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# Health(y) Libraries? Challenges and Chances for Health Librarians

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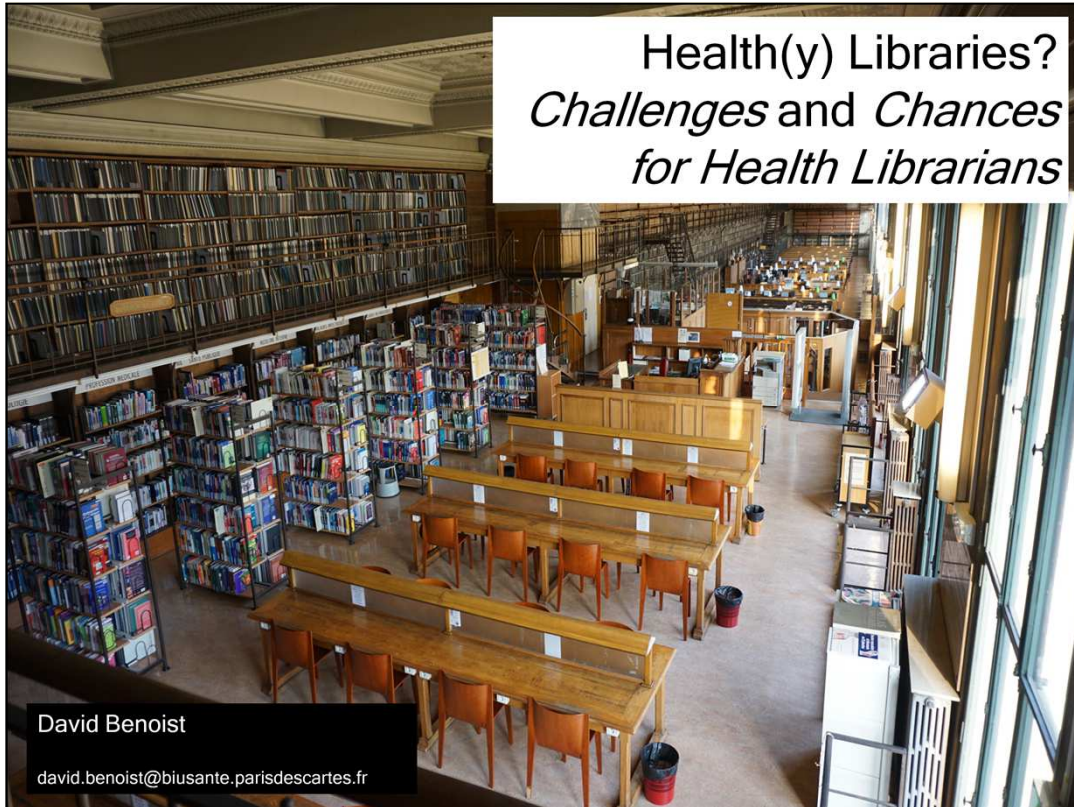
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Hello, my name is David Benoist

I work in the Interuniversity Health Library in Paris,  
Where I am in charge of (some of) the online services.

You can see there a picture of the main room, dating back from the nineteenth century.

It is some kind of subliminal advertising : as it is one of the libraries you can visit in the Quartier Latin tour, on August the twentieth-second.

In one week, if you are still in France.

Today, I was asked to speak about the links between health and libraries, as a short conclusion for this meeting.

As you already know the importance of these connections,  
my speech will be a subjective one, from a French point of view,  
About the challenges we face in our practice, and the chances we have...

Some things I will say might seem obvious to you, but I felt they were important to remind in a time of change.

## Specific job



Librarianship is a job with lots of variety.  
But in health it has some very specific aspects.

Most of us work in particular environments : universities, professional schools, hospitals...

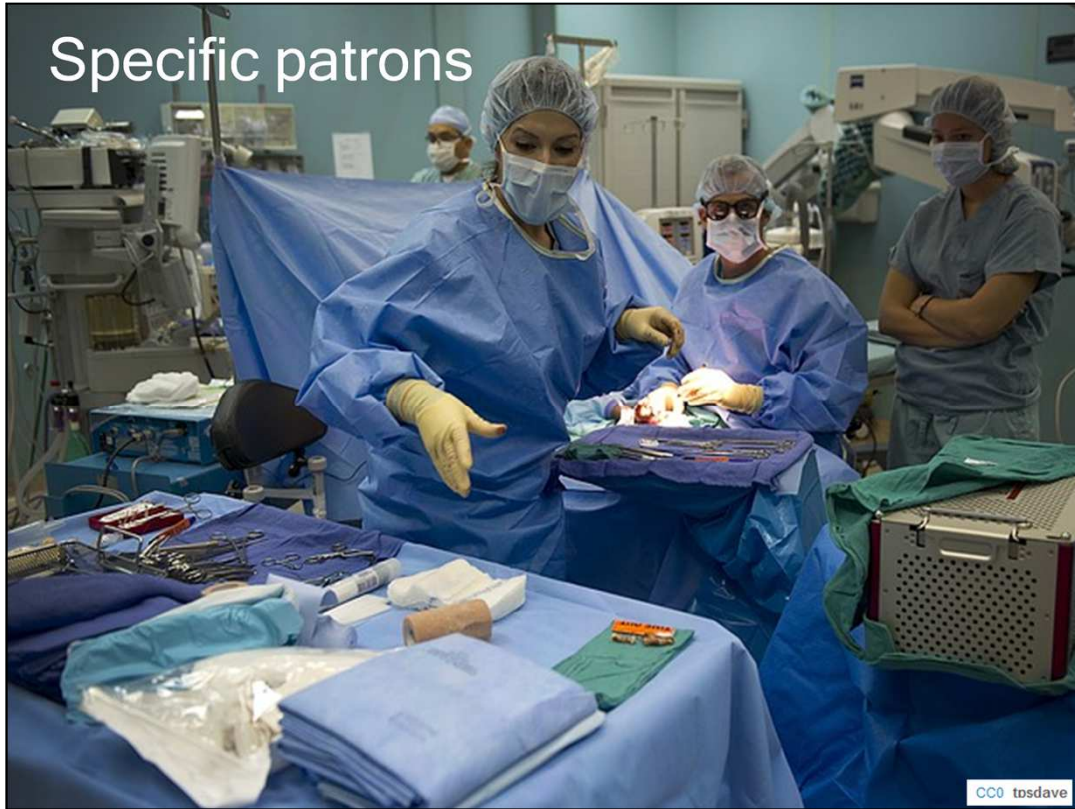
Which is hardly insignificant.

Let me quote Steven Chang, who recently wrote a blog post about his new job as a hospital librarian in Melbourne :

“In many ways, medical librarianship isn’t radically different from other library fields. The fundamental principles don’t change. But it’s still noticeably different, and in certain aspects, entirely unique.

The first immediately obvious signal that jumped out at me was hearing the continuous kaleidoscope of colour-coded emergencies and announcements over the hospital PA. [...] It’s a constant reminder that you serve at an institution where the core mission is to preserve human life [...]. There’s something unsettling yet exciting about it even after you begin to adapt.”

<http://queryinglibraries.wordpress.com/2014/06/05/what-is-it-like-to-be-a-hospital-librarian-my-first-month/>



We work in special places and we often have demanding and time poor patrons.

- Students between night shifts and courses,
- Doctors treating new patients,
- Or rather their secretaries, as they do not have time to come,
- Researchers writing articles,
- And sometimes the patient himself.

We are here to help students become good physicians,  
to help physicians take relevant decisions,  
and in the end to help the healing process.

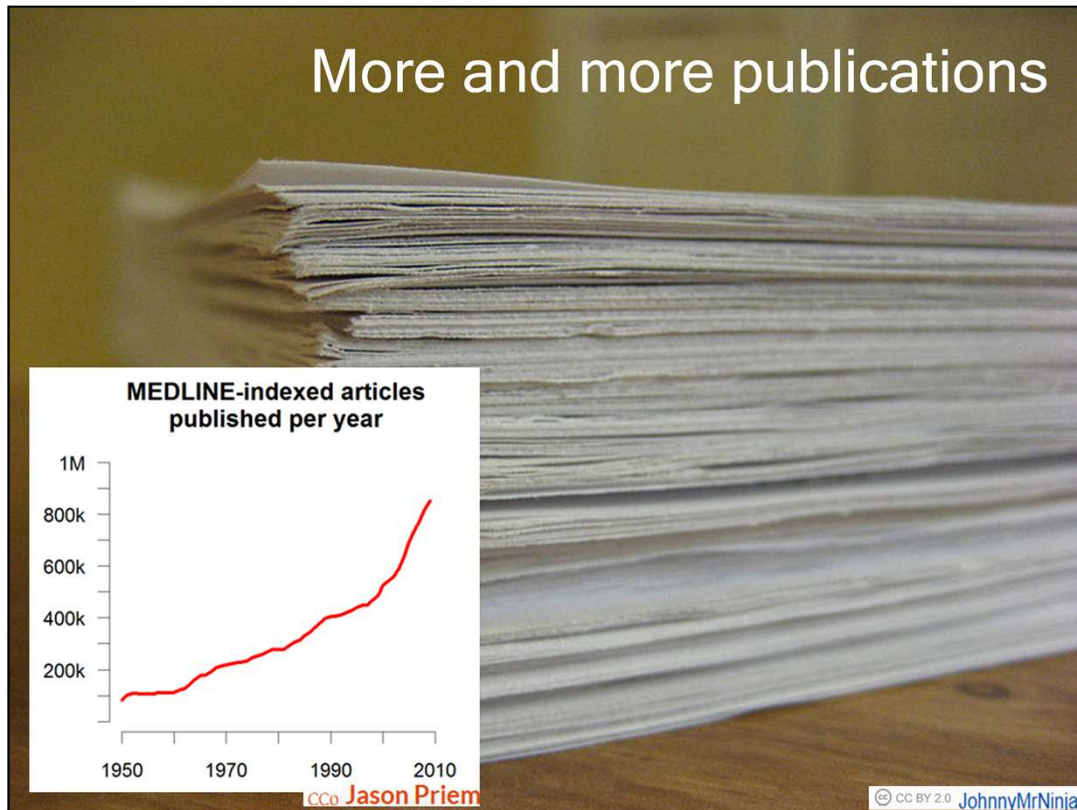
Health is a domain in which we are all interested one day or another : as we all have been, or will be patients.

That makes our jobs so special and rewarding.





## More and more publications



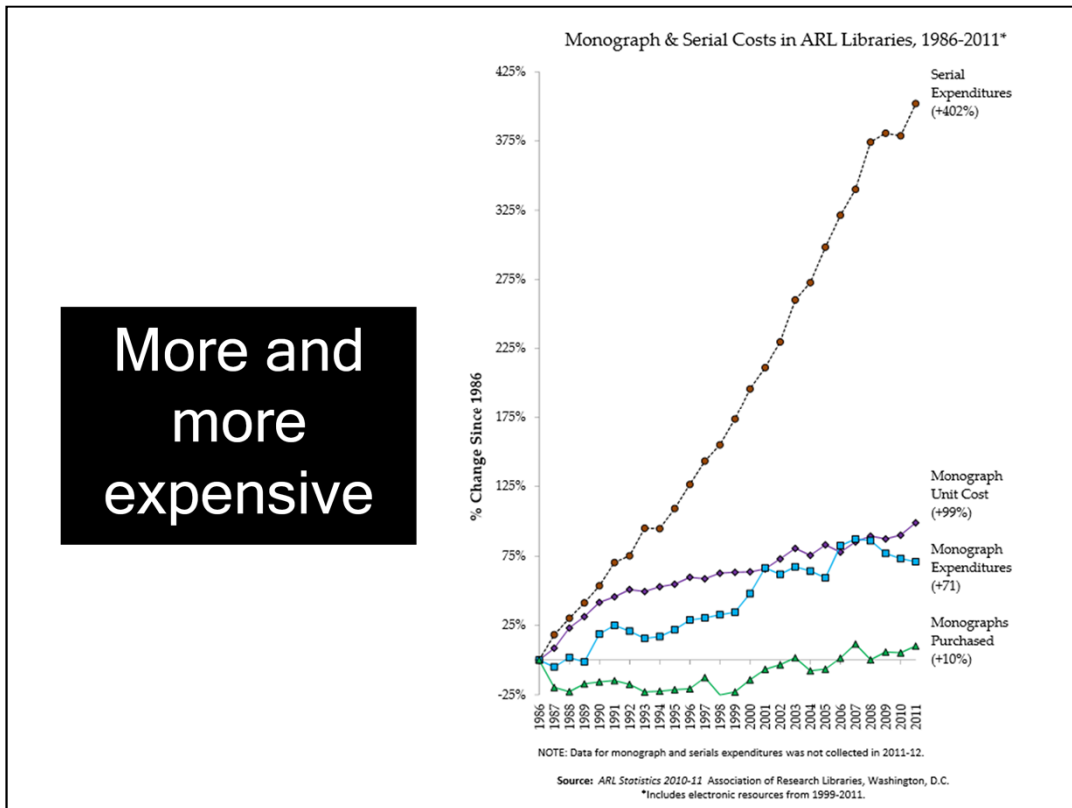
Beyond these specifics, we also face more traditional problems.

These statements are well-known, but important to consider:

There are more and more scientific publications : for instance, more than twenty-four millions references in PubMed.

And tens of thousands scientific journals, more or less serious.

*Number of articles in PubMed <http://casesblog.blogspot.fr/2011/03/there-are-25400-scientific-journals-and.html>*

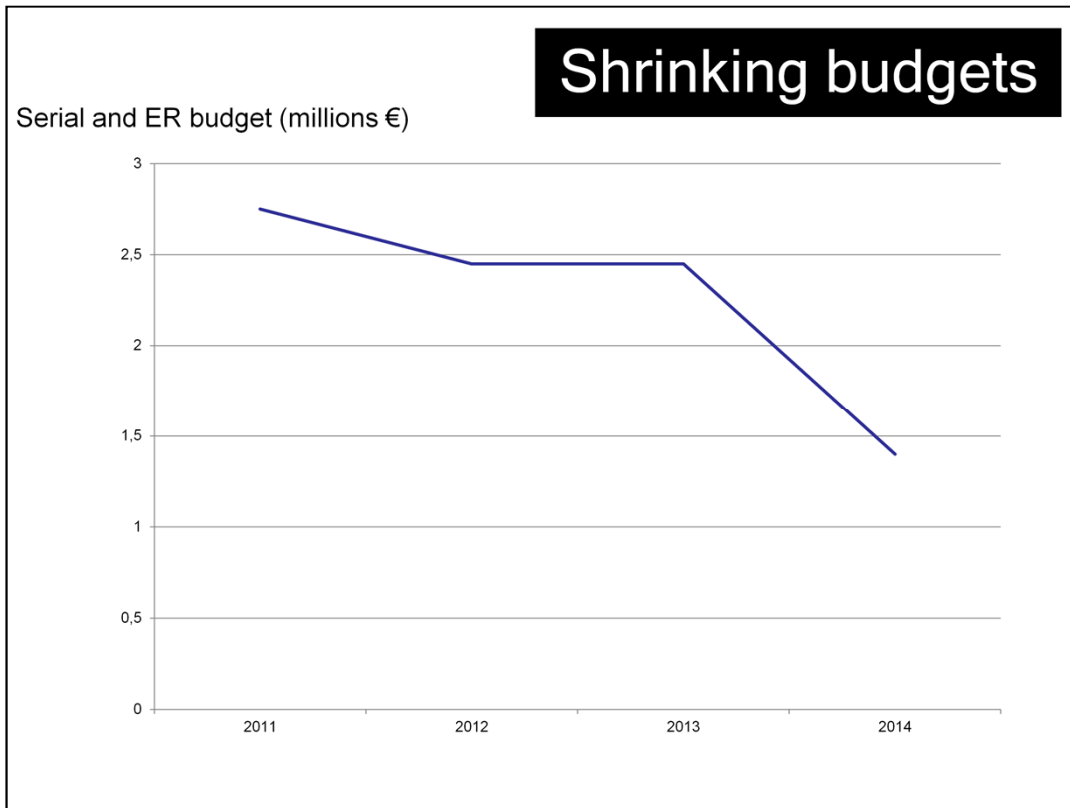


**More and more expensive**

And as you know, they are more and more expensive.

You may have already seen this chart from the Association of Research Libraries about the cost of publications, from the past twenty-five years.

Most of all, the cost of serial is disturbing.



On the contrary, budgets tend to go just the opposite way.

I picked out a random example, of a big health library in France I will pretend not to know.

On one side, we have decision makers proclaiming that important trends are research and pedagogy.

On the other side, the same people cut budgets, only interested in displaying wide opening hours.

This paradox might be a good thing in the end, as the system is no more sustainable :

We cannot continue to pay so much for scientific papers.





For all these reasons, it is an unsettling time for science and medical libraries, all around the world.

Some scientific libraries closed down recently, for instance in the United States, in Canada, in France...

More broadly, public libraries are being questioned, like in the United Kingdom. And other examples could be quoted.

A situation creating anxiety among professionals and patrons, with good reason.

*[Picture from the collections of Fisheries and Oceans Canada library in Mont-Joli]*

*[Ex: William H. Welch Medical Library at Johns Hopkins University in Baltimore]*



Problems which raise two questions:

First, will there be health libraries in the future?

Of this I am not really sure, at least in France.

- Medical students have little time, even if they always need work spaces without noise (but with some coffee).
  - As for physicians, they need access to articles and databases, but they do not always come to us – even if we try to develop personalized appointments.
  - It is an interesting trend in my library for instance, with nearly two hundred rendez-vous a year.
  - And unfortunately, there are many physicians in France, and I met some, who believe all publications already exist online.
- According to them, you can turn libraries into classrooms without books.



And will there be health librarians in the future?

Or will we be replaced by algorithms answering patrons' questions?

I am convinced that the time of retirement has not yet come.

And I think I am not the only one, or you would not have come here today.

For some reasons already mentioned here:

- There are more and more health informations to deal with;
- With these new data physicians and librarians have to exploit.
  
- And even "traditional" information is not easy to identify:
  - Because of indexation getting poorer in some databases,
  - Because of differences between tools : you do not interrogate MeSH like you do with Emtree in Embase.
  - Because of paywalls, interfering with access.

For the moment, humans are still needed to do the job.





But to maintain links, we have to continue to go out of the library, to meet and support patrons.

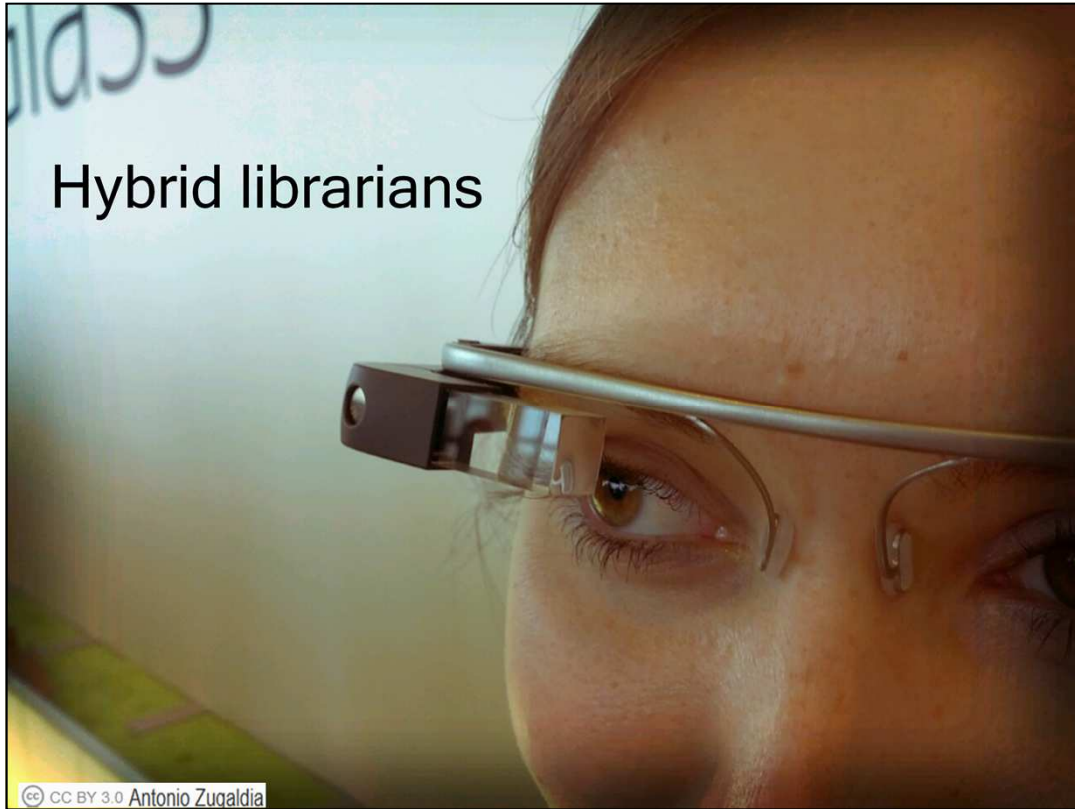
This statement is true in all fields, but maybe more important for us.

It can be online, as we already do with digital reference,  
And more and more on social networks, to meet patrons where there are,  
and help them use these tools, as they require specific precautions in health.

And physically we will have to get closer as well :

In some countries, there are clinical librarians, and for a long time.

In other places, like France, there is no tradition of embedded librarians. I believe it is important to develop that in the future.



To maintain links, we must evolve as our patrons do.

And become familiar with new devices shaping these evolutions :

Smartphones, tablets, and soon Google glasses and connected objects – with their inherent dangers.

The timing is good as these tools allow us to work out of the office.

We must understand how these tools operate and how our patrons use them.

To finally be able to help our patrons:

For instance, some of us already give advices about applications worth using in medical practice.



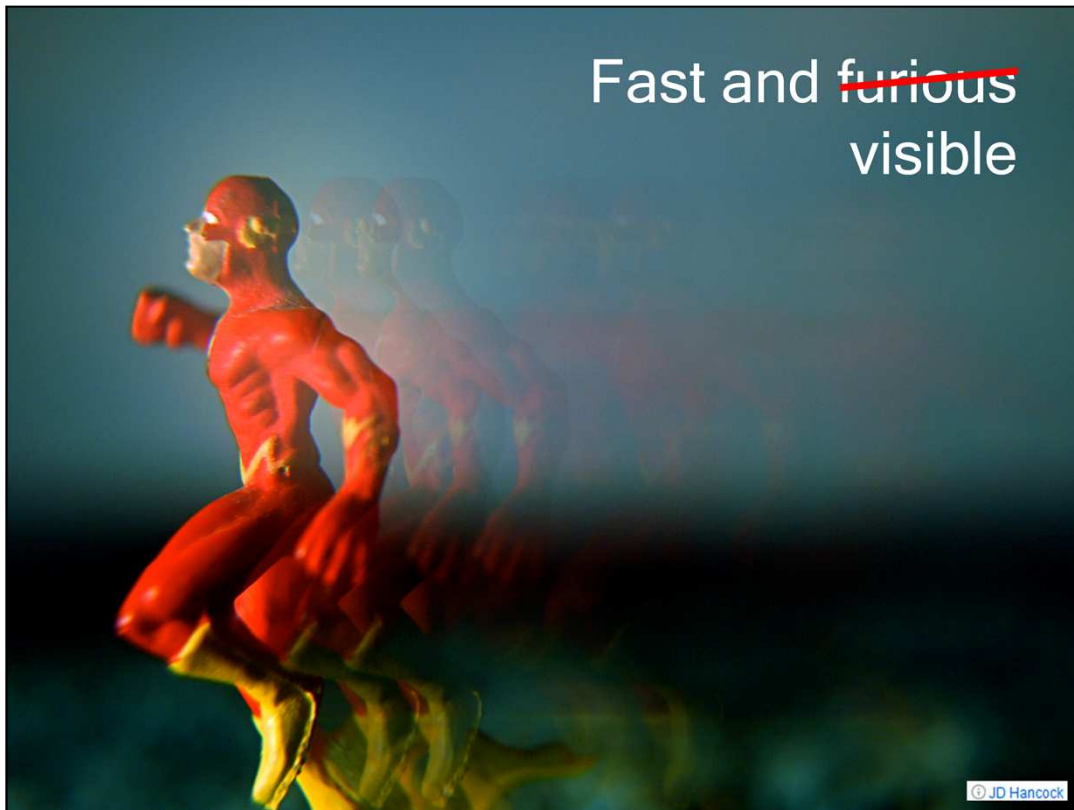


We will also have to develop new skills, as we have seen today.

And it was really inspiring to hear the different speeches of this meeting and to see what new roles are possible.

- We will have to be teachers (some of us already are), in flesh and blood or online.
- We will have to be publishers;
- or at least to help publishing : informing about copyright issues, promoting Open Access which may be a part of the solution for our problems.
- And the real Open Access, not a greenish or golden way where institutions pay twice for the same articles.
- We will have to maintain repositories to welcome the fruits of research.
- We will have to become data managers.
  
- We will certainly have to learn more about medicine, to work hand-in-hand with physicians.
- For example helping them for systematic reviews.

In one word, we may have to become what is sometimes called an « informationist ».



And all these things, we should continue to do in a fast and visible way.

It will be more and more important to promote our services: make medical staff aware that there is a library designed for them, to make their work easier...

To show what value we can add with our new skills, even if (or particularly if) the services we provide are dematerialized.

Especially in countries like France, where librarians do not have a natural place in research teams.

Online, this visibility might be increased via semantic web services, which lead us to data, once again.



Data have been quoted a lot today.

Even if we become data managers, some principles we must not forget, especially in medicine.

Health data are very personal and sensitive. We must help people understand how these data are produced, how there are used, and by whom.

And how they can keep control.

Health data are very precious and useful : We have to fight to make science results accessible for those who need them, professional or patients, especially when research is done on public fundings.

In short, we must not forget that health data are produced by people, for people - with respect for the individual and privacy.





Thank you for your attention

And enjoy your stay in France.