
Confidentiality and Safety Dominate Debate on Mobile Technology in Radiology

Today at ECR experts will focus on mobile technology and weigh the pros and cons of using tablets in radiology in the Special Focus Session, 'Tablets in radiology: friend or foe'.

In less than five years, tablets, and especially the iPad, have made their way into research, education and general communication in medicine. The speakers will give a technical overview, present currently available radiological resources, and explain how to review and evaluate DICOM images on mobile devices. But as mobile technology spreads throughout the hospital, data becomes available to an increasingly broad spectrum of people. Radiologists and clinicians need to be aware of the associated risks and best practices concerning the use of tablet technology in order to guarantee data security and patient privacy.

"When it comes to the iPad, it's the same for radiologists as it is for everyone else; everyone wants to use them. There are a vast number of tools available for radiologists on the iPad, and I think curiosity among radiologists, of how to make the best of them, is very high," said Dr. Erik Ranschaert, staff radiologist at the Jeroen Bosch Ziekenhuis teaching hospital in 's-Hertogenbosch, the Netherlands, who will speak during the session.

The use of iPads is increasing exponentially among medical doctors, but there are still a lot of issues that need to be examined, he noted. "For example, when you're sending images to mobile applications, how safe is it and how can you guarantee patient confidentiality is not lost? The range of clinicians who make use of and require access to images is increasing, so images are on the move more frequently and this is all due to the availability of these new technologies," he said.

Cardiologists, emergency doctors and surgeons, among others, are finding more and more uses for iPads, from showing images to patients during bedside consultations, to using them for orientation in surgery; and patients themselves are also gradually taking possession of their own images in digital format. With data flowing more freely and mobile applications beginning to appear that offer patients services like second opinions, clarification of findings, and report explanations, the question of how to safeguard patient confidentiality is becoming all the more pressing.

"Especially in hospitals, it's becoming more and more common to have a general hospital policy that before doctors start using mobile applications or tablets, they should sign an agreement to guarantee privacy and security. Images should be available everywhere because they are very important; they can help to improve quality, avoid mistakes, and generally improve services to patients, but I think perhaps not enough hospitals are aware of the safety and security issues raised by mobile technology," said Ranschaert.

One concern is that mobile devices are easily lost, and if confidential patient data is stored on board or within applications, it can potentially be accessed by anyone. Such problems may be accentuated by a tendency towards the 'bring your own device' (BOYD) model, in which employees use their personal devices for work, entailing an additional set of security and safety issues. For instance, unless specific security measures are put in place, when personally owned devices connect with a hospital network, data shared between them is often not encrypted, leaving it vulnerable to hacking.

As mobile technology develops, these issues need to be considered in order to prepare adequate guidelines. Aside from the risks, all medical staff using mobile technology need to be familiar with the consequences of data breaches which along with the violation of patient privacy, can lead to fines, lawsuits and negative publicity.

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