Health IT in Asia-Pacific Region

M. Kimura
Hamamatsu University, School of Medicine, Hamamatsu, Japan

Keywords
Medical records

Summary
APAMI 2009 was held in Hiroshima, Japan, on November 22–24, 2009. This issue includes two selected papers recommended by the programming committee co-chairs. They are “Lessons Learned from Data Mining of WHO Mortality Database” and “Survey on Medical Records and EHR in Asia-Pacific Region – Languages, Purposes, IDs and Regulations”. The theme of APAMI 2009 was “What are the medical records for?” A Hiroshima episode; Medical Records at Dr. Ban’s Clinic, 9 km from the Epicenter of A-Bomb, is included, which lets us think of the fundamental purpose of medical records.

1. APAMI 2009 Conference

APAMI, the Asia-Pacific Association for Medical Informatics, is a regional charter of IMIA. Every three years APAMI is hosting conferences on medical informatics. In 2009, APAMI 2009 was held on November 22–24 in Hiroshima, Japan. This conference had eight special lectures, 32 oral presentations, 68 poster presentations from 12 countries and regions; Australia, Canada, China, France, Hong Kong, India, Japan, Korea, Philippines, Taiwan, Thailand, and the United Kingdom.

This Special Topic contains two selected papers from APAMI 2009. The selection was recommended by the APAMI 2009 co-chairs Prof. Hyeoun-Ae Park and Prof. Naoki Nakashima. They are “Lessons Learned from Data Mining of WHO Mortality Database” by Wansa Paoin [1] and “Survey on Medical Records and EHR in Asia-Pacific Region – Languages, Purposes, IDs and Regulations” by Kimura et al. [2].

2. Hiroshima Episode on Medical Records: Medical Records at Dr. Ban’s Clinic, 9 km from the Epicenter of A-Bomb

The theme of APAMI 2009 was “What are the medical records for?”. Here is an episode in Hiroshima, which lets us think of the purpose of medical records.

Dr. Ban’s clinic was located at Ban village, 9 kilometers northwest of Hiroshima city center (Fig. 1). Immediately after August 6, 1945, Hiroshima Day, his clinic became extremely crowded by injured people. Most patients just after the bomb were suffering from physical injuries like heat burn, wounds, etc. A few days later, signs and symptoms of the visiting patients changed from physical injuries to severe diarrhea, hair loss, malnutrition, which were called A-Bomb syndrome.

Dr. Ban was so scientific minded that he always asked patients “Where were you at the blast?”, and he noted the answer in the medi-
Looking at the medical records, he found that some patients who were not in Hiroshima at the blast, were showing the same A-Bomb syndrome. He had a hypothesis that A-Bomb syndrome could be infectious. Actually, it was by inner radiation by radioactive foods and water.

He wanted to propagate this hypothesis and liked to warn people coming for help from outside Hiroshima to take mask, water and food with them. But it was prohibited by Japanese police, not to make bad influence to the morale of Japanese people, though they already noticed that the blast was caused by an atomic bomb (Fig. 3).

On August 15, Japan surrendered and US occupation came to Hiroshima very soon for investigation.

This time, Dr. Ban hoped to propagate the hypothesis, but it was again prohibited and his medical records and death certificates he issued were confiscated by US occupation, probably for the fear of these facts known to Soviet Union (Fig. 4).

There is a question: “What are the medical records for?”

References