

Debian-Med

A Custom Debian Distribution for medical care

Andreas Tille

Debian

Debian Conference 5, Helsinki, 16. July 2005

Structure

- 1 From start to today
 - Four years ago
 - The bright side
 - The dark side
- 2 Medicine is not only done by your doctor
 - How we see Debian-Med
 - What is the problem with Free Software for medicine
- 3 Prospectus

Bordeaux wine (1)



DebConf 1

Bordeaux wine (2)



DebConf 1

Molecular Biology and Medical Genetics

- No orphaned packages
- Number of packages twice as at the beginning
- Quite important packages available
- Others waiting as unofficial for inclusion

Medical imaging

- Certain amount of DICOM support
- Computed tomography simulator
- MNI medical image format

Practice management

- Nothing yet included
- GnuMed at horizon, but it's only beta
- Others not really fit for inclusion
- Problem: Quality of upstream software

Top ten misconceptions about Debian-Med

- 1 Debian-Med *is* a practice management system *itself*
- 2 Only interesting for doctors
- 3 Not interesting for micro biologists / medical physicists
- 4 It is a different distribution than Debian
- 5 Debian-Maintainers are programming software for doctors
- 6 Debian-Med does not need helping hands
- 7 Can be used also with SuSE, RedHat etc.
- 8 Medical software can never be free
- 9 Debian-Med is just ready
- 10 Debian-Med is the Philosophers Stone

Debian-Med - a Custom Debian Distribution

- 1 Our special users: people working in medicine
- 2 Addresses all tasks in medical care
- 3 Quite strong in micro biology / medical imaging
- 4 Completely integrated into Debian
- 5 Debian-Maintainers evaluate and package medical software
- 6 Debian-Med can need any help
- 7 Sorry, we do not work for SuSE, RedHat etc.
- 8 There is a certain amount of medical Free Software
- 9 Debian-Med just began working
- 10 Debian-Med is a concept of doing something

Who deals with medical software?

- Free Software development → evolutionary process
 - Needs a critical mass of supporters which are
 - programmers
 - users
 - Limited set of users (medical staff)
- Limited set of programmers

We have to attract both groups to get it working ...

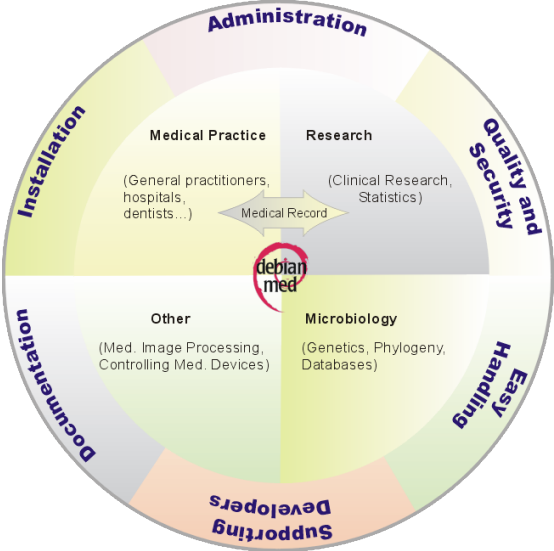
We are the missing link between upstream developers and users

How to be the missing link

- Take care for the *medical subset* of packages
- Listen to our users – the medical staff
- Work together with developers
- **No “fork”** from Debian

Basic idea: Do not make a separate distribution but make Debian fit for medicine instead

Goals



- We have done the first step
- Parts are quite usable
- People know Debian-Med
- Lets continue

This talk is available at
<http://people.debian.org/~tille/talks/>
Andreas Tille <tille@debian.org>