

Editorial: e-Health: Will We Be Victims Once Again?

The cover of a recent issue of *The Physician Executive* characterized the focus of that issue with the title "Future Shock: Health Care Meets e-Commerce and other Inevitabilities" (1). In an overview commentary, Martin E. Hickey, MD, writes quite incisively, "As if the slings and arrows of managed care weren't enough. Now we have the rapidly escalating tidal wave of the Internet. . . . But if we physicians take on the victim role in this information/communication revolution, we will have more to lose than we perceived we lost during the heyday of managed care" (2).

That lays reality on the line about as well as any statement can. The rate of expansion of all forms of electronic communication is exponential, and the evidence of that expansion mounts at comparable rates. Each day the number of households in this country with access to the Internet increases; health-related Web sites proliferate at the same time and at comparable rates; and e-commerce comes center stage as business-to-customer transactions evolve to include business-to-business electronic commerce. Thus, the information technology revolution joins a long string of "revolutions"—managed care a major one among them—that have challenged physicians in a few short years. It has important quality implications as well.

Perhaps the greatest and often most frustrating challenge stems from the access that lay persons now have to the vast stores of health care information available through the Internet, coupled with the extent to which they are digging deep into those resources. In the past, aside from their physicians, their additional information sources were effectively limited to popular literature—the "I Am Joe's Heart" features of the *Readers Digest* a typical example. Only the most enterprising person could readily gain access to a medical library or professional journals. Now he or she probes data and information that are precisely the same as those available to physicians and other health care professionals. Armed with data, opinions, and—ideally—information, they arrive for a doctor's appointment prepared for dialogue, in addition to diagnosis and treatment recommendations. Their preparation for the visit might also have involved hours in a chat room exchanging information with folks with similar symptoms or related diagnoses. Small wonder that stepping into the examining room to face such a patient can be a daunting event for the best of physicians.

If greater access to health care information is a benefit or blessing, and most people would likely consider it so, like many blessings, this one is mixed. First, the quality and the accuracy of data and information on the Internet range from excellent to poor, and discerning where a particular resource falls in that range can be a difficult, often impossible, task. Second, the interpretation of data, their conversion into information, and translation into insight and understanding is a recurring task for health professionals, let alone those who are not. Misinformation or improperly interpreted or applied information can complicate the patient-physician encounter. Third, the appropriate roles and functions of the patient and the physician can quickly become blurred, even confused, as they both seek to address the patient's reason for seeking professional help. Perhaps a number of physicians would echo the frustrations of one of their colleagues who dubbed some patients as "cyber-chondriacs"! But as the title in *The Physician Executive* suggests, we are dealing with an "inevitability," and we are well advised to address it squarely.

What emerges from thoughtful scrutiny of the inevitable nature of the Internet realities is that they present the physician new opportunities to learn from and at the same time teach the patient. In a very real sense, that is what patient care has always been about; it is just that both the learning and the teaching have become much more complex. The same can be said of our encounters with the realities of managed care. Unfortunately, as Dr Hickey suggests in his commentary, many of us assumed the role of victim as the managed care juggernaut rolled on in that ongoing revolution. While it may be understandable if we fall into a perception of ourselves as victims as we face the inevitabilities of the Internet revolution, we will do so to great disadvantage to our patients and to ourselves. It has been well said that the role of victim is never assigned; it is always assumed. We have a significant opportunity to reject that role and assume an expanded professional one. And that is our mission as practitioners of clinical quality improvement.

A portion of the opening line of Dickens's *A Tale of Two Cities* is so often quoted to characterize situations such as this: "It was the best of times, it was the worst of times." Many would consider that an apt description of what health care is facing in so many ways today. But the words that immediately follow offer us even more useful perspective and counsel: "it was the age of wisdom, it was the age of foolishness." As we wrestle with the new world of e-healthcare, we will surely encounter much foolishness. We have an unparalleled chance to bring wisdom to that new world.

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References

1. Future shock: health care meets e-commerce and other inevitabilities. *Physician Executive*. 2000;26:1.
2. Hickey M. The age of the Internet: working through the grief cycle (again). *Physician Executive*. 2000;26:4-5.

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