COMMENTARY

The mind sees more than the movie frame

The paper by McArthur and colleagues is interesting, provocative, and fun to read. The authors analyzed and coded the actions in the top 100 movies of 1994, ranked by money earned as a proxy for the number of people who saw the film. It is unclear, however, whether this study is science or literary criticism, but perhaps it doesn't matter.

The authors use their statistical analysis to make several points, including that movies show a huge amount of violence. They suggest that film violence is unrealistic in that it does not show the physical consequences of the violent acts: the blood and gore of tissue destruction. I don't know why this point needs a statistical analysis, unless their aim is to use the statistics to advocate against violence in the movies.

I also question their argument. Does the absence of blood and gore really make the violence less convincing?

What if we applied this standard to Shakespeare, or to the old Bergman movie *The Virgin Spring* (*Svensk Filmindustri*). If my memory serves me well, there was only one violent act—the rape and murder—with little physical evidence. But that movie had a more powerful and lasting impression on me than all the silliness of the westerns or the *Star Wars* (Lucasfilm) movies. Brilliant writers and directors can elicit powerful emotional responses without resorting to anatomic realism.

There is more to addressing this issue of the effects of film violence than simply advocating that movie directors show the consequences of violent acts. There is more to understanding human nature than counting the events. This paper misses something about the nature of human perception; the mind sees more than the movie frame.

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Development of a telemedicine program

A review of 1,000 videoconferencing consultations

ABSTRACT ● **Objective** To examine the financial and organizational characteristics, demand for services, and satisfaction outcomes of a growing telemedicine program serving both urban or suburban and rural populations. ● **Design** Retrospective review of 1,000 consecutive telemedicine consultations in the University of California (UC) Davis Telemedicine Program. ● **Setting** Telemedicine videoconferencing units, used to integrate care in the UC Davis Health System among the UC Davis Medical Center and several urban or suburban primary care clinics, rural hospitals, and clinic affiliates. ● **Subjects** A total of 657 consecutive patients who consented to a telemedicine consultation. ● **Main outcome measures** Demographic information about the patient population, the rural and urban or suburban clinics, the types of specialty consultations, and telemedicine equipment used in the UC Davis Health System. Patient and physician satisfaction were measured on a 5-point Likert scale. ● **Results** Patients and primary care physicians reported high levels of satisfaction. Rural clinics requested more and a greater variety of specialist consultations than urban or suburban clinics. ● **Conclusion** Although referring physicians and patients indicate a high level of satisfaction with telemedicine services and insurers are negotiating reimbursement policies, additional research must investigate the reasons why some payers, patients, and providers resist participation in these services.

INTRODUCTION

A driving force behind the growth and development of telemedicine programs across the country has been the need to increase access to medical services in rural settings. Telemedicine enhances the quality of local care¹ and patient satisfaction² by allowing patients to see specialist physicians in their home communities, rather than expending time and money traveling to large urban centers.

Since the mid-1990s, the cost of technology has rapidly decreased,³ making videoconferencing affordable to more health care recipients. In 1996, the Office of Rural

Health Policy conducted an interview of rural hospitals to assess their use of telemedicine.^{4,5} Of the 2,472 hospitals surveyed, 499 used telemedicine. Of these, a third had used videoconferencing for a variety of clinical services. In fact, cardiologic, dermatologic, and psychiatric services were used at least once by more than 30% of facilities.

In 1996, the University of California (UC) Davis Health System began a telemedicine pilot at 3 sites within its primary care network comprising urban and suburban clinics owned by the university. The use of telemedicine in the primary care network became the prototype for tele-

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