



Transforming professional performance through the power of human interaction

A blog article that affirms the work of SPs; ***Why we need less virtual medicine***

with introduction by Temple West, Eastern Virginia Medical School

Like many blogs or newsletters, I do not remember how or when I signed up for the KevinMD.com newsletter. While it is not one that I read regularly, it is also not one that I would quickly un-subscribe to. It presents a broad range of short articles and opinions from wide-ranging perspectives which are always thought-provoking.

Why we need less virtual medicine reaffirmed my belief that medical education using standardized patients – *real* people -- will never go by the wayside! I hope you enjoy this article as much as I did.

Why we need less virtual medicine

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The world of health care will likely look very different in a decade, owing to a variety of diverse factors including; medical breakthroughs, political reform and not least of all the tremendous advances in technology that are occurring at breathtaking pace. The traditional model of the doctor-patient interaction will also continue to change dramatically (as it already has over the last several years). The days of an unchecked paternalistic relationship are over, one where patients had to accept whatever their doctor said and were not empowered to ask questions or seek answers. In addition to this palpable change in medical culture, technological developments now mean that patients can access their records, do all their own research, and shop around in a way that they couldn't do before. And who would argue that's a bad thing?

A further idea on the horizon, which from some vantage points appears to be the next logical step in the evolution of the doctor-patient relationship, is the notion that even sitting down with your doctor is no longer going to be needed in most situations. After

all, when there's telemedicine and the ability to perform "virtual consultations," why bother? By the same token, many authorities are pushing for increased use of 5-minute retail clinics, where patients can quickly nip in and out of a brisk consultation with an available physician or other health care professional (often in a pharmacy), but with no continuity.

This all sounds very cutting edge and new, but has anyone stopped to ask if it's what our patients really want? Lots of the people pushing for this type of health care are the entrepreneurs and Silicon Valley types, as well intentioned and keen as they may be yet barely old enough to have set foot in a hospital or spent any time working in health care. Let's think for a moment what they would hear if they actually talked to real health care "consumers." Because given a choice of which they would prefer, I believe nearly all patients would rather have a relationship with their own good, competent local physician who is easy to make an appointment with — rather than bother with telemedicine or any of other stop-gap solution in order to get the health care they need.

Patients simply want to be able to sit down with their doctor and be listened to attentively, undergoing a thorough assessment of their problem. Not doing this in front of a real human being won't quite cut it, no less than it would in other social situations which involve people. This applies especially to older patients, who actually require the most health care. Yes, there may be a big physician shortage at the moment, but surely the answer is to train more doctors and make specialties such as primary care a more attractive career option? In other words, we should deal with the root of the problem of why patients aren't able to get the care they need quickly and efficiently. As for the cost issue, whether virtual medicine will cut expenditure and improve health outcomes over a longer time period is highly debatable.

The medical world really needs to reflect on whether this proposed move away from the traditional doctor-patient relationship is a path we want to tread, instead of doing everything possible to preserve personal interactions in health care. I would argue firmly for the latter. As science and technology progresses, it becomes more imperative than ever to preserve and consolidate human interactions. If you also ask any of the older generation what their health care used to be like back in the old days, most of them will have extremely fond memories of their own physician, who would be known to their whole family, make house calls and also visit them in hospital.

One of their biggest complaints nowadays is that these relationships no longer exist, and their health care is too fragmented and impersonal. How will virtual medicine improve this? Beyond the odd question here or there which could be answered by a doctor in this way, the benefits are very limited. By all means, patients should use the wonders of modern technology to make appointments, track their own parameters, and fill prescriptions— but that all runs parallel to the sacred one-on-one doctor-patient relationship. Wherever technology takes us, humans will always be humans. We crave personal attention and interactions, especially with the emotions that concern our

health. It's for this reason that health care is the last place that being virtual and distant will be a long-term success.

Suneel Dhand is an internal medicine physician and author of [Thomas Jefferson: Lessons from a Secret Buddha](#) and [High Percentage Wellness Steps: Natural, Proven, Everyday Steps to Improve Your Health & Well-being](#). He blogs at his self-titled site, [Suneel Dhand](#).