth exploring the question:

2) How could we frame a legal obligation to use ICT?

Des exemples à explorer:

- **Inspiré de l'article 26 du Code de procédure civile:**

(Dans l'application du Code, il y a lieu de privilégier l'utilisation de tout moyen technologique approprié qui est disponible tant pour les parties que pour le tribunal en tenant compte, pour ce dernier, de l'environnement technologique qui soutient l'activité des tribunaux)

- **Dans l'administration du système de santé et de services sociaux, il y a lieu de privilégier l'utilisation de tout moyen technologique approprié qui est disponible **tant pour les usagers que pour les professionnels et les établissements** (à la place de « tant pour les parties que pour le tribunal »)...** (Régis, Gautrais, Guilmain, 2015)

- **Art. 3 Loi sur le ministère de la santé et des services sociaux: *Le ministre doit plus particulièrement:... o) favoriser l'utilisation des technologies de l'information et des communications de manière à réaliser des gains d'effectivité et de productivité dans le domaine de la santé et des services sociaux.***
-

- Need to develop benchmarks to give more flesh and sense to such a duty
 - To rationalize the use of ICT
 - Techneuphorie!
 - « La cybersanté est un domaine nouveau au carrefour de l'informatique médicale, de la santé et des affaires publiques. Elle s'entend des services de santé et de l'information offerts ou améliorés grâce à Internet et aux technologies connexes. Dans un sens plus large, cette expression se caractérise non seulement par un développement technique, mais encore par un état d'esprit, une façon de penser, une attitude et l'engagement envers une pensée mondiale, en réseaux, afin d'améliorer les soins de santé aux plans local, régional et mondial par l'utilisation de l'information et des technologies de communication. » (ICTC, 2009)
 - Avoid corporate interests
-

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.



According to a recent Nationwide survey:

MORE DOCTORS ~~SMOKE CAMELS~~ THAN ANY OTHER ~~CIGARETTE~~ brand

use iPhones

brand

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.



Your "T-Zone" Will Tell You...



**T for Taste . . .
T for Throat . . .**

that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."

CAMELS Costlier Tobaccos

- 1. Benchmarks:
 - Autonomy
 - Quality
 - Accessibility
 - Efficiency
 - ...
-

- 2. Costs-benefits analysis with such benchmarks
 - Often gain and lose something with technology (trade-offs)...
 - Ex:
 - Can increase autonomy for patient but loose efficiency for the health care system
 - Might gain information to improve health care quality yet risk for security of the data and costs
 - Système d'attente à l'hôpital – passe facilement le test!
-

- A legal obligation could be a trigger to overcome *some* inertia that has been seen in the system with respect to ICT
- Réflexion nécessaire sur les intérêts sous-jacents et les objectifs poursuivis

conclusion

- Thank you!

