require big risks. Risk, public investment and healthcare policy are measured ingredients for information technology recipes. This feature becomes particularly challenging for a healthcare system that has been traditionally risk averse. Public funding for volatile technology (i.e., premature obsolescence and the paradox that more powerful computers will "cost less" in the future) has been avoided with some finesse. And, in healthcare, mistakes are very high risk. It will be expensive to automate the healthcare system. But like air traffic control, banking and securities, the integrity of the system will require it, as will its users.

A feature of the book that I found provocative (in a positive sense) was that each chapter was capsulated into business lessons learned and flags to self-diagnose the digital nervous system of one's organization. Just as they spurred my reactions, I am sure they will do the same for other readers.

We didn't need *Business @ The Speed of Thought* to recognize and understand that information technology (Microsoft or otherwise) will play a substantial role in the evolution of the healthcare delivery system. Benefits of such investment clearly outweigh risks, and public expectation for quality, performance and accessibility, among other factors, will demand no less. But Gates opens a portal into the possibilities of a future, a future that so far parallels his vision. So, as PCs become TVs and vice versa, as the next generation grows up digital, as processors become more powerful and applications more pervasive, as "www.earth.com" shrinks the planet, think "Healthcare @ The Speed of Thought." For Bill Gates, anyway, "going digital" is not a reference to diagnostic imaging.

KEN TREMBLAY

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Relevant Research

It may have been the great health-services paradox of the '90s – at the same time that demands for evidence-based medicine were growing across Canada and around the world, merging hospitals was almost universally seen as crucial to the survival of the health care system.

And yet, as a 1999 paper by three Quebec researchers makes clear, there is little concrete evidence that mergers do what they're supposed to, either by saving money or improving care.

The paper, "The Struggle to Implement Teaching Hospital Mergers," by Jean-Louis Denis, Lise Lamothe and Ann Langley, appeared in Vol. 42, No. 3 of *Canadian Public Administration*. It compares two teaching hospital mergers, each involving three large institutions.

In it, the authors conclude that despite the dominance of the "urge to merge" among teaching hospitals, it is far from clear that mergers achieve their ends. The recurrent mistake hospital administrators organizing mergers make, Professor Langley said, is underestimating the complexity of getting people to work together. Unless programs are amalgamated at one site, economies of scale and other efficiencies are unlikely to be recognized, but getting strangers to work together is tremendously hard, she said. "You're basically destroying something that worked to create something new, and it takes so much time and so much suffering and misery that when you finally calculate whether it was all worth it, you can't be sure," she said.

An abstract of the mergers paper is available on the Canadian Public Administration journal website at: http://www.ipaciapc.ca/english/publications/forthcoming.htm or in French at http://www.ipaciapc.ca/french/publications/forthcoming.htm

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