



Why should physicians use e-mail?

The last column focused on visualizing the Internet as a great “thinking layer” that envelops our planet. Despite its great potential, however, few physicians are exploiting the Internet’s potential. This issue, Dr. Karen Breeck (karen@gretmar.com) looks at e-mail, the cornerstone of online communication.

When it was introduced on a large scale earlier this century, the telephone was considered a great leap forward. However, it posed 2 major problems for busy physicians: both parties had to synchronize busy schedules in order to communicate and there was no residual reminder of what was discussed, beyond notes taken at the time. Therein lies the beauty of e-mail. Not only is it asynchronous, allowing parties to send and respond to messages at their convenience, but it also provides a durable copy of what was said, all at a very low cost.

During a typical day in my office, I have little time to stop everything and pursue each problem as it arises. Fortunately, most of the family physicians and specialists in my area have e-mail addresses. At the end of the day I simply craft a precisely worded response to my messages and forward

Site intéressant

loukoum.imag.fr/imavu/imavu.html

ImaVu : Imagerie Angiologie est une nouvelle banque de données en imagerie vasculaire ultrasonore et un forum pour dialoguer sur des thèmes et des cas choisis. Elle a été développée par les D^{rs} Olivier Pichot, Jean Luc Bosson et Daniel Pagonis, de Grenoble, France. Bien que la banque ne soit pas parfaitement finalisée, elle est consultable; le premier chapitre, par exemple, concerne les thromboses veineuses avec plus de 150 images échographiques associées à un commentaire graphique et un texte. Les clichés sont sollicités pour la banque d’images et pour le cadre du forum.

it to the intended address — I can even dictate the message and have my secretary send it. The recipient can then prepare a response that will be waiting for me the next day. And there’s no more telephone tag!

Some specialized e-mail-based systems have already been developed. CardNet [www.gretmar.com/cardnet/home.html] (see *Can Med Assoc J* 1997;156:1050) provides physicians in northeastern Ontario with e-mail access to cardiologists in Sudbury, the district’s referral centre. Nonemergency questions can be forwarded to participating cardiologists and a response is usually provided within 2 working days. CardNet shows how e-mail can help coordinated communication between 40 physicians and 2 cardiologists separated by wide distances.

How secure is e-mail? Currently, normal e-mail can be compared with a postcard: there is no protective envelope shielding the contents from an unauthorized third party. This spring, e-mail programs will be introduced that provide an easy-to-use, built-in encryption utility as well as a digital-signature function that protects a message from prying eyes. It also proves to the recipient that the letter came from the originator, eliminating the possibility of forgery.

The final selling point: e-mail is

cheap! Most physicians, thanks to the electronic billing requirements of their ministries of health, already have the basic tools in their office: a desktop computer, a modem and a telephone line. Once connected, worldwide communication is possible without the scourge of long-distance charges. Consequently, doctors have access to a much wider knowledge base that is unaffected by geographic limitations. Add this to the time saved by not having to play telephone tag, and e-mail can add to both your efficiency and your bottom line.

By the way, this article was composed as an e-mail message on my laptop computer before being forwarded electronically to *CMAJ*. Total time in transit between my computer and the news editor’s computer at *CMAJ*? About 35 seconds. Let’s see Canada Post match that.

Highlights from CMA Online

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