TABLE IV. Online medical textbooks available on payment

<table>
<thead>
<tr>
<th>Textbooks</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrison’s Online</td>
<td><a href="http://www.med.yale.edu/library/heartbk">http://www.med.yale.edu/library/heartbk</a></td>
</tr>
<tr>
<td>MD Consult</td>
<td><a href="http://www.mdconsult.com/">http://www.mdconsult.com/</a></td>
</tr>
<tr>
<td>STAT!-Ref</td>
<td><a href="http://www.statref.com/">http://www.statref.com/</a></td>
</tr>
<tr>
<td>Scientific American Medicine</td>
<td><a href="http://www.samed.com/">http://www.samed.com/</a></td>
</tr>
<tr>
<td>SCP Medical Publications</td>
<td><a href="http://www.scp.com/">http://www.scp.com/</a></td>
</tr>
</tbody>
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textbooks will not immediately replace the traditional method of seeking information from the hard copy in libraries. Classic textbooks and journals in print form will continue to exist.

The future of web-based medical textbooks is anticipated to be one of proliferation due to the unprecedented progress in technology. However, the overall outlook is expected to be challenging in view of the changes in fundamental areas such as the way we think and read scientific material. It is believed that the introduction of third-generation cell phones with broadband technology will usher in the era of ‘web in the pocket’ or in the case of medical practitioners ‘web in the physician’s coat pocket’. This, along with the emergence of portable devices such as ‘e book readers’ is expected to give a further boost to the growth of web-based medical textbooks.

Indeed, the issues that will dominate the academic landscape in the near future will include convincing practitioners to accept emerging web-based learning technologies and techniques, designing web-based education on the Internet and purposefully integrating the world of ‘http’ and ‘html’ to the actual delivery of health care to patients. Without doubt, medical practitioners, medical administrators and educators, along with agencies such as medical libraries will bear the brunt of these transformational challenges.

REFERENCES


Letter from Croatia

ORGANIZATION OF PSYCHOSOCIAL HELP TO PSYCHOTRAUMATIZED PERSONS DURING WAR

Psychological trauma programmes have been criticized because of their medicalization of the trauma and dependence on western models of illness. We agree with this criticism and with the proposals for a sociological and community approach to psychotrauma, but would like to emphasize the importance of the individual medical approach in helping victims of war. The Croatian experience shows that there must be two facets of the same, integrated approach.

In war, health professionals need to provide psychosocial help in extraordinary situations when needs are enormous and resources minimal. In the beginning of the war in Croatia in 1991, more than 250,000 people were forced to flee their homes. The war in Bosnia and Herzegovina (1992–95) added to this burden, and the number of displaced persons and refugees in Croatia amounted to more than a million (about 20% of the total population). In addition to persons affected directly by war, the rest of the Croatian population (4 million) was secondarily traumatized to a greater or lesser degree.

In co-ordination with WHO and UNICEF, the Croatian Ministry of Health developed a unique model for providing psychosocial help to traumatized people, which used a community-based rehabilitation strategy. The pyramidal model of psychosocial care (Fig. 1) was based on the following principles: (i) provision of help according to the type of traumatic experience, its intensity and life circumstances; (ii) provision of help at the place of living and all institutions relevant to the user; (iii) continuous intervention, starting as early as possible; (iv) integrated approach using a team of educated professionals; (v) co-ordination at local and national levels; and (vi) continuous funding.

One of the reasons for a community-based approach during the war was overcrowding of health institutions and fatigue of the personnel. Smaller health institutions in areas directly affected by war were heavily damaged or destroyed. Health budgets were exhausted and priority was given to the physically wounded. Also, psychosocial support outside of psychiatric institutions was preferred to avoid stigmatization of ‘psychiatric patients’. A frequent and important dilemma for psychiatrists during the war was whether and when psychotraumatized persons needed psychiatric care and hospitalization. During war, the most common reasons for psychiatric treatment of refugees and displaced persons were suicides, prolonged risk behaviour, psychophysical decompensation, alcohol abuse and serious psychiatric disturbances present before the war.

The end of the war presented psychosocial care providers with different needs of psychotraumatized persons. For example, of the 300,000 demobilized soldiers, 35,000 are still unemployed. 26,600 have a status of disabled war veterans, 12,234 are retired and 2,255 have the status of disabled civilians. Also, this was the time to differentiate the refugees into those who developed psychological/psychiatric disturbances and those who successfully adapted to the new environment. This differentiation was especially prolonged in former soldiers and in families of missing
Different levels of the programme during the war is based on our work with displaced persons and refugees. The sample consisted of 17,000 (9%) displaced persons and refugees settled during the war in Zagreb. The data for the post-war period are based on records of the National Center for Psychotrauma, Dubrava University Hospital, Zagreb, and on the data from Croatian Institute of Public Health. The percentage of persons needing help at different levels of the programme during the war is based on our work with displaced persons and refugees. The sample consisted of 17,000 (9%) displaced persons and refugees settled during the war in Zagreb. The data for the post-war period are based on records of the National Center for Psychotrauma, Dubrava University Hospital, Zagreb, and on the data from Croatian Institute of Public Health.

Our experience indicates that activities in a psychosocial support programme differ during and after war. After the war more emphasis must be given to an institutional approach to psychotrauma in national and regional psychotrauma centres, as well as at centres for crisis intervention and those for psychological help and counselling. These institutions aim to provide help to the following specific groups at high risk for developing war and post-war stress disturbances: (i) persons most dependent on their environment (children, adolescents, physically disabled, elderly); (ii) polytraumatized persons, or persons exposed to very intense stress (prisoners from detention camps, families of missing or killed persons, former soldiers exposed to prolonged combat stress); (iii) persons with intensive response to psychotrauma due to their premorbid psychiatric disturbances, psychiatric patients and persons with chronic somatic illness; (iv) displaced persons and refugees still in temporary accommodation as well as those returning home; and (v) persons with secondary traumatization, i.e. transferred trauma (families of traumatized soldiers of prisoners of war).

The National Psychotrauma Center aims to be a referral centre that includes a database, many different methods of diagnosis, therapy and evaluation. It has to produce algorithms and methodology of work, education and permanent improvement of experts for working with psychotraumatized persons in cooperation with the Medical University. It has to implement expert coordination with regional centres for psychotrauma and other institutions that deal with psychotrauma.

Fig 1. Pyramid model of providing psychosocial care to war-traumatized persons during and after the war in Croatia. The percentage of persons needing help at different levels of the programme during the war is based on our work with displaced persons and refugees. The sample consisted of 17,000 (9%) displaced persons and refugees settled during the war in Zagreb. The data for the post-war period are based on records of the National Center for Psychotrauma, Dubrava University Hospital, Zagreb, and on the data from Croatian Institute of Public Health. (Reproduced with permission from the Croatian Medical Journal).

References

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