internet as an online health library. But as they spend more time on the internet, gain access to different sites, and notice consistencies and contradictions, they will search for opportunities to pose their own questions and apply their own knowledge. Such opportunities for interaction with users should be exploited by health policymakers and researchers. Information generation and policymaking need not be one way processes but can, on the internet, be interactive, and policies and research may benefit from early feedback from users. Subsequent revisions can then be tailored to users' needs. In this way, the internet can provide a mechanism for users to become active partners in the dissemination of information and in policymaking. As one futurist said, "Above all else in bringing about the information society is the necessity of partnership between the builders of the information infrastructure and the representatives of society."²⁷

This article reflects the author's personal views and not those of the organisation for which she works.

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- Williams M. G8 to meet developing nations on digital divide. www.cnn.com/2000/TECH/computing/07/19/g8.divide.idg/index.html (accessed 8 September 2000).
- World Bank. *World development report 1998: knowledge for development*. Washington, DC: World Bank, 1998.
- Markoff J. If the medium is the message, the message is the web. *New York Times* 1995 Nov 20: A1, C5.
- Organisation for Economic Cooperation and Development. *The knowledge-based economy*. Paris, OECD, 1996:7-8.
- Lown B, Bukachi F, Xavier R. Health information in the developing world. *Lancet* 1998;352(suppl II):34-8S.
- United Nations Development Programme. Report of the Meeting of the high-level panel of experts on information and communication technology, New York, 17-20 April 2000. www.undp.org/info21/new/ncosoc.html (accessed 3 July 2000).
- Jensen M. African internet connectivity: African internet access costs. www3.sn.apc.org/africa/afmain.htm#six (accessed 5 June 2000).
- Third World Leaders meet in Havana. CNN.com. 13 April 2000. www.cnn.com/2000/ASIANOW/south/04/13/cuba.summit/index.html (accessed 6 July 2000).
- Groves T. SatelLife: getting relevant information to the developing world. *BMJ* 1996;313:1606-9.
- McLellan F. "Like hunger, like thirst": patients, journals, and the internet. *Lancet* 1998;352(suppl II):39-43S.
- Kim P, Eng TR, Deering MJ, Maxfield A. Published criteria for evaluating health related websites: review. *BMJ* 1999;318:647-9.
- Jadad A, Haynes B, Hunt D, Browman G. The internet and evidence-based decision-making: a needed synergy for efficient knowledge management in health care. *Can Med Assoc J* 2000;162:362-5.
- Zielinski C. New equities of information in an electronic age. *BMJ* 1995;310:1480-1.
- Rosselli D. Latin American biomedical publications: the case of Colombia in Medline. *Med Educ* 1998;32:274-7.
- Sundram FX. Scientific publication is dominated by First World countries. *Ann Acad Med Singapore* 1998;27:147.
- Global Forum for Health Research. *The 10/90 report on health research 2000*. Geneva: GFHR, 2000.
- Gibbs W. Lost science in the third world. *Scientific American* 1995;August:92-9.
- McConnell J, Horton R. Lancet electronic research archive in international health and eprint server. *Lancet* 1999;354:2-3.
- National Institutes of Health. PubMed Central: an NIH-operated site for electronic distribution of life sciences research reports. www.nih.gov/about/director/pubmedcentral/pubmedcentral.htm (accessed 7 July 2000).
- Delamothe T, Smith R, Keller MA, Sack J, Witscher B. Netprints: the next phase in the evolution of biomedical publishing. *BMJ* 1999;319:1515-6.
- Philips Research. Networks: linking people and information. www.research.philips.com/generalinfo/shaping/networks.html (accessed 7 August 2000).
- Deane J. Information, knowledge and development. www.oneworld.org/panos/ (accessed 6 July 2000).
- Fraser H, McGrath SJ. Information technology and telemedicine in sub-Saharan Africa. *BMJ* 2000;321:465-6.
- Partnership for Information and Communication Technologies in Africa (PICTA). AI-AIMS: African ICT activity information management system. www.bellatnet.org/partners/picta/aiaimshome2.html (accessed 4 September 2000).
- Jensen M. African internet connectivity: summary of international ICT development projects in Africa. www3.sn.apc.org/africa/projects.htm (accessed 4 September 2000).
- Delamothe T. The *BMJ's* website scales up. *BMJ* 1998;316:1109-10.
- Greenop D. A partnership of industry and users. In: *Inventing the future: communities in the information society*. www.partnerships.org.uk/itf/itfsum.html (accessed 3 July 2000).

A memorable patient Addressing men's health issues

I used to think it was a cheek. Surely my free time was my own? I enjoy playing squash, but as the other members discovered that I was a GP, I would be asked by more and more of them about health related issues. In reality they had accepted me as a member of the club and asked my advice as they would the carpet fitter, builder, or plumber.

When one of my own patients casually mentioned to me that he had been bleeding from the back passage, I suggested that he should come and see me in the surgery. A couple of weeks later he appeared on my booking sheet for the morning surgery, but he cancelled the appointment at the last minute.

When I next saw him at the club, I asked him why he hadn't come for his appointment. He said that he had been busy and anyway he had always been able to make himself bleed if he strained excessively. I wasn't so sure about his explanation, and I had a sixth sense that things might be more serious. We shared a joke about how difficult it might be for me to examine him in the showers and the danger of the headlines, "Doctor caught in compromising position in shower with patient."

Next week in the surgery the story unfolded. He had been passing fresh blood intermittently for a couple of months and just didn't feel quite right. A rectal examination was unremarkable, but in view of the history a prompt referral requesting sigmoidoscopy was sent. We are lucky in Exeter to have a fast track clinic, and he was seen a month after initial referral where a tumour was discovered and biopsied. Two weeks later he was admitted for an anterior resection and defunctioning ileostomy. As an extremely fit 50 year old he made a rapid and

uncomplicated recovery—he was even walking the day after his surgery and still plays squash to a high level.

What have I learnt from this? Men's health is something of a forgotten subject—men do not access health care as they should. Perhaps by offering a peripatetic clinic in a unofficial capacity I am allowing people to use me as a sounding board for their health concerns which I can listen to and direct them back to their own GP if appropriate. When people ask me for advice, I no longer feel annoyed (well, just a little) but see it as a mark of respect that they trust me and my opinion.

At a practice level, we offer at least one late surgery per partner, and these appointments are usually taken by people at work during the day. We are also open on a Saturday morning when we see any patient without an appointment.

At the last Devon and Cornwall trainers conference there was a talk on men's health issues, which highlighted the growing mortality from suicide and prostate cancer but also raised the point that there were no screening programmes for prostate and testicular cancer. As a practice, we have raised our awareness of men's health problems, and when men come to the surgery we offer a general health check as well as having a low index of suspicion of underlying disease.

I am glad that I followed up the non-appearance of my own patient who had "found" an explanation for his symptoms. The early referral and prompt surgery have allowed full resection of the tumour and I hope have given him a good prognosis.

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