

automated systems emphasizes the key ingredients in any computer application—namely, the clear definition of the goal to be achieved, adequate data input, and the well defined steps required to accomplish the goal. The methods used in medical practice have not been as clearly defined as those developed for business transactions. The need for a structured input with minimal constraint has been stressed earlier. A description of the steps required to attain the goal is appropriately compared with the detail required for writing a cooking recipe.

Clinicians need not know much about automated techniques, but they must participate actively in all phases of program planning and reevaluate continually the established goal to ensure that the steps chosen will result in attainment of the stated goal. We are constantly amazed at the individuality of clinicians in the conduct of their practice. Therefore, eliciting the opinions and participation of a representative

sample of clinicians who will use the operational system is mandatory during the planning phase, before commitment to the expense of a development program is undertaken.

In closing, I would like to introduce my prediction for the future course of computer applications to medicine. I have no doubt that computer applications to health care will, over the next ten years, effect a change in all aspects of the current method of medical practice. When the potentials of computer-based techniques are fully realized, automated systems combined with trained paramedical personnel will provide the tools for data collection and correlation that will allow the clinician to devote the major portion of his time to his most effective function—that of diagnostician and decision maker. The papers presented today are a true reflection of the studies required to fulfill these potentials.

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