

### Can telemedicine reverse the brain drain?

Drs Dodani and LaPorte in their article on brain drain (November 2005 *JRSM*<sup>1</sup>) alluded to telemedicine as a tool for doctors in developed countries to 'work' with patients in developing countries, and establish educational cooperation with centres there.

Clinical process outsourcing (CPO) is a new phenomenon that can potentially reverse the brain drain. Like the booming business process outsourcing sector, CPO involves a specific procedure being transferred out of a developed country to be performed at a significantly lower cost elsewhere without compromising quality. An excellent example is tele-radiology, wherein X-rays, computerized tomography scans or magnetic resonance images are emailed from a hospital in a developed country. This allows a USA/UK board-certified radiologist living in a developing country to view and report the films. The hospital receives accurate advice around the clock, with a consequent increase in productivity. Currently more than 600 USA hospitals utilize services provided by an Australian radiology company.<sup>2</sup>

In addition to cutting the burgeoning healthcare costs in the West, this situation enhances efficiency, reduces waiting times and may be worth considering in the NHS. The need for foreign-trained doctors living in developing countries is bound to grow, helping them reduce the wage differential between the countries of their training and origin.

This is an option worth considering for doctors wishing to return home after training abroad. However, time will tell whether this trend can be extended to the entire spectrum of medical services.

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### Venous thromboprophylaxis in UK medical inpatients

The medicolegal implications of the Rashid *et al.* findings need to be considered by the 'DVT-unaware clinicians' in this study.<sup>1</sup> There have been medico-legal claims in surgical patients resulting from a failure to provide venous thromboembolism (VTE) prophylaxis that have been settled in favour of the Claimant.<sup>2,3</sup> These were successful when it was shown that a patient with identifiable risk factors, who developed a DVT/PE following surgery, had not undergone risk assessment and/or received appropriate prophylaxis. Although Rashid *et al.* have not stated whether any of their study group went onto develop a DVT/PE, it has been reported that 10% of hospital deaths are a result of VTE; and that many of these should be preventable deaths.<sup>4</sup>

Only 30% of medical patients in the high-risk group (which includes history of previous VTE) reported received prophylaxis! Potential claims from medical patients who developed an in-hospital VTE could be difficult to defend if they were not undergoing VTE risk assessment and did not receive appropriate prophylaxis. This should be considered by the 'DVT-unaware clinicians'.

*Competing interests* JHS is involved in the development of a food supplement, zinapin, for preventing travel thrombosis.

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- 4 The House of Commons: Health Select Committee. *The Prevention Of Venous Thromboembolism In Hospitalized Patients*. London: House of Commons, 2005 [www.publications.parliament.uk/pa/cm200405/cmselect/cmhealth/99/9902.htm]

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