
Editorial

The rules of competition are changing as a result of the growth of global markets, the increased speed of business transactions, the technological revolution, and continued change in customer expectations. The growth, integration, and sophistication of Information Communication and Computer Technologies (IC²T) are changing our society and economy. Consumers and businesses have been particularly quick to recognise the potential and realise the benefits of the internet and internet-facilitated computer networks. The resultant 'e-revolution transformed many aspects of the traditional 'way of doing business', facilitated substantial changes in internal and external management styles, increased efficacy at virtually all production stages, and helped to extend the customer reach.

Both national and global healthcare were slow to embrace the full potential afforded by IC²T. However, the industry must now contend with escalating costs, provide quality healthcare to a growing population, and cope with altered demographic profiles that suddenly began to complicate both access to and delivery of healthcare. Technology appears to provide not only the most plausible but also the most sensible solution to the rapidly mounting difficulties. The trend towards the acceptance of the solution is evidenced by the vigorous if maybe a little uncritical embrace of e-healthcare (synonymous, in 'governmentalese' with the plethora of medicine-relevant electronic technologies) by the EU, US, and major transnational and international organisations like BMS, AMA, WHO, etc. Once slow and cautious, we are now rushed to emphasise the need to embrace e-health initiatives and apportion significant budgets for technology in healthcare. Global healthcare found itself at the foot of the techno-centric mountain. What now becomes critical is that IC²T are embraced in a manner maximising their positive potential to enhance access and delivery rather than to make better profits, dissipate public resources on non-sensical initiatives that address nothing, potentially decrease the quality of service but increase costs, and end up as the abandoned husks of once-hailed 'demonstration projects' that sunk as quickly as the royal 'Vasa' in the harbour of Stockholm. The threat of the 'productivity paradox' that has crippled some organisations and industries is also relevant to healthcare.

The goal of this special issue has been to bring together a selection of articles that discuss unique and important applications of IC²T to healthcare, a most multifaceted industry comprising several actors characterised by their own complexities and idiosyncrasies. Yet, a well functioning healthcare system necessitates that each of the participating actors functions effectively, efficiently, and in perfect unison and harmony with others so that together they provide a solid infrastructure and service to the most important person in healthcare: the patient. A patient who, on the global scale, is more often destitute than not, is often ridden with complex diseases of poverty or age, and who shows at the providers' doors in increasing rather than decreasing numbers. Surely then, the present need to make rapid and well informed operational, managerial, and fiscal decisions becomes quite acute so does the need for relevant and accurate knowledge and information. Are IC²Ts the best solution, then? The possibilities for IC²T use in healthcare appear to be limitless and no special issue could pretend to present a comprehensive coverage of all the options that are suddenly open. Therefore, this special issue provides only a representative sample of IC²T initiatives and has no ambition to

offer a comprehensive review of the vast field of healthcare and IC²T. Nonetheless, we believe that the enclosed papers not only illustrate many of the important applications of IC²T use in healthcare at the macro, meso and micro levels but also point at the difficulties and problems that need to be addressed. We hope that by doing this, we shall encourage needed future research.

The Editors

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