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Information in practice

Make it work for patients

Information drives the practice of medicine. Doctors must use it every time they see a patient, perform a procedure, or consult a colleague; hospitals spend 15% of their budget managing it; and doctors and nurses spend a quarter of their time finding, sorting, and using it.[1] There is, of course, no shortage of information out there. The real challenge is improving the supply lines that take it in a usable form to the bedside, the surgery, the purchaser, or the teaching session. Doctors are often unaware of important developments that will benefit their patients,[2] and most consultations give rise to questions that can be answered but usually are not.[3] The rapid developments in computing mean that the world is now entering a new information age. That technology could—if used correctly—transform medicine.

Despite its obvious importance, the industry that has grown up around information in medicine has had a bad press. Investment has been heavily biased towards the development of new technology. Disillusioned doctors have seen millions of pounds wasted on useless hardware and resources diverted from patient care into administrative information systems developed by information technologists for managers.[4,5] Doctors are urged to evaluate everything they do, but the impact of expensive systems, or lack of it, goes uninvestigated.[6] All this has traditionally alienated doctors from the disciplines of clinical information management and medical informatics. Doctors also find that these experts on communication too often use incomprehensible jargon. Progress is being made by various professional bodies including the BMA, the General Medical Council, and the royal colleges,[4] but there remains a cultural gap to be bridged before doctors can be truly in control of the way information is collected and used in their workplaces.

To signal the *BMJ*'s commitment to bridging this gap, we are launching a new section devoted to helping doctors recapture the lead and to steer information management firmly towards patient care. The new section, to begin in October, will be called "Information in practice." Our aims (box) are broad and perhaps a little ambitious, but we hope above all to stimulate and educate. The section will include some submitted articles selected after editorial assessment and peer review, but we will also be commissioning articles for publication.

We are happy to consider reports of original research, educational articles, debate pieces, and rigorous review articles looking at managing clinical information in its widest sense. Technology will have its place but so will, for example, new ways of using trial results at the bedside,[7] the impact on decision making of presenting research results in different ways,[8] and how to design data collection forms for randomised controlled trials. We will work hard to keep the content straightforward and clinically useful. Readers are welcome to submit ideas for commissioned articles, preferably with suggested authors. We have recruited a small but international panel of information experts and working doctors to help us decide what to publish and how to make it as accessible and attractive as possible. We hope the process will be an education for us too.

Aims and objectives of information in practice

- To help doctors understand that better management of clinical information will improve their treatment of patients and the management of their practices
- To encourage rigorous evaluation of information management systems, particularly with respect to patient care
- To empower doctors to shape the development of information management projects so that clinical needs are put before financial and administrative needs
- To generate enthusiasm among doctors by demystifying clinical information management
- To help doctors understand the information demands that will be made of them
- To consider how information management can enhance doctors' relationships with patients and the public

At first the section will be published once a month and the full text of all articles will be posted on our web site (http://www.bmj.com/bmj/). There will also be scope for highly technical material to be published electronically on the Internet site with a brief translation of the main messages in the paper journal.

The science of information in medicine is still in its infancy: we don't fully understand, for example, what kind of information doctors need.[3] However, for those who can harness clinical information and exploit it for the benefit of their patients the rewards will be great.

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