This chapter is a summary of the book and attempts to evaluate the social impact of the general idea of ubiquitous cardiology. The project discussed in the book is in fact oriented toward designing wireless bidirectional cooperation of two programmable ECG interpreting devices used for permanent heart monitoring and semi-automatic medical diagnosis. As shown above, the main idea of the project under consideration is to replace the traditional patient-doctor interaction model with a semi-automatic system, which was invented, designed, and developed by the staff of the Biocybernetic Laboratory at AGH University of Science and Technology, Krakow, Poland. The system under consideration offers ubiquitous surveillance without time and distance constraints. In this book we presented and discussed the technological aspects of the ubiquitous cardiology system. Conversely, this chapter is about its social aspects. This is also an important issue because every human-dedicated system must take into account human preferences and human limitations. The ubiquitous cardiology system will be used by patients and accepted by doctors when and only when its properties and parameters will be properly related to patient expectations and doctors demands. These aspects of the project are discussed in this chapter.
The ubiquitous cardiology system must serve the people, so it must be accepted by the people. Talking about the people we must in fact take into account three groups of persons. First and the most important group are doctors (cardiologists working in hospitals and in private offices), who must rely on the system. When the doctors trust the system, the patients will also be ready to use it. Without doctor acceptance the system must be counted as worthless even if its technical parameters are perfect. It will be very difficult to achieve such a level of doctor confidence and acceptance, because disbelief is doctors’ prime obligation.

The second group of people who must rely on the system are, of course, patients. Even if doctors recommend the system, the patient must agree to use it. The patient must be confident that under electronic monitoring his or her heart will be really safe. It is also not easy because the typical heart patient is frightened after some kind of cardiological incident and requires close monitoring by qualified medical personnel. Replacing direct doctor contact by using a technical device requires a lot of confidence. Not every person is ready to do that!

The third group of people who are indispensable for the success of ubiquitous cardiology includes the staff employed to operate the system. Technical service of the system will be typical, therefore the work of the technical staff will be the easiest part of the job. However, for the doctors who work in the Central Station being “the brain” of the proposed system, the duty will be very hard and demanding. The role of the doctor in the Central Station is much more difficult than the typical work of a hospital cardiologist or private doctor. The first decisions (e.g., diagnosis, therapy recommendation, emergency service alert, etc.) must be formulated without contact with the patient and only on the basis of the data remotely recorded by the computer. For most doctors such a task is viewed as unfeasible. The second circumstance making doctors’ work in the Central Station difficult is that the pre-selection of patients is performed by the supervising server (SuSe). All of the typical problems and easily solvable situations are handled by a computer. This means that for doctors’ hands remain only very difficult problems—one by one, without breaks. For somebody it can be the most challenging job, interesting and providing a lot of good practice, but for most doctors such a model is too troublesome.

Let us discuss all the above-mentioned problems more precisely.
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