Letters to the Editor

Infection Control Software

To the Editor:

I wish to express some real concern with reference to the publication of articles and editorials that tend to be primarily *'sales" promotional rather than scientific in scope. As an active practitioner and president of a company, I realize it is difficult, but not impossible, to separate science from marketing. Yes, there will always be individuals who favor one product over another. However, since software in infection control is such a new area, it is naive to think that one software product will meet the needs of all programs. Dr. La Haise, in her article "Choice of Microcomputer Software in Infection Control" (1990;11[4]:185-190) and follow-up responses to the article and accompanying editorial (1990;11[4]:178-179) had a wonderful opportunity to provide the infection control practitioner with a foundation for software selection. However, she was caught in the marketing and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) web and lost the scientific credibility that her original manuscript was intended to provide.

The infection control practitioner needs to realize that computerization in infection control in the 1990s is where infection control was in 1965. Only by careful evaluation and re-evaluation of products will the field grow. Our goal should not be a "stock" software for all programs, but several software products to meet individual program needs.

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Sharon La Haise, PhD, RN, was asked to respond to this letter.

Dr. McGuckin's disappointment in our study is understandable. As the president of a software company whose product was not highlighted, she expressed frustration with the Journal's publication of an article, editorial, and letters that favored one software package over others. Several issues, however, must be clarified.

First, her characterization of our and the journal's efforts as "marketing" is a distortion of the true situation. Marketing is an attempt to generate publicity for the sole purpose of selling a product and from which the purveyors intend to gain financially. Neither the author nor the editors had such a conflict of interest, but, instead, were acting entirely from a position of scientific objectivity under the constraints of peer review.

Second, Dr. McGuckin's disparaging characterization of the "JCAHO web" does a disservice to a new JCAHO that is finally leading us where we should have been going on our own. Instead of denigrating the JCAHO process, Dr. McGuckin would better serve her clients and customers by expending her energies developing products that would be in step with the future, mirrored in the new JCAHO direction.

Third, her view that "computerization in infection control . . . is where infection control was in 1965" does not reflect reality. The infection control innovators of the 1960s were groping for answers virtually without precedent or assistance. In the past decade, the advanced state of software development in the country allowed rapid development of highly useful software applications for infection control, which are continuously being improved through updating. Some are more

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