

EDITORIAL

Would a rose by any other name ... cause such confusion?

How often has it been suggested that eHealth could revolutionise health and healthcare? Indeed it could – still. But successful revolutions usually have one major issue that becomes the focus for action. It is difficult to be revolting when you don't understand what you are revolting about! This is very much the case for eHealth. How can we convince others of the value and import of eHealth if there is indiscriminate use of multiple 'definitions', and such apparent lack of solidarity in defining eHealth amongst those who are supposedly the experts? So how do we - collectively - define eHealth?

As some might say – "Enough already". Let us stop the nonsense of constantly 'defining' (and re-defining) eHealth. We have a perfectly adequate and simple definition – although it seems its progenitor is unwilling to promote it. The World Health Organization states that: "eHealth is the use of information and communication technologies (ICT) for health" (recalling the all-encompassing nature of the WHO term 'health').

The confusion extends into other aspects of our eHealth domain as exemplified in the Perspective paper of Rosemary Foster in this issue, where it is stated "...it is important to resolve semantics around eHealth strategies" – let us begin by at least agreeing on the most fundamental term – eHealth. Also in this issue, Jana Cason and Ellen Cohn specifically identify profession-centric nomenclature and inter-state licence portability (where clear definition will be critical) as two of four primary barriers for telerehabilitation.

Application areas of eHealth are as broad as health (and healthcare) itself. For example, within the hospital care setting, eHealth can refer to electronic records of one type or another (such as Hospital Information Systems; HIS); laboratory and radiology information systems (LIS or RIS, respectively); electronic messaging systems; and telehealth (such as teleconsultation, telepathology, and teledermatology, amongst many). Within the homecare / residential setting, eHealth can include teleconsultation, and

remote monitoring systems (e.g., used for monitoring patients with chronic diseases, or the homes of elderly patients). Within the primary care setting, eHealth can refer to the use of computer systems by general practitioners for patient management (Electronic Medical Record, EMR; Electronic Health Record, EHR) and pharmacists (for electronic prescribing). In the public health setting, eHealth can refer to surveillance applications. Other important uses of eHealth are found in the areas of health related financial management (e.g., e-commerce - physician billing; insurance claims). Continuing **Professional** Development (CPD) or Continuing Medical Education (CME), medical training (e.g., synchronous or asynchronous videoconferenced lectures or seminars), and public education (e.g., health awareness through web-based information portals).

What is the only common thread throughout all of these health and healthcare related examples? It is the use of Information and Communication Technologies (ICT) to facilitate the process.

Hence, the World Health Organization's definition of eHealth as: "...the use of information and communication technologies (ICT) for health".

To define something well is to state unequivocally the precise meaning of a word (or phrase). Why bother? On the one hand, a clear definition can unite individuals under a common understanding. On the other hand, done poorly it simply perpetuates controversy, misunderstanding, and misalignment of intentions and activities. We contend that the latter is our current circumstance, to the detriment of our initiatives, whereas it should be the former.

Of grave concern is the still common practice of providing *stipulative* definitions (those that provide a meaning the writer intends to impose upon it)^{2,3} rather than a *descriptive* definition (those that provide the meaning that a term bears in general use). To complicate matters - how do you define something that is incomplete? Do you know where – or what – eHealth will be in 5, 20, 50 years time? The WHO



definition is simple, powerful, clear, descriptive, and flexible enough to accommodate future areas of application.

eHealth is NOT specific to the use of the Internet, nor to the use of computers. Accepting the WHO definition the use of radio to convey health messages to the masses is eHealth. It is NOT specific to the electronic exchange of health data. Use of any telephone to conduct a simple consult between two (or more) clinicians is eHealth. So too is the use of smartphones - using for example current wireless 3G, 4G capability – to collect and distribute health-related surveillance information or, as seen in this issue. guiding a confused patient home when lost (the TalkMeHome paper by Jan Nauta et. al.). And so too are future technological solutions that we do not yet know about, but which will use 'Information and Communication Technologies' in the field of health.

We do not need a website or new initiative dedicated to finding the definition of eHealth. We do not need multiple publications using new or nuanced 'definitions'. We need to simply and collectively say 'yes' to the WHO definition and to do so with conviction and at every opportunity. Further discussion can then ensue to ensure the diversity of eHealth is understood, and that the appropriate mix of specific solutions are brought to bear in answer to a defined health need. But let us always start with a single definition of eHealth. We view this as fundamental to published papers in this and all future issues.

We urge you to actively and vociferously use this definition of eHealth:

"eHealth is the use of information and communication technologies (ICT) for health."

Richard Scott Maurice Mars Malina Jordanova

References

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