

BOOK REVIEW

The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age

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Through interviews with almost 100 people from different backgrounds, Dr Wachter from the Department of Medicine at the University of California, San Francisco, explores how digital technology has changed the practice of medicine in the U.S.

Compared to other industries, the digitisation of healthcare started much later due to the complexities of medical practice.

Radiology was the earliest specialty to adopt digital technology. The Picture Archiving and Communication System (PACS) enabled radiology departments to digitise images. In 2000, only 8 percent of U.S. hospitals were using digital imaging and by 2008, more than 75 percent of U.S. hospitals did.

With digital imaging just a click away, Wachter rues that clinicians now rarely meet to discuss cases in the radiology department. He posits that in the future, artificial intelligence will create a virtual radiologist able to diagnose a myriad of diseases. In a speciality that is about visual pattern recognition, will artificial intelligence replace the radiologists?

In contrast, electronic medical records and computerised prescribing caught on a decade later than digital imaging in the U.S. Electronic health records had a difficult start with many staff finding it time consuming due to poor user interfaces and connectivity. This has led patients to complain that physicians are losing their personal touch by spending more time on their computers rather than direct contact with them.

One benefit of digital prescribing is to make it easier for pharmacists to read the prescription. However, a serious digital prescribing error occurred in Wachter's hospital when a 16-year old patient was mistakenly given 38 and a half tablets of sulfamethoxazole-trimethoprim instead of one tablet. The patient had a seizure and arrested 6 hours later. He was resuscitated and recovered after several days in the intensive care unit.

Based on this incident, Wachter cautions against blind trust in technology and implored hospital staff to speak up not only when something is wrong but also when one is not sure that something is right.

Big data analytics in healthcare is still a work in progress. Big data is expected to be useful for example, in determining staffing patterns, monitoring and preventing hospital-acquired infections. Patients' confidentiality has to be maintained when big data is analysed.

The final chapter of this thought-provoking book is reassuring that in spite of all the modern technology, the personal relationship between a doctor and a patient can never be replaced by a machine.

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