

Babel Undone?

“Let us go down, and there confuse their language that they may not understand one another’s speech,” Genesis 11: 1–9

The world is much smaller now than it was then. International travel is measured in hours, not weeks, months and years. Communication via the internet is instantaneous. More than ever, we need a common language. In medicine, the roots of a common language date back to the latter part of the 20th century when the rudiments of the international classification of diseases (ICD) was first proposed. The world health organization (WHO) took the lead and copyrighted the ICD, and just recently released its 10th edition (ICD-10). Although originally formulated to code and classify mortality data from death certificates, the ICD evolved into a nomenclature with widespread application. In many parts of the world, including the United States, it is the official system of assigning codes to diagnoses and procedures associated with hospital utilization and mortality data. The ICD-10CM, the clinical modification of the code, is intended to code and classify morbidity data from inpatient and outpatient records, physicians’ offices, surveys and other means of acquiring relevant patient data.

Current procedural terminology (CPT) derives from a patent held by the American Medical Association, and, as the name implies, is a standard for defining medical procedures and diagnosis. Neither of these systems, though, was designed to be used by practitioners for medical record keeping. Enter SNOMED.

On July 1, 2003, United States Health and Human Services Secretary Thompson announced that the National Library of Medicine had entered into a licensing agreement with the College of American Pathologists to utilize its SNOMED CT clinical vocabulary as the lexicon for the development of a nationwide

electronic medical record keeping system. Unlike the CPT and ICD codes, SNOMED was specifically designed for patient medical record keeping. It is based on a prior version of SNOMED (SNOMED-RT) and Read Codes Clinical Terminology Version 3 from the United Kingdom. Although widespread advice was sought from many professional organizations, so far as I can see, neither the ICS nor SUFU nor the AUA nor AUGS was consulted. Further, the nomenclature that is used to describe conditions relevant to the readers of this journal is largely obsolete. Nevertheless, because the classification is concept-based, it is intended that translational software will be written and implemented as needed so that all relevant synonyms and near synonyms for different conditions can be included. For example, SNOMED does have a category called overactive bladder, but that category does not include the relevant terms that conform to ICS terminology. It is hoped that translational software will be written so that if a medical record contains the obsolete or uncategorized word such as detrusor instability, the classification will recognize that this is part of overactive bladder.

One does not have to be visionary to imagine the overwhelming problems that might ensue from such a system. Who will enter the data? How will it be checked for accuracy? What about spelling errors? Who will write and pay for the translational software? These are the problems inherent to any new software system. Nevertheless; this endeavor is a worthwhile one; I’m hopeful it will work, but I don’t expect it to happen for many years to come.

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