Humanity in an 'e' world

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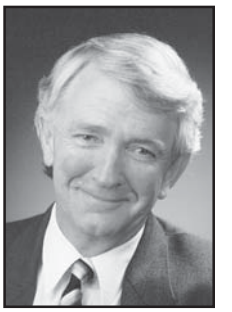

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We are clever idiots. This was Dr Eric Geiringer's summary of a conversation he and I had had about the technical advances in medicine. The comment was made a number of years ago but I believe it is as applicable today as it was then – indeed more so. The nub of Dr Geiringer's argument was that we are clever at developing new technologies but frequently don't pay enough attention to the human consequences.

What follows are observations about current use of technology in health care from a consumer point of view. I'll look at the position in which consumers find themselves, the explosion of information availability and the use to which this is being put. I'll conclude with a few comments about the future.

Knowledge disparity

Over the past fifty years, technology has raced ahead of the person in the street to keep pace. As a consequence we have to place greater reliance on experts. Health care is a very good example of this phenomenon. Not so long ago, certainly within my lifetime, the greatest skills doctors and other health professionals had to offer were a well-developed understanding of human conditions and the ability to patch. They understood the need for isolation when confronted with infectious diseases, they were adept at setting broken bones, their needlework when stitching wounds was often to be admired and their limited range of tinctures and potions offered, at their best, symptom relief but rarely a cure. These were tangible and obvious outcomes that people could understand.

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But times have changed dramatically. Today, health professionals have an arsenal of drugs, disease immunisation, diagnostic tools and operative techniques that not so long ago would have been in the realm of science fiction. However, the trade-off for all these lifesaving and life prolonging technical developments is an ever-increasing gap in knowledge between health professionals and consumers. We know what the result is likely to be but we have to accept as an article of faith the science that backs the health professional's diagnosis and intervention.

But there is a counter-point to this disparity in knowledge. While technology has provided greatly enhanced skills and treatments, it has also provided consumers with access to vast a pool of information. At the suspicion of an ailment, we can now enter the deep pool of the Internet and research, in never before detail, the symptoms and cures for every known condition.

Of course the trick is to be able to discern between the good, the bad and the downright dangerous information with which we are confronted. For the conservative but enquiring person who has faith in evidence-based medicine, the resource is invaluable. It provides background information that puts consumers on a more equal footing with doctors. They can go to a consultation prepared with questions and ideas about possible treatments.

Some health professionals are annoyed at this newfound consumer power. They say it is time wasting, indeed potentially dangerous because consumer understanding of technical and pharmaceutical matters is incomplete. In essence they are saying that a little knowledge is a dangerous thing. I suggest the concerns of health professionals are often nothing more than a smoke screen hiding their loss of power and control over their patients. In my view a little knowledge is better than none and if it helps consumers to ask questions and seek second opinions then this is a very good result. What is more, this wonderland of consumer information is not going to go away so those who object to consumers having access to it had better come to terms with the reality of modern information technology.

But the Internet can also have a negative side. It can be a hypochondriac's delight, feeding fears, supporting imagined symptoms and genuinely causing trouble for health professionals. Again, this is something that will not go away. There will always be people with problems in their lives, seeking attention and support through the imaginative development of medical conditions. Perhaps there is an opening here for the sympathetic health expert to assist by directing needy people to other information on the web that may offer a diversion from perceived illness.

And then there is the black side of the information explosion facilitated by the Internet. It is a happy hunting ground for those on the fringes of medicine. At best they are misguided and, at worst, dangerous. They are the ped-

dlers of false hope, claimed cures that would seem to have their origins in medieval witchcraft, the sellers of snake oil and detractors of modern science and medicine. The disaffected within this group I can have some sympathy for; the charlatans I despise.

The ubiquity of the Internet means there is no hope of stemming the flow of misleading information. Certainly, the occasional sweep by authorities will help weed out the worst excesses but, in the main, we need to find other ways of stopping the innocent and the vulnerable falling prey to pretenders.

The partial solution to knowledge disparity between health professionals and consumers, in my view, is the provision of information that has credibility and is comprehensible to the general public. Single interest groups such as the Cancer Society and the Asthma and Respiratory Foundation do an excellent job in conveying information in their specific areas of expertise to a general audience. However, too much of the authoritative medical information on the Internet and in printed form, is expressed in language that is not easily understood by a lay audience. Take the very good work that is done by the National Preferred Medicines Centre and the Guidelines Group. The information both produce is authoritative and comprehensive but prepared, in the main, for a professional audience. Steps are being taken to communicate with broader audiences but this requires resources. A relatively small amount of government funding would go a long way to helping build an information source of substance, independence and broad public interest. Such a move would add real meaning to the much touted 'e' government initiative.

Remote control medicine

The Internet provides access to information by a few strokes on a keyboard but technology now offers much more. For several years telemedicine has been the promise of the future – you and your doctor or your doctor and a medical specialist have a cyber consultation. Indeed, telemedicine has been with us for about as long as the commercial use of the telephone. Doctors have sought second opinions from colleagues and consumers have asked advice from doctors using the phone and telegraph for a hundred years or more. The technical development of this has been the use of telephony to transmit images and data to diagnose, monitor and treat patients – and even this is now rather old hat.

The interesting point though, is how far the technology will be used in the future. Will consumers be happy with a cyber consultation with an anonymous medical practitioner? So far we have shown only a limited interest in the use of such a service. A fairly obvious conclusion is that we are social beings who still like to have personal contact with people, particularly when dealing with our health. This may change in time but indications in other areas show consumers are not always as enthusiastic about technical innovation as the promoters would like. For example, Internet supermarket shopping has attracted a very small following. The banks introduced a very sophisticated EFTPOS system but had to scrap it and start all over again, this time listening to what consumers and traders wanted and not what the technocrats thought they should have. The result is a system technically inferior to the first but one that was rapidly embraced by the public.

The future of cyber medicine is more likely to be in monitoring of patients and the use of the technology by health professionals for advice and guidance than in the widespread provision of primary consultation.

The extent to which remote monitoring is used, I suggest, will depend on its cost effectiveness and not on consumer choice. If it is cheaper to provide consumers with foolproof monitoring equipment, and perhaps a video and screen to allow an interactive consultation, then this may replace a home visit by a nurse or doctor. Of course a judgment would have to be made as to whether or not the consumer was technically competent to cope with the equipment. The responsibility for this decision would have to rest with health professionals and not be passed to the consumer. In short, this would not be a matter of informed choice by the consumer but clinical assessment of need and competency by those providing the service.

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The use of interactive telephony systems by health professionals is well established and makes very good sense. However, it does raise some interesting issues in relation to the latest round of health sector reforms. These promise strong community participation in the provision of tailored regional health services – a laudable concept. But this has created an expectation of local autonomy. Technology offers co-ordination of expertise. The reforms have the potential to foster parochialism. The more fragmented the delivery of health services become, the greater the difficulty in developing centres of excellence on which others, using modern communication systems, can draw.

Care must be taken in the design and implementation of the regionalised public health system that the promise of local participation and control is not over-sold. Related to this is the effective use of technology. Regions can't work in splendid isolation. New Zealand, with a population no bigger than many overseas cities, must accept the efficiency that is afforded by a degree of centralisation. Technology can help in the rapid collection and dissemination of information. I believe consumers will be best served by the appropriate use of technology which draws on centres of knowledge and experience.

Let's be clever in the use of electronic systems while always recognising the underlying human need that gives the health service its reason for being.