

Reflection:

I completed reading this article at the end of a busy day. It was not a captivating subject to me—more like an everyday reality in which citizens dwell. I understand that this news article may be shocking to many who have never experienced living in more traditional societies, but as someone born and raised in the Middle East, there is no panacea for curing such impaired systemic mechanisms that obstruct one's livelihood. As an example, every year, over one million Iranian students take the university entrance evaluation test, aka "Konkur." To register for Konkur, all applicants must enter their religion, and there is no N/A or NONE option to choose from. Consequently, if you are not practicing one of the government-approved religions or are not practicing any religion at all, you are not able to take the test. Thus, you are deprived of secondary education. This issue is not a systemic error. It is rather an intentional systemic preference to filter or eliminate minorities. I am unsure if the author has considered the traditional practices within the society while drafting this piece, weighing them against database mechanisms. Regardless, there have been countless times I have encountered errors in such database systems in healthcare, where an error means an extended wait time for patients in pain and leads to overcrowded hospital wards. One issue that I observed was a lack of enough identifiers in some cases, and data were pulled from several individuals instead of the patient of interest. However, it is still a dilemma even to myself whether we should collect more personal identifiers or admit that there is a risk of administering the wrong medication because two people share similar names. In some countries, there are many individuals who share the same first and last name; some require an input of parents' names or city of birth as identifiers. Such systems could benefit healthcare by minimizing errors, which I believe should be prioritized.