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# Computerizing health care

Hance Haney

According to one report, networking and communications are finally coming to the health care industry.

IT security will eventually meet the expectations of the health-care industry, just as has happened in other sectors, like banking. And when it does, powerful IT networks crisscrossing the globe will **change** the way much of health care is delivered: Outsourcing and offshoring of medical and nonmedical services will increase, providing more efficient health care at the most cost-effective rates; systems integrations will allow more medical records to be transferred swiftly and securely; efforts to monitor the safety of medicines will gain global access to data; and professionals and patients will find authoritative and up-to-date information on every specialty online.

See: **"Prescription for Change,"** by **Amar Gupta**, *Wall Street Journal*, Oct. 20, 2008.

My father is a retired physician and surgeon and my grandfather was a professor of medicine, so I don't want to criticize the profession or the industry too much; but the inefficiency of hospitals, doctor's offices and health insurers (in this computer age) truly staggers the imagination.

If we are to **change** that, the whole trick is preserving patient privacy. Some people might not even seek treatment if they fear the possibility of having a condition or even genetics which, if revealed, might affect their employment, insurability or reputation.

In the law we have an attorney-client privilege, a doctor-patient privilege and a pastor-penitent privilege. These are evidentiary rules which make certain evidence inadmissible in a court of law so that people won't hesitate to seek the advice and assistance of a doctor, lawyer or pastor.

The doctor-patient privilege prevents prosecutors or litigants from asking for certain medical information; but it needs to be expanded to cover the accidental release of electronic health records, because information which is in the public domain isn't covered.

An evidentiary rule does not prevent an employer, insurer or any other third party from using the information for some purpose unrelated to litigation. Congress recently passed the Genetic Information Nondiscrimination Act (GINA), but according to another report it does not go far enough:

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