

THE QUESTION IS, have we—doctors and patients—fallen so in love with technology that we are losing sight of its proper role? We reach out and touch it, as if to absorb its power. Never mind that 85 percent of the information needed to make a typical diagnosis comes from the history, a conversation with the patient. Or that the rest comes from the physical exam and some simple tests. Technology takes years to master, and doctors in training have only so many years. Will young doctors be prepared for the countless times when slick technology is not the best solution? Will they be able to guide frightened, vulnerable people through life-and-death decisions and know when to stop? Or will the machines take on a life of their own, as doctors who have never really learned to listen or to touch become appendages to computers?

We have gotten to where we simply don't feel cared for unless we are on the frontier of technology. "No MRI scan? What's the matter, aren't I good enough?" "No genetic screen? Don't stint, Doc, I want the best." But technology can come between us and our doctors, who may be afraid to talk to patients and their families—and even more afraid to touch them in today's litigious atmosphere. Doctors are rarely sued for applying high technology, but they are often sued for omitting it. "Why didn't you do that test, Doctor?" is one question no physician wants to hear in court. As countless new gizmos come online, both doctors and patients need more and more discipline to resist overusing them.

Unproven technology can be dangerous. All tests have false positives and trigger treatments that are potentially harmful for people who don't need them. As for fixing things, the newest and shiniest tool is not always the best. Just as there are surgical fads—tonsillectomy was one, Caesarean section another—there are gizmo fads as well. The rotoblator, a whirling burr on the end of a wire to ream out clogged arteries, came and went in the '90s, bogged down

by technical flaws—but not before it was tried on thousands of patients, all of whom thought they were getting the latest and the best. Increasingly, technology diagnoses problems, triggering treatments whose effectiveness is judged technologically. Patients are nodded to in passing, rarely coming to understand what is going on, and leave the hospital without knowing how to maintain complex schedules of medication, diet and self-monitoring that could keep them out of the hospital longer. Education and prevention are not as cool as screens and buttons, but they, too, are lifesaving.

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Doctors used to know some strange and wonderful things. One of my teachers came from three generations of German pediatricians. His father and grandfather used to make some diagnoses by sniffing babies' stool. I don't know how useful this was, but since it is a lost art,

we probably won't find out. Another of my teachers said, "Find some excuse to touch the patient in every encounter." But as technological diagnosis replaces physical examination, there is less and less excuse for touching. However scientific they are, doctors are always shamans too. When we are in their hands, they are magical to us. Prescientific shamans claimed to recruit spiritual powers; scientific ones invoke high technology. And we want them to, because this is our wizardry. Yes, it works a lot of the time, but our faith in it goes far beyond its effectiveness. Unless we find a balance between the old arts of healing and the new technology, we may lose as much as we gain. And the loss may be irreversible.