

## Guest Editorial – Interesting Times

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"May you live in interesting times" is reputed to be an ancient curse. Currently the times are very interesting in the New Zealand health informatics scene as government action is speeding up, new tools, such as SNOMED CT become available and developments around the world including Canada's Health Infoway, the UK's Connecting for Health and the Australian NEHTA (National E-Health Transition Authority) become more visible.

New Zealand has for many years been a leader in the use of computers in primary care but two papers in this issue address the way forward in this area. The Primary Health Strategy requires support from health information systems if it is to fulfil its promise as set out in the paper from Steve Creed. A further paper by Jim Warren, explores the possibility of accessing the wealth of information currently locked in primary care patient management systems, in particular areas of interest.

However, amidst all this promise there still remain the issues of how informatics can actually help at the coalface. Manoj Patel's paper describes the life of the house surgeon, needing and using information but apparently still being deprived of appropriate tools. The house surgeon role seems particularly difficult to support with information technology, indeed junior doctors have been shown to have a huge requirement for communication in their jobs, with the phone and pager being a constant companion.[1] My personal view is that this IT deficit is partly related to the transient nature of the job, with rotations, etc. the sheer mobility of these doctors across the hospital and the need for a wide variety of experience, in what is, after all, a training role.

More hopefully, Annie Fogarty describes the successful introduction of a clinical information system at the point of care in a large hospital setting. The paper is especially interesting because of the inclusion of data on the benefits of such a system and some insightful discussion of the effort involved in getting such a system in place. The paper emphasises again the fact that informatics is not a purely technical area, but requires understanding of organisational and social issues, as well as the absolute imperative of improving patient care.

I trust that Health Care and Informatics Review Online and Health Informatics New Zealand (HINZ) can continue to publicise such initiatives and support those working in this area by providing a space to discuss, learn and develop ideas in this always interesting area.

[1] Coiera E, Tombs V. Communication behaviours in a hospital setting: an observational study. *British Medical Journal* 1998; 316: 673- 676.