

## Plenary Session—Opening Address

O. NELANDER

Mr. Chairman, Ladies and Gentlemen, Dear Friends,

It is an honour and pleasure for me to welcome you to this Conference—and specially to welcome those of you from other nations to Sweden and to Stockholm, the capital of Sweden for over 700 years. Particularly at this time of the year Sweden is a wonderful country to live in and I think that Sweden, as Stockholm also has a lot to offer its visitors.

In area Sweden is the fourth largest country of Europe. Only France, Russia and Spain are larger. The population however is only 8 millions and, particularly in the North, Sweden is sparsely populated. This gives us large recreational areas but of course it also creates difficulties, for instance in delivering health care. The distance between Sweden's southernmost city and the northernmost point—well above the Arctic circle—is more than 1500 km. Stockholm has about the same latitude as the southern tip of Greenland. The Gulf Stream however makes the climate relatively mild. Outside Stockholm you will find a beautiful and refreshing archipelago and inside Stockholm a lot of interest.

I greet you with a hearty welcome to Sweden and to Stockholm. It is an honour for Swedish Health Care that Stockholm has been chosen for the First World Conference on Medical Informatics, Medinfo 74. We are happy to see so many participants in the Conference (about 900) coming from about 30 countries in different parts of the world and representing many professions of health care activities. In the exhibition hall we can see an impressive amount of advanced systems and technical equipment, presented by 172 manufacturers and institutions, of which one third are demonstrating medical systems. I think that this great interest for MEDINFO 74 is an expression of the fact, that we need each other in this field, and that cooperation and information exchange is felt to be necessary to bring about good solutions. The field is difficult not only from the technical but also from the ethical and other points of view.

With a few exceptions health care in Sweden is delivered by about 25 county councils covering different areas of Sweden. The councils are elected by the people in each area and each council has great freedom to decide and great responsibility, within laws, governmental policies, and rules and advice from the National Board of Health and Welfare. The county councils together founded 50 years ago the Federation of county councils located in Stockholm. This is their central organisation for cooperation and negotiations firstly with doctors, nurses and workers unions, secondly with the government, and thirdly with the National Board of Health and Welfare and so on.

The Federation of county councils and the Swedish government are the main sponsors of Spri—the Swedish Planning and Rationalization Institute of the Health and Social Services—working in a consulting position to the county councils.

Spri and the Federation of county councils play an essential role in the progress of medical computing in Sweden—Spri through its systems-development for medical care and administration, and the Federation through its central EDP-planning and the technical development of computer services.

The uniform organization of Swedish health care and the high medical and technical standard offer, I think, favourable conditions for the development and exploitation of computer systems. Considerable efforts have also been made, by health care authorities, universities and computer manufacturers to develop computer based information systems. Comprehensive experience has been achieved and a great number of systems have been developed and implemented, particularly in the fields of patient management and medical auxiliary services.

But we have also been aware of the difficulties in this development, difficulties which are partly different from those in other fields. This is due primarily to the special nature of medicine. The health information systems have to work with large and highly variable information volumes, the care activities are only to a limited extent possible to plan, and the medical decision-process is mainly outside the competence of the computer.

However, I think that computer techniques—properly used—can bring about an increase in clinical and administrative efficiency and better facilities for management and research.

Like medicine medical computing knows no geographical or national boundaries. So it is natural that international cooperation is rapidly growing in this rather new field. I am sure that this cooperation will mean a saving of time of the way towards good solutions.

In fact I think that international cooperation in developing computer systems is specially important in the field of medicine. Cooperation is needed in several “dimensions”: between projects, between health care units (for instance within a region), and last but not least between representatives from the different professions involved: doctors, administrators, nurses, computer specialists and others. Such a cooperation is necessary, I think, also to guarantee that the systems will respond primarily to the wishes and the needs of patients, users and society.

I hope that this first MEDINFO—conference will meet its expectations: that is to present the current status of computer applications in medicine and health care and to provide guidelines for future development. MEDINFO—conferences then may succeed and grow to an effective means to bring progressive cooperation over the borders.

I wish this conference every success and declare MEDINFO 74 opened.