

Libyan Health System and ehealth: a Vital Step or an Unnecessary Leap?

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To the Editor; Many thanks for Taher Giaedi for his interest in the electronic health services article [1] and for sharing his opinion. [2]

There is no doubt about the fact that the Veterans administration electronic medical record system VISTA has made a revolutionary change in the quality of healthcare services in the Veterans administration health system.

Giaedi argues that employing an electronic medical record system may be the one solution that will address almost all problems. This is true, but in developing countries, most of the obstacles lie against preparing the health system for electronic services. In other words, the electronic health system has the potential to provide solutions to a lot of problems only if it works, and it works only if implemented in the right environment, a demand which needs many problems to be solved!!

VISTA for example is on the top of the electronic medical record systems ever known, with its flexible, free components, is used in a lot of health systems, despite this, how many health systems made the progress of VA? Who else dares to say that the annual cost per patient is the same throughout the last ten years? [2]

The transformation to such a system does not take place by purchasing information technology machines and installing them in hospitals through out a nation or a region. It is a cultural transformation that requires furnishing a solid foundation through preparing and educating the staff who would use these machines and systems.[2] This is very right, and indeed this is the problem in developing countries like Libya.

The Libyan health system status is currently critical, the equilibrium between administrations, financials, services, physicians and outcome has been lost. The implementation of electronic medical records is being discussed since a long time; yet, no serious projects are being recognized.

One team claiming that the electronic health services are the future of medical practice in Libya and implementing them is the next vital step. It will provide an environment to repair (or rebuild) the current health system and provide

a solid base for reliable services in the future, increasing the efficiency and improving the outcome.

Another team argues that this is totally useless at this point of time, and that the e-health system is an accessory add-on that could be only implemented in financially well-supported health systems that are already providing the upper limits of their predicted outcomes. While the Libyan health system is quite far from this level and still needs a lot of basics e's before the e-health, like being easy accessed, early intervening, effective, efficient, emergency oriented, equity-providing, ethically-practiced, evidence-based and educationally competent! And that the limited resources provided to the health sector would be more useful if implemented in the medical process directly. An electronic system now is an unnecessary leap that will overload the health system causing more harm than benefit.

Apart from which team has a better view, outweighing the benefits versus obstacles, and studying the expected outcomes carefully is the essential step now.

From a point of view, although it would be very useful, implementation of such systems in the Libyan health system is currently very difficult but not impossible. The integration of long-term planning, managing, education and training along with legislations, improving medical practice guidelines and rebuilding the technical infrastructure on the national level are all tough challenges.

Once all the success criteria are there, the electronic health system would be a natural demand and a vital leap...

References;

- 1) Khalil MM and Jones R. Electronic Health Services; An Introduction to Theory and Application. *Libyan J Med*, 2007; 2 (4) :AOP: 071117
- 2) Giaedi T .The Impact of Electronic Medical records on improvement of health care delivery. *Libyan J Med*, 2008; 3 (1): AOP: 071118