

Lotus Notes, and systems that scan paper documents for archiving.

My approach to this problem is simple, convenient and free: I started a free Hotmail account (www.hotmail.com) to serve as a virtual post office for SAM. I used that e-mail address (samnotes@hotmail.com) to send private and group messages dealing with SAM administrative matters as well as to archive key documents (such as submitted manuscripts for the newsletter). Low cost, ease of access and ease of organization are the key advantages. Finally, the office is easily accessed from almost anywhere a personal computer can be found.

There are two potential drawbacks: (1) If the Hotmail site crashes, the office is closed, and (2) It would be prudent to assume that, despite password protection, Hotmail addresses can be hacked by individuals willing to spend enormous time or money. There is also the possibility that you will need more than your allocated space (in which case more space to store documents may be obtained at www.freedrive.com as well as at several other sites.)

I take a similar virtual approach with some research projects. A student collaborator and I share a virtual laboratory notebook which she periodically updates as she carries out certain experiments under my supervision. She reports on new developments by short e-mail messages containing the link to a page at a free web hosting site (such as geocities.com) where the full report, complete with text and graphics, can be found. I then write back with comments or with instructions for the next phase of the project. (We still occasionally meet face-to-face though. I prefer to have more than a virtual relationship with my collaborators).

It is because of developments such as these that the traditional concepts of libraries, offices and laboratories will change for ever.

4. Death Prediction Software Raises Difficult Issues

From the time of Hypocrites physicians have been concerned with the prognosis of their patients, that is, in determining the likely outcome following disease or injury in a given individual. Related to this goal are scoring systems, often implemented in software, that can be clinically useful in estimating the severity of an injury or disease. Such scoring algorithms have proven to be useful in managing patients with asthma, burns, cancer, heart attacks, liver disease, trauma and other life-threatening conditions. In particular, the steadily rising costs of intensive care medicine and the ability of intensive care specialists to prolong the life of critically ill patients for extended periods creates a need (at least in the mind of some individuals) to identify early those

patients who will die regardless of treatment.

One well-studied scoring system known as APACHE II (Acute Physiological and Chronic Health Evaluation) has proven to be particularly useful in predicting the outcome of patients with multi-organ failure cared for in hospital intensive care units. For example, in a study by Atkinson *et al.* [Atkinson S, Bihari D, Smithies M, Daly K, Mason R, McColl I. Identification of futility in intensive care. *Lancet* 1994; 344: 1203–6] the APACHE II scoring algorithm was studied with a view to predicting when further care would be futile. The authors found that their algorithm had the potential “to indicate the futility of continued intensive care but at the cost of one in 20 patients who would survive if intensive care were continued.”

Many would regard a 5% error rate as excessive when human life is concerned. But can anyone identify what might be an acceptable rate? Or should the use of such prognostic software be abandoned on philosophical grounds? In particular, in publicly funded medical systems with limited resources (such as exists in Canada) can one afford to ignore prognostic information that would help guide medical resource allocation? (For instance, many individuals would argue that money spent on futile therapy would be better spent on shortening waiting lists for heart or cancer surgery.)

Erratum

Corrected citation:

The authors of the article "International Societies of Pediatric Anesthesia" printed in the New Media section of the December 1999 issue of the Canadian Journal of Anesthesia were F. Gilder FRCA and J. Lerman BASC MD FRCPC FANZCA, Toronto, Ontario.