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Impact of new technologies in medicine

T P Lam 林大邦

Editor, The Hong Kong Practitioner

The Hong Kong Practitioner is participating in this month's global theme issue by the major medical journals around the world on the impact of new technologies. Some readers may have already been so over-saturated with material on this topic that they will decide not to read this Editorial any further. Others may be so stimulated by the discussions in various journals that they will continue to contemplate the effects of new technologies on medical practice in the coming weeks or months.

Everyone will agree that technologies have advanced speedily in the last 10 to 20 years, much faster than most of us are able to comprehend. New technologies have completely transformed our way of communication. I still recall the occasion when I asked a hospital secretary what a "fax" was not long after I became an intern 16 years ago. Now, my 6-year-old son knows what a fax is. We may even find it rather difficult to practise medicine without a fax machine in our practice nowadays. Some of us may also find life very inconvenient without our mobile phones. And yet, how many of us had a mobile phone 10 or 15 years ago?

This discussion of course won't be complete without touching on the Internet. These days, I often begin my working day with a dial up to my Internet server to look at my e-mails. Apart from being an excellent way of fast communication, Internet has also provided a great challenge for doctors. Being able to connect to the Internet means that our patients can now have easy access to medical information which was difficult to obtain in the past. Have you had patients bringing along a printout from the Web to query whether the treatment you have prescribed for him/her is not the most up-to-date, or if he/she has the same condition as described on the paper. Are you comfortable when your patients challenge you like this? If you are, that is fine. But, if you are not, can you stop them accessing medical information from the Web and bringing their Web queries to you? I don't think so. On the contrary, I can foresee that there will be more and more patients doing just that. Medical information is no longer a monopoly for the health care personnel but easily accessible public information. Family physicians being the frontline doctors are more likely to face such challenges than our specialist colleagues. On the other hand, family physicians being very much part of

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Editorial

the community at large, must be proactive to respond to the changing community needs. The practice of medicine will therefore have to be transparent.¹

Medical technologies have been very successful in advancing hi-tech medical care, for example, organ transplant and critical care. But are new technologies really bringing benefits to all of our patients? Two common examples are the use of ultrasound to provide the first pictures of the baby or to detect female foetuses for female feticide and the use of magnetic resonance image technology where simple methods could be as effective. Are new technologies also increasing medical costs to the community without necessarily bringing real benefits? Are laparoscopically assisted vaginal hysterectomies better than simple vaginal hysterectomies in both costs and discomfort to patients?² These are all relevant questions that we should be asking ourselves, particularly at this time of economic difficulties in Hong Kong and an imminent medical reform.³

In this issue of *HK Pract*, we are publishing two articles where new technologies and treatments have been shown to help improve patients' outcomes, namely using bronchoscopy in children with inhaled foreign bodies⁴ and administration of thrombolytic therapy in patients with acute myocardial infarction.⁵ However, as pointed out by

the authors, for either of these to bring any benefits to the patients, accurate and appropriate clinical judgements are vital.

We should remember that there is always the human element in medical care. Good clinical practice cannot be replaced by new technologies, which should only be used to help doctors to improve medical care in the community in a most cost-effective way. We need to ask ourselves regularly if expensive hi-tech medicine is providing a better care for our patients. The holistic approach in the caring of patients by family physicians has stood the test of time. I am sure that family physicians will once again prove their worth in the caring for the many patients with biopsychosocial illnesses with contributions made directly or indirectly by modern technologies. ■

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