

## Editorial

# Health technology and credibility

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Published online: 5 March 2004

*Critical Care* 2004, **8**:73 (DOI 10.1186/cc2842)

This article is online at <http://ccforum.com/content/8/2/73>

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A new health technology assessment section is to start in *Critical Care*. The use of new technology is germane to critical care medicine [1]. Consequently, intensivists are obliged to critically appraise the technology in use. There are already publicly funded bodies performing the task of sifting through development data on these innovations, so what could be new about technology assessment? Our purpose is to perform the assessment with a different emphasis – to compare the experience of developer and clinician and to inform the working intensivist regarding the usefulness of a new technology.

Credibility is of prime concern, in an area where marketing materials generally include some bias. In addition, the traditional clinician's perspective is not without its own uncertainties, covering a spectrum from unbiased yet inexperienced to experienced but partisan with industry. So how can we truly assess technology in a way that is practically relevant and reliable?

The format of the forthcoming technology assessments will be pairs of articles: a set questionnaire answered by the developer alongside a reflective assessment written by an expert chosen for their independence. This choice of expert is one of the features of this new venture. We hope that by careful choice of reviewer we will retain the reader's trust and support clinical decision-making. The selection of experts will probably involve recruiting new clinicians who are less tarnished by the tensions of research and industry funding. This will sometimes mean avoiding the usual giants of our field. In so doing, however, we hope to remain true to the original agenda. This extends to the Journal's choice of editorial team for the section. We would consider ourselves free from professional conflict.

As an additional aid to keeping abreast of the rapid evolution of technology, we will be running a regular item on innovations. The first of these appears in this edition. This will

attempt to introduce novel technologies or important advances in technologies that are already established.

### Competing interests

None declared.

### Reference

1. Hawryluck L, Crippen D: **Ethics and critical care in the new millennium.** *Crit Care* 2002, **6**:1-2.