

Editorial

The non-technical effects of technology

In New Zealand the need for health care to be both culturally appropriate and effective has long been accepted. However as technology advances, so does the need to re-examine what aspects of culture may influence the acceptability and usability of health care delivery systems. In this edition of the journal, there are three examples of technology development that may cause us to think about the non-technical effects of technology.

Priyesh Tiwari and co-authors have begun an investigation into how people may react to the proposed use of robots in personal care and assistive technology settings. As with other innovations, (such as mobile phones) robots may well disrupt or modify social norms in unexpected ways. There are many possible metaphors for the robot; guide dog, servant, nurse or companion for example, but none of these may be appropriate in all cases. Designers and developers need to consider cultural aspects of new approaches to caring, but academic research in this area is relatively rare.

Perhaps gaining information from health web-sites is less futuristic than the prospect of robotic home care, but it is certainly a potential minefield. Michelle Honey and co-authors discuss the need to put quality frameworks in place to ensure reliable and useful information is identified and disseminated. Because of the ubiquity of health information on the web, it is important that health professionals identify trustworthy sources of information for their patients as part of their normal practice.

The paper by Koray Atalag and Werner van Huffel asks a more general question – how can the health system development process allow early evaluation and feedback from potential users? There is a familiar chicken and egg problem: users may not be able to imagine what a system will do until it can do it, but developers don't want to waste time developing systems that users won't accept. By employing the metaphor of a "hand over" the authors explore how developers and users can begin to share understanding at an early stage of the development process.

These papers show the usefulness of both formative and summative assessment, before the technology is widespread and after it is universal. Both approaches are needed if we are to gain the maximum benefit from new approaches to healthcare.

The practice note in this issue discusses some of the practical issues involved in getting high quality clinical software developed and implemented in the real world.

Thanks again to all the reviewers and authors for their often unsung work. Details of the call for papers for the journal are available at <http://www.hinz.org.nz/journal/2008/12/About-the-Journal---call-for-papers/1002>

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