

FOSS for DOCS



netherlands
eScience center

Dr. Candace Makeda Moore, MD

FOSS for DOCS

Structure of this very fast talk

1. About me

2. What is FOSS for DOCS

3. Why/not FOSS for DOCS

4. Tips and tricks

5. Deeper insights and
conclusions



FOSS for DOCS

About the speaker (me):

B.A. Columbia University, NYC, NY, USA M.D. Technion, Haifa, Israel

Emergency and Radiology...now:

- research software engineering at the Netherlands eScience Center,
- clinical (imaging) research at Rotterdam Erasmus MC
- Adekam (me)



FOSS for DOCS

Free open source software meant to help medical staff accomplish medical research or treatment goals

Examples I am expert on:



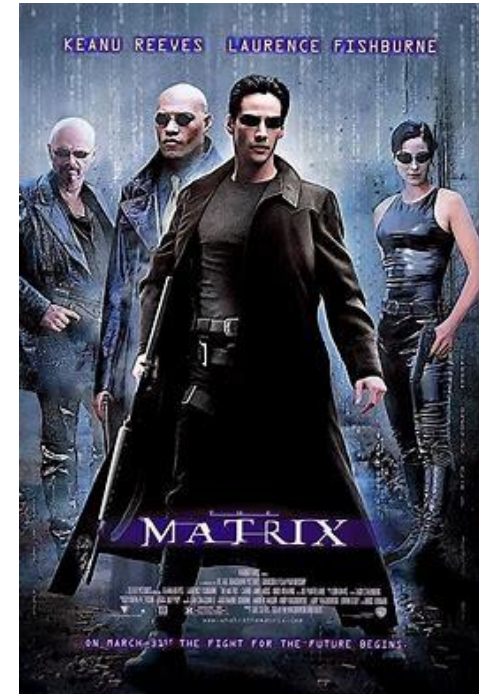
cvasi

QUMIA 

FOSS for DOCS

Reasons why you will be annoyed (or maybe should not even do this):

- On average not best computer scientists
(this is why I am here)
- You will be at best outside a hierarchy
- You will fight a strong culture



And almost no one is going to speak your language



FOSS for DOCS

**A final warning to the hard-core:
You will have to make peace with Microsoft
products, Windows etc.
used when perfectly fine FOSS is available**



With so much awesome FOSS, why do even researchers revert to Microsoft Excel and other products on anything that matters?

No one “important” knows about awesome lists

Trust issues made worse by clueless

Lack of swag, and swagger

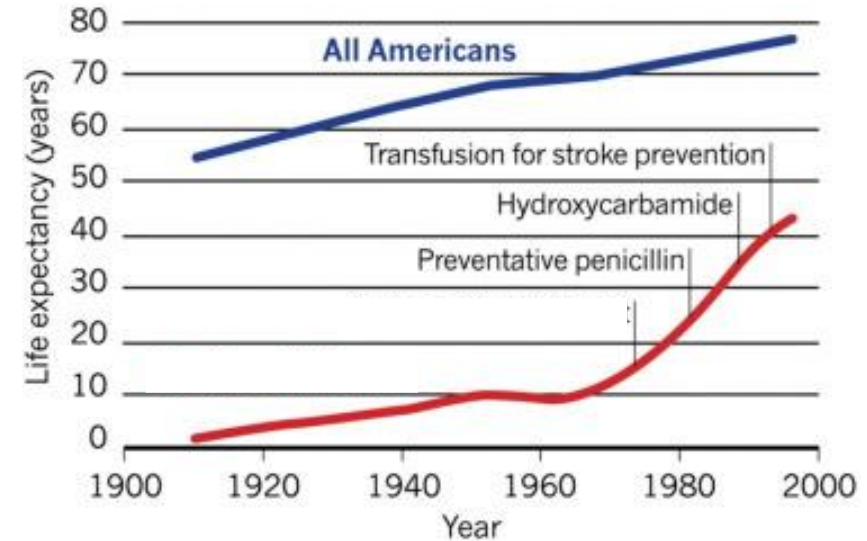
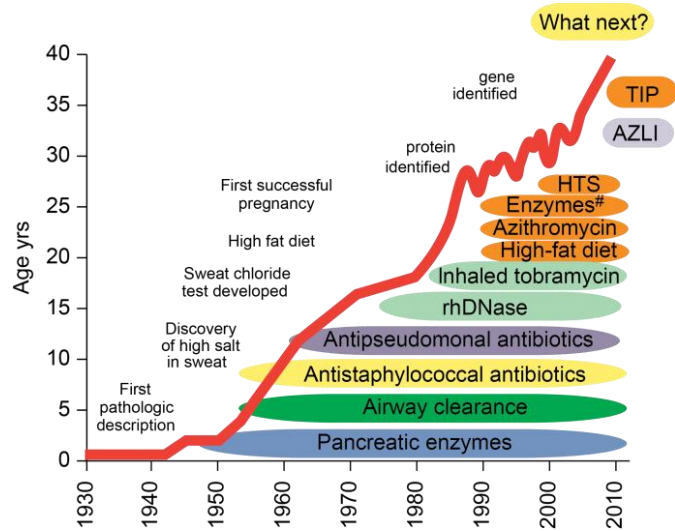
Delusional perception of tech-wealth possibilities (prepare your arguments for FOSS now)



FOSS for DOCS

Why make FOSS for DOCS?

- even spreadsheets matter



- international humanitarianism

- You may fight a strong culture, but you can win

FOSS for DOCS

You will meet resistance: Come prepared

- ✓ Get a logo
- ✓ Get a medical reader to read documentation back
- ✓ Get your legal game going from day zero (yes, YOU)

- ✓ Get videos
- ✓ Get more than one institution on board
- ✓ Get a “nice” person, send them to meetings

- ✓ Get a no code interface



Professional cultures

Culture does not override the individual,
Who may be under the influence of many
And still not reflect any of them



Example of clashing professional cultures:
overloaded terms of CS and software engineering e.g. correctness, Dockers



FOSS for DOCS

Medicine is a non-western culture?

F cultures

G cultures

Realities

F cultures: hierarchical, conformist, emphasis on group, usually non-Western

G cultures: democratic, individualistic, North-Western (Netherlands?)

In medicine we conservatively go with what works.



FOSS for DOCS

Playing to WIN IN the culture of MEDICINE

1. The culture of science and technology are not the culture of medicine
2. When you deal with a doctor, you better show respect, but you will have to fight for respect (sometimes even if you are a doctor)
3. People like learning in small doses and the older, the smaller (try click videos)
4. You have to sit with people
5. Nomenclature is unsettled and unsettling
6. Make it legal and then shiny, or go home



FOSS for DOCS

Important final thoughts:

People have different incentives and goals in medicine and medical research but are constrained in what they can say aloud

Diseases do not respect borders; so...

FOSS needs to get there first, and get there shiny
or we will fight vendor lock-in, and worse ...



Please make FOSS for DOCS, we need you, just come prepared to win the fight

Want to send questions?

- Candace Makeda Moore: cmoore@esciencecenter.nl

