

officer has sustained a significant exposure to the body fluids of that patient while rendering health or emergency care. As these situations occur with some regularity, the University Hospital ICC has delegated override authority (ie, the authority to order HIV testing despite a patient's refusal) to selected employee-health (MJW) and emergency-care physicians and the hospital epidemiologist (ABK).

After discussion, we concluded that this particular situation was ambiguous enough that a special meeting of the ICC should be called to determine whether or not the source patient should be HIV tested despite his refusal. In the afternoon of January 7, 2000, ABK sent a high-priority electronic message to 18 members of the ICC, summarizing the situation, asking for a vote, and informing the recipients they could call for additional clinical information. The morning of January 10, 2000, ABK sent the same message to 3 additional members of the ICC who had been inadvertently left off the original list. The message did not contain any personal identifiers for either the patient or employee.

By the late afternoon of January 10, ABK had received 14 replies, 13 to override (test the patient for HIV), and 1 not to override (not to test the patient). This represented an override vote by 67% of the ICC. Based on the result, ABK informed MJW that she had authorization to test the

patient's blood for HIV and informed the ICC electronically of the vote's outcome. ABK also saved the electronic vote and correspondence in her files for documentation.

The electronic vote succeeded in bringing a timely resolution to a difficult situation. In the absence of this electronic medium, we would have needed to call together a face-to-face meeting, hold a teleconference, conduct a telephone poll, or send requests for votes by mail. Electronic mail (e-mail) has advantages over other methods. With e-mail, a message can be sent to large numbers of people quickly and with relative ease, especially if the intended recipients are listed in a common address book. The recipients can then reply with equal speed and ease.

Face-to-face meetings are difficult to arrange on short notice; a face-to-face meeting would have probably resulted in greater delay in obtaining resolution or lower response rate or both. E-mail is more readily available than teleconferencing facilities. Telephone polls require considerable time, in that someone must place individual calls or pages and then wait for responses. Furthermore, with individual calls, each recipient would probably hear a slightly different description of the scenario, whereas with e-mail all recipients got the same message. Requesting votes by mail would have resulted in a less timely result and probably a lower response rate.

E-mail's ease and rapidity can also be a disadvantage. It is easy to send a message to the wrong recipient. We were careful not to use any personal identifiers in our message in order to preserve the confidentiality of both the patient and employee. Also, while e-mail is increasingly used, it is still not as widely used as telephones or regular mail. Almost everyone can be reached eventually by telephone or mail, although there may be a delay, but not everyone has e-mail.

One minor difficulty we had with our electronic votes was the result of our ICC's members being on several e-mail systems. ABK has since created a group mail list for the ICC to ease future electronic communications.

Institutional procedures often do not take electronic communication into account. For example, University Hospital's medical staff defines a quorum based on "members present." How does one apply this definition when conducting an electronic vote or meeting? At the ICC meeting following the electronic vote, the University Hospital ICC approved a procedure for future electronic votes.

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### In Memorium JONATHAN FREEMAN

With sadness, we report to you the death of Jonathan Freeman, MD, ScD, on May 23 from complications of lymphoma.

Dr. Freeman received his first academic appointment at Harvard Medical School in 1972 and joined the Harvard

School of Public Health (HSPH) in 1990. The focus of Dr. Freeman's research at HSPH was nosocomial infections. He was dedicated to HSPH's programs in infectious disease and epidemiology, leading the Interdisciplinary Program in Infectious Disease

in recent years. Until recently, he continued to treat infectious disease patients at the Veterans' Affairs Medical Center in West Roxbury.

Dr. Freeman is survived by his wife, Elsie, and his children, Noah and Esther.