

Doctor Talk: Technology and Modern Conversation

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The other day, I glanced out the window of my apartment, over the buzz of my computer screen, and took in the lycralized outlines of two women exercise walking. Racing to pursue their runaway elbows, they briskly strode by my window, heel-toe, heel-toe. Companions in exertion.

I ran track for a while in college, before knee pain, and, well, laziness convinced me to stick with intramural sports, so I understood why they would be suffering together. It is much easier to endure pain by losing yourself in a conversation, even one reduced to staccato utterances slipped in between breathless pantings. Exercise (translate: misery) loves company. However, a second glance at my lycralized friends showed that these women had no intention of talking to each other. Instead, they swiveled their trim hips to the music of their individual Sony Walkmen. Even worse, the asynchronous bobbing of their heads suggested that, unless they were rhythmically challenged, they were not even listening to the same music.

Modern technology has practically eliminated our need to talk to each other. Friends walk together without the fear of lapsing into conversation. Families dine together in front of television sets. Prospective lovers congregate at bars where dance music is played at volumes guaranteed to let them be judged by their looks alone.

I may be especially sensitive to this side effect of technology because of my career, practicing general internal medicine and teaching medical ethics. Medical technology allows physicians to act as if we no longer need to talk to patients. A patient comes in with back pain, and our MRI will show if it is real ("real" here means "surgically correctable"). Another presents with chest tightness and our catheters and nuclear medicine scans will tell us if the problem is in the heart or in the head. Was that a heart murmur? Only the echocardiogram knows!

I do not question the importance that many medical technologies have in helping us diagnose and treat disease. I often rely on high technology to find things I cannot otherwise detect. Nevertheless, the benefits of these medical technologies come at a significant cost: physicians are losing the art of speak-

ing with and examining patients, face to face, hand to abdomen, and stethoscope to chest wall.

Recently, I listened as a medical student presented a man who came into the hospital with severe back pain. According to tradition, such a presentation ought to include a description of why the patient entered the hospital and a discussion of what the physician (or medical student) thinks should be done to diagnose and treat the acute illness. However, in this presentation the student described the man's back pain for no more than 10 seconds, and then promptly launched into a lengthy, erudite discussion of the man's previous (and resolved) heart disease, complete with impressive data from earlier echocardiograms and cardiac catheterizations. Although the student displayed a fine understanding of the man's quiescent heart problems, he did not begin to comprehend the severity of his back pain. The student had no idea whether the man could sleep through the night, walk up and down a flight of stairs, or have a bowel movement without pain.

This preference for high-tech tests over simple conversation continues beyond medical school. For example, Lurie et al¹ observed internal medicine residents taking call in three hospitals. These residents, despite training in a field that emphasizes thorough diagnostic evaluation, spent an average of only 15 to 30 minutes in contact with each new patient. At two of the three hospitals, the residents spent more time reading and talking about the patients than they spent examining or talking to the patients.

I do not mean to suggest that physicians were perfect at communicating with patients until technology got in the way. On the contrary, physicians have never excelled at giving people enough information for them to understand their medical situations or make informed decisions about what to do about their illnesses.² Only a few decades ago, American physicians routinely withheld cancer diagnoses from patients for fear that they would not be able to handle the bad news.³ And they commonly made decisions paternalistically for patients instead of letting patients decide what was in their best interests.^{4,5}

While physicians have not always excelled at giving information to their patients, at least they talked to their patients long enough to get information from them. Technology has reduced the need for even this amount of communication. We are racing to become like the physicians on Star Trek, whose tricorders and hand-held scanners alleviate any need for them to interview their patients. (In one episode, a crewman came to the ship's doctor with a complaint of

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insomnia, and was told after one wave of a scanner that he had no physical illness.) Is it any wonder that our reimbursement system disproportionately rewards radiologists and anesthesiologists, who use very expensive machines and have little need to talk to patients? Should we be surprised that the "best" medical students run to these high-paying, technology-intensive fields rather than lower-paid positions in primary care?

If we are going to convince the "next generation" of physicians that it is important to talk to patients, we must show them that technology does not remove the need for conversation. I was reminded of one way to do this when I overheard my fiancée, Paula, telling her mother how to use her new computer: "No, Mom, type C semicolon backslash something dot something else... Now tell the program to run through the new data. (Pause) The new data, Mom, not what you put in yesterday. You keep making the same mistake! Did you read the manual? Did you even open up the manual?" From what I could tell, Paula's mother correctly concluded that it would be easier to phone her daughter than to read through the complicated computer manual. Thanks to the overwhelming complexity of modern computer technology, mother and daughter were able to enjoy a solid hour of bonding.

Just when technology seems to be making conversation obsolete, it turns around and creates so many problems that we have no choice but to sit down and talk things through. In fact, I probably owe my job as an ethicist to the problems created by technology. The discipline of medical ethics blossomed in the 1960s and '70s under the shadow of several technology-driven controversies. Without the ventilator, ethicists would not have been asked to help debate the fate of Karen Ann Quinlan. And without dialysis machines, no one would have needed to critique the Seattle dialysis committee, which allocated scarce lifesaving kidney machines according to which patients had,

among other things, held good jobs and attended church regularly.⁶

If we are ever going to get physicians to communicate with patients, in a true give and take, then we must take full advantage of these high-tech dilemmas. That is why I take advantage of the problems raised by technology in order to convince residents to talk to their patients. They declare that a particular patient should never be put on a ventilator. I remind them that before they unilaterally make this decision, they need to sit down and talk to the patient and family to see what their goals are in receiving medical care. Perhaps the patient wants to live another month in order to see her first grandchild. Or perhaps she is afraid that her doctors will not keep her comfortable when her lungs fail. It is rewarding to see how often a conversation about a ventilator can end up as an agreement to no longer wake a patient up at 4 AM am to draw blood for unnecessary tests.

I hope that my teaching helps. Sometimes I feel like physicians and patients are walking together down a corridor filled with expensive machines while they listen to different tunes through separate headphones. I can only hope that the machines create enough problems that physicians and patients are forced to talk to each other again. After all, patients and physicians (translate: people) love company.

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