Teledermatology (Greek, tele, far) can be defined as medicine practised at a distance using audiovisual and data communication. Appropriately, the opening paper was given by Dr Salah Mandal, Director and Adviser on informatics at the World Health Organisation (WHO) in Geneva. He gave a number of examples of how the WHO made good use of computer networking and telecommunications in health care on a world-wide basis. One of its major successes was the onchocerciasis eradication programme, an achievement in public health measures second only to smallpox eradication. Transmissions via satellites in low earth orbit can reach remote rural parts of Africa, providing practical advice and medical education with speed and relative economy. Teledermatology has a potential role in the equitable provision of quality health care both within a nation and between nations.

Other speakers described the use of telecommunications technology and continuing education at a distance, including the use of the Internet and interactive media programmes. In Australia, Internet-based medical teaching is far more advanced than in this country.

Professor Richard Wooton, the first (and so far only) professor of teledermatology in the UK, based at Queen's University, Belfast, gave a number of working examples of teledermatology in the USA. Fourteen per cent of hospitals undertake teleradiology. For instance, using digitised X-rays, images are being transferred from Saudi Arabia to the USA, and reports made by experts in the USA are available within 24 hours. He also cited examples of real time teleconsulting where doctor and patient were at different centres. The use of teledermatology in prisons is thought to be particularly cost-effective. Another successful example is the use of teledermatology in Israel. In the UK, recent examples of teledermatology include ophthalmology care and teledermatology.

The use of interactive video to provide medical care in accident and emergency and in dermatology needs more data to assess its benefits, cost-effectiveness and effect on the outcome of care.

In Norway, teledermatology, in particular telepathology, is far advanced; and because of the remoteness of people from major health care centres, its cost-effectiveness is easily demonstrated.

There is a major Europe-wide project aimed at maintaining elderly people in their homes by improving the support given to family carers. This work is designed to enhance independence, autonomy and quality of life for older people and family carers, by applying modern information technology. Services to be assessed and offered will include high quality two-way video communication facilities. The newly emerging schemes of distance nursing and community support were also considered.

Work is in progress to improve the traditional methods for information retrieval through projects under the auspices of the National Library of Medicine, the Cochrane Collaboration and the design of an automated support system called AURACLE (automated retrieval assistant for clinically relevant evidence). The Cochrane Collaboration is a filtering system for retrieving reviews and meta-analysis; its library now contains reports of 110,000 trials and hundreds of reviews.

The European Union has initiated the Prestige project, involving 32 partners from eight countries, to assess the advantages and disadvantages of novel methods of creating electronic records of patients’ notes.

One system for electronic patient records, SGML (standard generalised markup language), offers apparent advantages such as flexibility, efficiency in handling text, facility of gradual introduction with no cultural shock and easy adaptability with current computer networks, and ability to cross the boundary between primary and secondary care.

The conference also provided a live video link with the Director of the National Library of Medicine in the USA, Dr Donald Linberg, during which the participants could speak with him directly and put questions regarding initiatives being taken in the USA in teledermatology.

There were also practical demonstrations on the following topics:
- Teledermatology
- Teleradiology
- Literature retrieval systems
- Remote cardiorespiratory monitoring
- Networking
- A pilot project of outpatient telephone follow-up of rheumatology patients

Readers will be interested to know that a specific journal, Teledermatology and Telecare, has been launched recently in the UK to enable publication of the many research papers arising out of major initiatives in teledermatology. Recent articles have included such diverse topics as intercontinental post-mortem teaching using interactive television, low power radiotelemetry and intracranial surgery in rural emergency situations through fax.

Information available at the conference (but not presented) included the following ongoing projects:
EPIC of ITHAKA projects to improve the quality of community care, the Birmingham-based SAMMIE project developing modular software for neuromedicine and radiology studies, a Bristol-based automated telematic electrodiagnostic system for remote, non-invasive assessment of visual function with applications in neurosurgery, endocrinology and other areas, Edinburgh-based remote antenatal clinics, a remote fetal ultrasound scanning system, image transfer systems for oil rig employees, the IBM Voice Type special recognition system assisting rapid delivery of reports in pathology and radiology, and many other schemes of interest.

It was stressed that if practitioners do not participate in these developments on a large scale now, the many gains from health information technologies will be lost to us.

Telemedicine is not a pipe dream and it was emphasised that there are major commercial endeavours in progress.

Acknowledgements

I wish to thank Mrs Joan Kay for typing the manuscript.

Palliative care in general medicine

The specialty of ‘Palliative Medicine’ has expanded dramatically, both in the United Kingdom and across the world, since Dame Cicely Saunders first opened the doors of St Christopher’s Hospice in 1967. The increasing acceptance and importance of the specialty within general medicine was highlighted by the popularity and success of the one day conference organised by The Royal College of Physicians entitled ‘Palliative Care in General Medicine’ on 4 June 1997. The conference focused on palliative care as part of good clinical practice in all specialties. The need for palliative care should be considered early in the course of the illness in patients with cancer and it is important to recognise that palliative care also benefits patients with non-malignant conditions.

The nature of the problem, studies on the last year of life and overview of findings

Dr Julia Addington-Hall (King’s College School of Medicine and Dentistry, and St Christopher’s Hospice, London) presented findings from the ‘Regional Study of Care for the Dying’. This was undertaken to establish more clearly the needs, both met and unmet, of dying cancer and non-cancer patients.

Fifty-three thousand patients are admitted to hospices in the UK each year; only 3460 (6%) of these do not suffer from cancer. However, only 25% of the total number of deaths per year are due to cancer. Is this an appropriate distribution of services? Hinton, in 1965, established that ‘Discomfort was not greatest in patients dying from cancer. Patients dying from heart failure, renal failure or both had most physical distress’. Lynn et al. have more recently published findings from an American study which included patients dying from a variety of causes. This suggested that ‘40% of dying patients suffer severe pain at least half of the time across all disease categories’.

The Regional Study of Care of the Dying tried to determine the situation more precisely. This nationally representative retrospective study obtained relatives’ views of the last year of life of a random sample of patients who had died. There was a 69% response rate and the sample was selected so that two-thirds of the patients had died from cancer. Of the cancer patients who received specialist palliative care, the third with the most severe and numerous symptoms was reviewed. Seventeen per cent of the non-cancer patients had symptoms equal in severity and number to this group of cancer patients. Symptom