

## Letters

### Why is there is a lack of open source initiatives for electronic health record systems in Pakistan?

Open source initiatives are becoming very popular globally in IT and specifically in the medical sector with applications like, among others, Open EHR, OpenMRS and OpenVista gaining a reputation for low-cost, efficient and robust systems. Pakistan is a developing country where the implementation of Electronic Health Records (EHRs) is also on the rise. Several private sector hospitals, including large ones like the Agha Khan and Shaukat Khanum Memorial Cancer Hospital and Research Centre, have implemented EHRs. In the public/government sector, the largest teaching postgraduate tertiary hospital of the country has also seen the implementation of a comprehensive EHR system.

Given the advantages open source EHRs claim to have, it is surprising to see that not even one EHR we came across in Pakistan is an open source initiative. In a visit to Pakistan in March 2007 the reasons for this were inquired from some clinicians who have supported and championed EHR in Pakistan (names being withheld for anonymity). The biggest concern they put forth was the lack of support when implementing an open source application: what if the system crashes or simply can't be opened? how will a hospital environment afford to not access its records? and how much will it cost to pay for someone to come and fix the system that is not running (that is assuming that they will be able find someone experienced in it)? and is such a risky initiative worth the amount of money that will be saved through open source? Their concerns also highlighted the complexities involved in installing and configuring an open source EHR. An answer in advocacy of open

source would be to look into the enormous online support in the form of documented information as well as online communities that is available. There are various developing countries (Kenya, Tanzania, Mozambique, India, etc.) where open source initiatives have been implemented.

In order to objectively and accurately answer the concerns put forth by the clinicians, what is required is a comparative analysis between an open source medical software and a proprietary one to demonstrate how they differ in terms of cost, implementation, problems, and support. Moreover, an important consideration that will affect the feasibility and viability of open source medical software in Pakistan will be the type of business model the open source software is implemented in.

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