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Health-care information: access or implementation?

We read with great interest the Comment by Soumyadeep Bhaumik and colleagues (Sept, p e129)[1] advocating universal access to health-care information. The communication is important and timely; however, we believe that Bhaumik and colleagues have extrapolated their arguments and made disproportionate and dubious claims to support their viewpoint.

For instance, on the basis of the study by Jafar and colleagues,[2] the authors say that a quarter of Pakistani physicians are unaware of the hypertension guidelines "because they do not have adequate information about medicines" and thereby prescribe sedatives. Bhaumik and colleagues then reiterate that governments are legally obliged to ensure adequate access to health-care information. However, the gaps in the practices of Pakistani physicians appear to be because of lack of continued medical education sessions and a subdued tutorial system in medical schools (as elaborated by Jafar and colleagues) rather than inadequate access to health-care information.

The National Family Health Survey of India[3] emphasises the need to hydrate children who have diarrhoea, but there is no evidence to show that such an intervention in the home setting improves mortality.[4] The eight out of ten practitioners who are unaware of childhood pneumonia symptoms in the developing world represent a similar example, whereby medical education seminars and rigorous tutorials can improve the situation.[5]

Thus, the major dilemma seems to be in the implementation of rather than access to health-care information. Although we strongly believe that health information should be available to all, several fundamental questions need to be answered. To ensure such a provision, funding needs to be made available. Where would this funding come from? These funds would be redirected from the health budget and research allocations. For example, in 2012, the research council in the UK spent US$161 million to provide gold open access in the UK.[6] Whether cutting down on medical research (with a proven potential to save human lives) to ensure health-care access to all is justified poses great ethical considerations.

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