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An annotated bibliography of articles relevant to the study and use of the Internet in the health care environment

Cooke A et al. Evaluating the quality of Internet-based information about alternative therapies: development of the BIOME guidelines. *J Public Health Med* 2002; 24(4):261–267

BIOME comprises five main gateways to evaluated Internet resources, including OMNI (healthcare and medicine) and its subset NMAP (nursing, midwifery and the professions allied to medicine). With the increasing interest in complementary and alternative medicine (CAM) courses in higher education, as well as the increasing use of complementary and alternative therapies alongside conventional clinical practice, the question arose about identifying suitable CAM resources for inclusion in OMNI/NMAP. This article describes the process implemented to establish guidelines – additional to the existing generic BIOME evaluation guidelines – for the purpose of evaluating the quality of Internet-based CAM information. The guidelines were developed by an expert committee, and were later refined by considering them against an existing collection of 50 resources already added to OMNI/NMAP. Subsequent application of the refined guidelines by 6 trained BIOME content providers, using a sample of 20 unique sites identified from a search using Google and Mirago, revealed agreement regarding the inclusion of 1 site and the exclusion of 10 sites. Inconsistencies were identified with regard to the remaining sites. The authors conclude that the guidelines require further development and testing until acceptable levels of inter-observer reliability are achieved.

Mashiach R et al. Use of mifepristone as an example of conflicting and misleading medical information on the Internet. *Br J Obstet Gynaecol* 2002; 109: 437–442

The authors evaluated the accuracy and reliability of Internet information on the safety and

efficiency of mifepristone, with special emphasis on the possible bias of the patient-oriented Web sites providing the information. Four search engines were used (AltaVista, Google, Go.com, Metacrawler) with the keyword RU 486, resulting in 7668 sites. 464 of these were reviewed, and 40 of these met the criteria for inclusion in a more detailed analysis (written in English, aimed at the general public, providing detailed healthcare information, mifepristone constituting a major discussion point). Incorrect information was found to be significantly more frequent in sites that were against medical abortion, which also provided significantly fewer links and significantly more graphic descriptions. Incorrect information was found in the form of misquotation of trial results, misinterpretation of FDA conclusions and unsubstantiated claims. Anti-abortion sites tended to report in greater detail on the drug's adverse effects (mainly relating to death, bleeding, pain and infection rate). The sites for or against medical abortion did not significantly differ in any other respect. The authors concluded that their findings reinforce the need for quality control of medical information on the Internet.

Willison DJ et al. Computerization of medical practices for the enhancement of therapeutic effectiveness investigators. Patients' consent preferences for research uses of information in electronic medical records: interview and survey data. *BMJ* 2003; 326(7385): 373–376

The authors conducted semistructured interviews with 17 patients of doctors in the COMPETE study (Computerization of Medical Practices for the Enhancement of Therapeutic Effectiveness), among family practices in southern Ontario, Canada. This was used to develop a fixed response survey to examine preferences for methods of consent in a representative

sample of patients for the use of information from electronic medical records for research. Of 117 patients, 106 completed the 5-minute survey. Although patients were mostly willing to allow their information to be used for research purposes, they preferred to be asked for consent first. Several concerns were identified: pressures of time in the consultation, the importance of being treated with respect, and issues around funding by drug and insurance companies.

Wolfe RM et al. Content and design attributes of antivaccination Web sites. *JAMA* 2002; 287(24): 3245–3248

A total of 772 antivaccination sites were identified using Copernic (interrogating 10 search engines). These sites were reviewed by 2 of the authors, and 22 were identified for final data extraction. This was based on 11 Web site content attributes and 10 design attributes. The results indicate that antivaccination sites expressed a variety of claims that were unsupported by the peer-reviewed literature, e.g. 'Vaccines cause idiopathic illness', 'Increased risk from multiple simultaneous vaccines', 'Vaccines erode immunity', etc. In addition to concerns about vaccine safety and effectiveness, the sites also expressed concerns about governmental abuses in terms of civil liberties' violations and a preference for alternative health practices. Of the sites presented, 55% suggest that children were killed or permanently harmed by vaccination. The authors report the findings of a separate review – that antivaccination sites that contain references to the scientific literature often misrepresent their contents. They conclude that research is necessary to address the concerns of individuals opposing childhood vaccinations, since increasing numbers of unvaccinated individuals could eventually pose a risk to themselves and others.

NHS research and open access journals

<http://bmj.com/cgi/content/full/326/7389/568>

The NHS has signed a contract with BioMed Central for Institutional Membership for the whole of NHS England, starting from April 2003. This will form part of the NHS commitment to ensure the widest possible dissemination of the research it funds. Under the membership agreement, article-processing charges are waived for NHS staff who submit an article for publication in one of BioMed Central's 90 peer-reviewed, open access journals. Upon acceptance, the article becomes freely available online to readers worldwide. For details about BioMed Central's Institutional Membership Program see

<http://www.biomedcentral.com/info/about/instmembership>.

Resource guides to support teaching and learning

<http://www.jisc.ac.uk/resourceguides/>

JISC, the higher education Joint Information Systems Committee, has produced a range of subject-based resource guides aimed at students and staff undertaking HE activities. One of the guides covers the 'Health and Life Sciences' area. These guides direct users to key, high quality electronic resources and training and support services. Resources are organised under six categories: bibliographic, reference and research information; publications online; subject gateways; data services; learning and teaching; and support services.

Slow progress on achieving online public services

House of Commons, Public Accounts Committee, Sixty-Sixth Report, November 2002

<http://www.publications.parliament.uk/pa/cm200102/cmselect/cmpubacc/936/93602.htm>

This report was critical about progress by central and local government on providing online access to their services. Amongst the problems and issues discussed in the report were:

- * the need to design Web sites that can provide services that cut across organisational boundaries – problem-based, and people-focused
- * the reluctance of people to use online services – services must be designed to meet their users' needs easily, conveniently and cost-effectively
- * changing systems to make best use of the technology, not just automating traditional processes
- * providing out-of-date or inaccurate information
- * keeping the information people provide safe, secure and confidential

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IT skills of health care staff

The 2002 *National Health Informatics Competency Survey* from the NHS Information Authority http://www.nhsia.nhs.uk/nhid/pages/hi_survey.asp has been published. Though there has been progress in the acquisition of IT skills by health care staff, there are still significant shortfalls – 'the majority of doctors, nurses and allied health professionals have yet to meet the required basic IT competence target'.