

# What Is Open Source?

A Primer for Medically Trained Faculties at  
Research and Teaching Centers of Excellence

By Kirby Urner  
4D Solutions



# The Problem

- Engineers keep doing the work. Other lazier people keep owning the results.
- Owners charge big bucks to the very people engineers typically want to help for free. Example: their own children.
- The world stays much poorer than it needs to be.

# The Solution

- Engineers learn enough Law to turn the game on its head: it's now quite often illegal to be a selfish, lazy owner of stuff you never helped to create in the first place. GNU licenses assure us of that.
- “This is a good thing for civilization” (old Klingon saying)

# Geeks to Physicians:

Now that we engineers have won, we want to help you take better care of people.

We'll give you all our development tools for free.

Learn as much as you like. You're also welcome to pay us as teachers, even as we pay you as healers.

# Current Challenges

- Open Source is a new development.
- Evolution takes time.
- Lawyers are suspicious.
- Lots of people still make lots of money selling tools very similar to the ones we just give away for free (go figure).
- The picture is complicated.
- Technology keeps changing.
- ... and that's just the way it is.

# Typical OS Business Model

- I, the developer, have this proposition for you: you pay me for my skills as a developer, but I won't make you buy either of us the basic tools (like the operating system), as these are already paid for by the hard work of noble engineers who've come before us. We'll both use their tools.
- You, the client, probably want to have all the source stuff I develop, and yes, that's part of what you get, to maybe reuse with your next developer. I also keep copies for reuse.

# Key Points

- Running code, table schemas, other such blueprint material, is not the same as data, which may well be confidential, proprietary, secret, of no one's business but your own etc.
- Open Source assets interface with Proprietary and Protected assets in a respectful and seamless fashion in many a good design. Open and Closed coexist.

# Key Recommendations

- Teaching Centers of Excellence should turn their clinical experience into valuable table schemas (registries) using open source principles. They might also compete and collaborate on sharing front ends (like GUI eye candy).
- Figure out ways to share case histories in vast quantities, using strong identity obfuscation techniques (“like *Sims* but with real data”)



# Miscellaneous Other Points

- Open Source doesn't have to mean "open to working with everybody"
- OS Projects come with management structures, sometimes closely guarded "commit privileges"
- OS Projects use Version Control (the "safe sex" of software development)
- "Doing OS Projects in tiny cliques" is *not* an oxymoron ("more eyes, less bugs")

Thank you



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