Building trust in health information systems

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Trust is defined in dictionaries as a firm belief in the reliability, truth, or ability of someone or something. The eHospital Dompe Project has been highlighted as a success story of ICT implementation in the Sri Lankan health care sector[1]. In this issue of the Journal, the project manager of the eHospital Dompe Project describes how they have used Information and Communication Technology (ICT) to build trust in the health care delivered at the hospital by enhancing the hospital workflow and making the hospital work 'smarter'[2]. What has been achieved at District Hospital, Dompe should be an eye opener for the entire health care sector in Sri Lanka. One must recognise however that one can do more to build trust in health care[3,4].

Without trust patients may not access health services at all, or disclose all medically relevant information. Trust in appropriate disclosure of information, referred to as communication trust, is an important attribute of all that goes into building trust in health care. It allows individuals and organisations to share information, to tell the truth, and to admit mistakes while at the same time maintaining the confidentiality of information disclosed[5].

Two articles in this issue of the Journal deal with issues related to building communication trust. In the first article Jayawardena highlights security, privacy and confidentiality issues related to electronic health information systems[6]. In the second article Ratnayake enumerates the legal challenges emerging from the use of electronic medical records in Sri Lanka, discusses the current legal provisions in Sri Lanka and other parts of the world, and make recommendations in order to strengthen the Sri Lankan legal framework[7].

As Sri Lanka enters a phase of rapid ICT implementation in the health care sector it is necessary for us to focus on these issues as a strong legal and regulatory framework is essential for ICT implementation in the health care sector and to build trust.

References

1. eHospital Dompe Project
   Available online at: http://www.youtube.com/watch?v=-YqujXDfHHQ
   Accessed on: 1/8/2013.

2. Kulathilake KBS. "eHospital - Dompe" project – the story of the transformation of a district hospital in Sri Lanka. Sri Lanka Journal of Biomedical Informatics 2013;**4**(2):40-43.
   doi: http://dx.doi.org/10.4038/sljbmi.v4i2.5757

3. Rowe R, Calnan M. Trust relations in health care--the new agenda. Eur J Public Health. 2006;**16**(1):4-6.
   doi: http://dx.doi.org/10.1093/eurpub/ckl004

4. Benjamin Harris. 4 ways health IT can build trust. Health Care IT News.
    Available online at: http://www.healthcareitnews.com/news/4-ways-health-it-can-build-trust
    Accessed on: 1/8/2013

5. Ross Fraser. Trust Models for Health Information Exchange. Report prepared for the Pan Canadian Health Information Privacy (HIP) Group. 2012.
    Available online at: https://www.infoway-inforoute.ca/index.php/component/docman/doc_download/618-trust-models-for-health-information-exchange
    Accessed on: 1/8/2013

6. Jayawardena DBAS. A systematic literature review of Security, Privacy and Confidentiality of patient information in Electronic Health Information Systems. Sri Lanka Journal of Bio-Medical Informatics 2013;**4**(2):25-31
    doi: http://dx.doi.org/10.4038/sljbmi.v4i2.5740

7. Ratnayake HM. Negotiating privacy, confidentiality and security issues pertaining to electronic medical records in Sri Lanka: A comparative legal analysis. Sri Lanka Journal of Bio-Medical Informatics 2013;**4**(2):32-39
    doi: http://dx.doi.org/10.4038/sljbmi.v4i2.5589