



Borders mean nothing with CMA's virtual hospital corridor

Patrick Sullivan

The CMA's online discussion group, *Clinical Q&A*, has witnessed a lot of electronic exchanges since its March 1995 launch, but it has never experienced anything like the virtual brainstorming that went on in late April and early May.

During those 2 weeks more than 75 messages were posted by the 400 doctors who have signed on to the online forum. The questions themselves were interesting enough — they ranged from a query about a drug used to treat osteoarthritis to a question about how to counsel parents about a daughter's lesbianism — but so were the international boundaries this electronic forum is ripping apart.

Although most queries posted to *Clinical Q&A* are still from Canadian doctors, this recent exchange also involved physicians in the US, Israel and

No attempt is made to censor the discussions. "The participants do a good job moderating," said Bolster. "Those who write something that's out of line will soon hear about it, and usually from a lot of people."

How to subscribe

To subscribe to *Clinical Q&A*, physicians must send a signed letter on professional letterhead to Dawna Feeley, the CMA's manager of online publishing services, by fax (613 565-2382) or mail (1867 Alta Vista Dr., Ottawa ON K1G 3Y6). Applicants must indicate their email address and CMA membership number; nonmembers must provide their licensure number.

Red Deer, Alta., family physician

ences to back arguments. "I find this a bit intimidating. I am what might be called a nonacademic family physician. Although I work hard at keeping up by attending CME courses and reading journals, I do not spend much time studying or reading research articles. My opinions may be based on many years of clinical experience and book knowledge combined, but I find myself reluctant to contribute them since I am usually unable to back them up with a dozen references."

However, Murray considers *Clinical Q&A* a valuable learning tool. He says patients sometimes stump him with a question "and I may tell them that I will post the question to an international clinical discussion group. They seem quite impressed by this and are keen to hear the results."

The discussion group also has many fans outside Canada. Dr. Patrick Bastien, a GP who practises in the small city of Ghardmer in eastern France, found it because the Web site of the French Federation of General Practitioners has a link to *CMA Online*. Bastien says he "profits from his contact" with Canadian physicians.

From the start, Bolster has compared *Clinical Q&A* to a virtual hospital corridor that allows "corridor consultations" with doctors from around the world. "This is just another example of what the World Wide Web means," she says. "With the Web, borders mean nothing."

Sandy Murray wishes more physicians would realize its possibilities. "I have not recommended the service to other physicians, but only because my impression is that the vast majority of physicians are not knowledgeable about computers, nor do they avail themselves of online resources," he says. "This is both sad and unfortunate." — Patrick Sullivan, News and Features Editor, *CMAJ*

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France. "It's gratifying to see a doctor in the Yukon exchanging opinions with a doctor in Israel," said Ann Bolster, the CMA's associate director of online and information services.

Although most of the questions deal with a host of clinical issues — recent ones dealt with the use of the birth-control pill by women who smoke to use of over-the-counter tanning preparations — some delve into ethical issues. One recent thread, which attracted several angry responses, dealt with physicians' attitudes toward homosexuality.

Sandy Murray is a firm believer in the service. "I find the level of enthusiasm and academic prowess to be very high," he says. "Rarely does a member of the group post a question without receiving a prompt and usually thoughtful answer from someone else in the group. The range of clinical expertise and experience seems to be quite diverse. The range of clinical specialties is also broad, although I find the surgical specialties quite under-represented."

Murray's only qualm about the service is the overwhelming use of refer-