EDITORIAL

The Good, the Bad and the Ugly – Four Years of Rumination (Part 1)

The Journal of the International Society for Telemedicine and eHealth, *JISfTeH*, enters its fifth year in April. As editors it is time to reflect on what has and has not been achieved to date.

We set out to be an 'International' Journal that would address all aspects of eHealth.[1] The spectrum of papers published reflects this. While aiming to serve all who are involved in eHealth, we stated at the outset that we would be conscious of the problems faced by eHealth researchers, implementers and policy makers in the developing world and equally, the problems faced by scholars in the developing world in having their work published in international literature.[1,2]

Being "International" also means that we must be receptive to papers from those for whom English is not their mother tongue or even their second language. To this end we have assisted many authors with English editing, advice on style and format, and revision of their submission.

There have been requests to publish papers in other languages and to have French, Spanish, Portuguese and Arabic sections in *JISfTeH*. This will require a far larger and linguistically competent editorial team and reviewer base. We are exploring the possibility of setting up editorial groups to serve the different language needs with a first step of translating the abstracts of the English papers and presenting them in different language sections.

A major concern when planning the journal has unfortunately proven to be correct – the digital divide continues to grow. This is also reflected in the papers that we have published. We have been asked why we publish papers from the developing world on subjects and issues that were dealt with 10 – 15 years ago in the developed world. Surely we are way beyond needing to know who can use a computer in a hospital and what infrastructure is available in rural areas? The answer is at least two fold, if not more. People are reporting on the grass roots issues that they face. Their insights and solutions to limited infrastructure, connectivity and

personnel are of use to others at similar stages of development even if this is *passé* for those in the developed world. Publishing their work is not only important but also a stimulus to these authors, and future authors to continue working and reporting their work. It also serves as a reminder of the digital divide and that eHealth is not only about the Internet of Things, body sensors, smart homes, home monitoring and triage, electronic medical records, mobile apps and the new toy of the month.

As described in the last editorial[3] people in the developing world are finding their own solutions to eHealth problems which may not be readily applicable in the developed world, for legal and regulatory reasons.[4]

Contributing to the digital divide is the effect of limited funding on research and output in the developing world. We have received more short reports, and reports of work in progress than expected – which, based on the scope of the presented work, is we perceive to be due to limited funding of eHealth research. Research on a shoestring budget.

But more worrying is the effect of financial constraints on the ability of academic institutions to provide access to relevant literature. The recent theme of six papers on TeleHealth in the Philippines, in volume four of the journal, highlighted this. Submitted literature reviews only included papers that were available in electronic format and *at no cost*. Are the reviews complete? No they are not, and any discerning reader will appreciate that. To publish or not to publish, that was the question? We chose to publish the reviews on the basis that these are the circumstances they face and must overcome to progress.

So what have we achieved? We are still here, despite the naysayers, and we are growing. In the 48 months of publication we have received 135 papers from 42 countries as diverse as Armenia and Azerbaijan to Mongolia, Rwanda and the United Arab Republic. We have published 76 of these, 59%, of which 70% were

Original Research; not a lot of submissions but the numbers are steadily increasing. We have a registered readership of 898 people and our papers have been accessed over 60,000 times.

We published a Themed Section on Women in eHealth in 2015 which drew interest, so we ran a themed section on Brazil and most recently, the Philippines. We will continue with themed sections this year, including Disaster eHealth, Medical Informatics, another theme on Women in eHealth, and possibly mHealth. All of the working groups of the ISfTeH have expressed interest in having a theme section.

Another innovation this year will be publication of the short papers from the ISfTeH associated Med-e-Tel 2017 Conference in Luxembourg. The conference has, over more than 15 years, been a venue to report preliminary data, planned studies and short reports. Based on peer reviewed abstracts accepted for the conference, short papers were previously published in Global Telemedicine and eHealth Updates.[5] We have had these short papers reviewed this year as part of the *JISfTeH* review process. This exercise has highlighted issues of quality and content, as described above, but also highlights our commitment to these and other authors striving to report their work 'internationally'.

As a new journal we compete with the big three, or is it four journals? They get the first submissions, something we accepted from the outset. Would we be recipients of their crumbs – probably? Does this worry us – not particularly? These works often have relevance and purpose for the developing world and may well be within our stated scope and ambit. Competition and variety is good.

What has been observed however is that there are a growing number of eHealth/telemedicine/telehealth papers being published in specialist medical journals. This should not be seen as bad but rather as an affirmation of the success of telemedicine. We believe that eHealth (as the overarching term) is a success when it is no longer referred to as 'e' or 'tele'-anything, but rather is integrated into the everyday practice of medicine and healthcare. When you go for a chest X-Ray, which is taken in a digital format, sent to a PACS and the radiologist reports within a RIS, are they practising teleradiology or radiology? Ask the younger generation, do they know anything different – radiology or teleradiology? Ultimately in practice the words don't matter as long as the job gets done correctly, and the service is reimbursed.

Are our days, and those of the other eHealth/telemedicine/telemedicine journals limited - probably? On the one hand we hope that they are, because that means the use of information and communication technologies in medicine is flourishing and becoming mainstream. On the other, we hope not, at least not in the near future as we believe we serve an expectant readership. For now we will continue our endeavour.

Our shortcomings are many and these we shall save for another day and another editorial. The life of a journal manager/editor/reviewer/copyeditor/layout editor/proof reader and publisher of an open source, non-funded journal such as *JISfTeH* is interesting and varied. Growth needs more hands.

We seek volunteers!

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References

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