

Paradox of Social Portals

Bill Davey

RMIT University, Australia

Arthur Tatnall

Victoria University, Australia

INTRODUCTION

An individual or group can create a portal with very little funds and no need or approval from any authority. This produces an interesting paradoxical impact on the social fabric: a portal can be used to overcome tyranny, or lend power to a fanatical mob. A portal can also be used to provide instant free medical advice or to cater to the hypochondria latent in all of us.

Gutenberg's printing press allowed mass production of the Bible. The production technique eventually led to the publication of this book in local language, which changed the nature of Christianity in Europe. As with most new technologies, the possibility for good or ill comes with the technology and we should try to anticipate social change. With freedom of transmission of knowledge came loss of control for authorities and possible chaos. The ubiquity of the Internet has produced a similar revolution in dissemination of knowledge. Control of printing presses and even the cutting of telephone lines during the Balkan's wars become irrelevant when satellite access to the Internet provides global communications without control.

The ease with which a portal can be constructed makes this revolution in communications even more pressing. A person or group can create a portal and provide single door access to any interested person for all their information needs on almost any issue.

TWO SIDES TO THE STORY

Sentences that start with "all freedom loving people ..." have been used to justify everything from gun ownership to invasions of foreign countries. Hopefully, the argument for free exchange of information does not need to be made, but the complete licence of the Wild West should also be seen as potentially harmful. In this article, we will examine both sides of the freedom/licence question that have been researched in medicine, government, intellectual property piracy, and the environment. In each case we examine the research to show the dichotomy of the benefits of opening global communications through portals and the potential problems that can arise in an uncontrolled space.

MEDICAL PORTALS

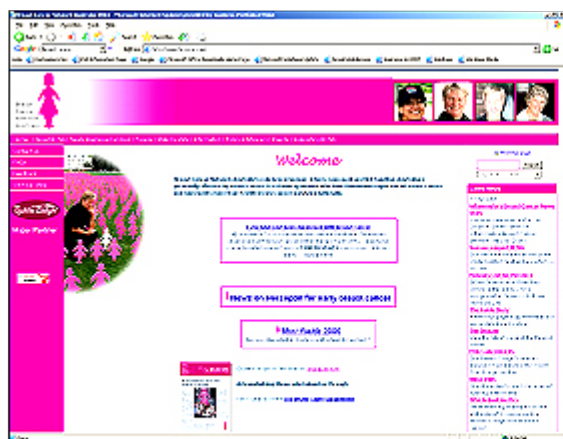
Medical portals abound on the Internet. Almost every major disease is represented by at least a support group portal. These portals offer everything from emotional support to possible treatment advice, to contacts within the medical community.

Major diseases such as breast cancer and asthma are represented by patient groups, charities, and medical groups. Less common problems such as Crohn's disease are also represented by portal sites. Every alternative treatment is also represented by portals. This can vary from actual vendor portals right across to portals warning of the dangers of alternative medicine.

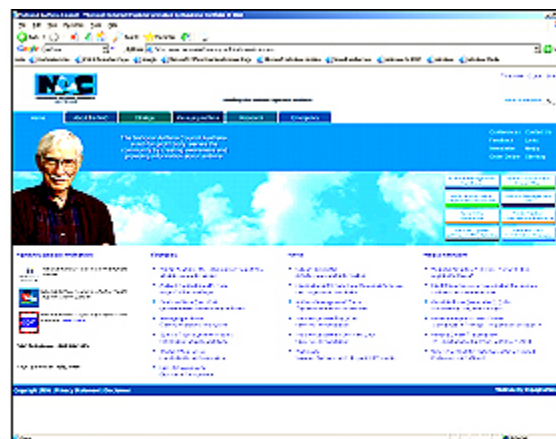
Lewis (2006) suggests that, while the medical literature has a rather pessimistic take on issues like online health consumption, debates over cyberchondria and cyberquackery are underpinned by a recognition that doctors are no longer necessarily the sole holders of health knowledge and that many consumers are now increasingly taking control over their own health care management. Thus, the quality debate within the medical literature on online health consumption is underpinned by anxieties over what gets counted as legitimate health knowledge today. The penetration of the Internet into provision of medical information is startling. An independent U.S. study conducted in 1999 found that 31% of respondents under the age of 60 had sought health information on the Web (Brodie et al., 2000). Harris Interactive conducted a study in the U.S. in 2002 (Taylor, 2002) that found that key findings of this survey include:

- 80% of all adults who are online in the USA (i.e., 53% of all adults) sometimes use the Internet to look for health care information. However, only 18% say they do this "often," while most do so "sometimes" (35%), or "hardly ever" (27%).
- The 80% of all those online amounts to 110 million cyberchondriacs nationwide in the USA. This compares with 54 million in 1998, 69 million in 1999, and 97 million last year.
- On average, those who look for health care information online do so three times every month.

Figure 1. (a) Breast Cancer Network (www.bcna.org.au), (b) National Asthma Council Australia (www.nationalasthma.org.au)



(a)



(b)

This is the study that first called health consumers who use the Web “cyberchondriacs,” although the researchers claim they didn’t mean to use the term pejoratively but meant it merely as a descriptor.

Another U.S. survey in December 2005 found that one in five (20%) online Americans said the Internet has greatly improved the way they get information about health care (Madden & Fox, 2006) and in Europe a survey by the market research company, Datamonitor, of over 4500 adults in France, Germany, Italy, Spain, the UK, and the U.S., found that 57% of respondents had consulted Internet sources when looking for health information (BBC, 2002).

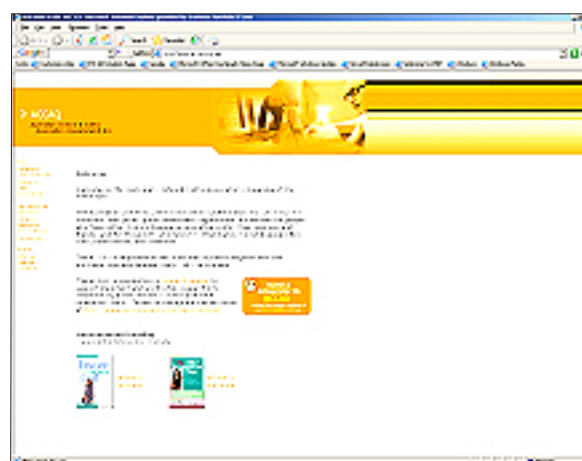
There are two reported problems with all this health information available through the various portals: social alienation and problems with the quality of health information available. Shields (1996) finds that one of the dominant popular discourses around Web use is that it produces or worsens processes of social alienation. The argument is that it is possible for interaction through computer to replace person to person contact. Theodosiou and Green (2003) identify five important problems with patients using medical portals to satisfy their needs:

- Potentially dangerous drugs and other substances may be bought by individuals for themselves or their children.
- Individuals can spend a lot of money on products or diagnostic procedures that have no scientific backing and no benefit.
- The information may be more negative than the reality of the situation.
- Individuals may abandon treatment programmes of proven efficacy to pursue less-mainstream approaches.

- Users’ sites (e.g., for families affected by autism) may contain advice or opinions of questionable ethics (e.g., nonmainstream treatments that are intrusive or punitive).

Several researchers (Craan & Oleske, 2002 and D’Alessandro & Dosa, 2001, for instance) have found indicators that the availability of an independent source of information allows patients to take a more informed position when discussing their medical condition with their medical practitioner.

Figure 2. Australian Crohn’s and Colitis Association (Queensland)



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