“It was the best of times, it was the worst of times”

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As Charles Dickens put it, “It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair” [1]. When the baton of presidency was passed to me by the end of 2021 from Sabine Koch, the above description approximately reflected what was happening around the world and also with the International Medical Informatics Association (IMIA) community. There had been no physical meeting at all for two years, and yet we did seem to be doing well through online meetings and just had a very successful first virtual MEDINFO conference (World Congress on Medical and Health Informatics) in the history of IMIA. To complicate things, on February 24th 2022, Russia decided to invaded Ukraine and started the Russo-Ukrainian war that is still going on today. As if that was not enough trouble for the world, China has been threatening to invade Taiwan and started a series of military exercises against the U.S. and its Asia-Pacific allies.

As diseases and wars occupied most of the media, people in the field of Biomedical Health Informatics and Digital Health strive to innovate and develop tools that can promote health, fight diseases, and make the world more peaceful to live. Many examples of such innovations can be found from this year’s IMIA Yearbook. Telehealth and Artificial Intelligence (AI) continue with their onslaught to change what healthcare means and how it is practiced and delivered to everyone around the world. The key to sustain the speed of adoption is to be inclusive and make sure that equity is insured and elevated through our science and technology, so the fruits of innovation are shared to every individual, resource-poor or not.

As Usman et al. mentioned in their paper titled “Healthcare artificial intelligence: the road to hell is paved with good intentions”, “There is growing evidence that AI tools that perpetuate or even magnify inequities and disparities are often due to design and development misspecifications” [2]. In the current real-world applications, it is likely that unvalidated AI/HIT tools could cause more harm and inequality. This edition of the IMIA Yearbook represents a timely reminder and a good supplement for what needs to be done, thanks to the effort of VP Services Lina Soualmia and others who contributed to it [3].

In this time of change, we have also been restructuring the years-old membership model. Besides simplifying some of the current membership types, we are actively designing a new Corporate Membership that can accommodate companies from international corporate to even a small start-up. A new Associate Membership type is also being designed that can accommodate multiple societies from the same country or region, with help from VP Membership Daniel Luna, Petter Hurlen and others. For example, we can have a Telehealth Society and a Medical Informatics Society from the same country or region to both join as IMIA Member Societies. I also want to thank the IMIA secretary Ursula Hübner for helping out the revision of our bylaws to comply with the Swiss legal requirement, and our CEO Elaine Huesing for her efforts in all the matters every step of the way.

In light of the successful Virtual MEDINFO 2023 (The 19th World Congress on Medical and Health Informatics) in Sydney hosted by the Australasian Institute of Digital Health (AIDH) under the support of VP MEDINFO Najeeb Al-Shorbaji [4]. Please make sure that you mark the date on your calendar and join us to “make the future accessible” to everyone!

References