

EDITORIAL

MEDICINE, INFORMATION, TECHNOLOGY AND OUR EULOGY VIRTUES

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In his book “The Road to Character”¹ David Brooks makes an interesting point about two kinds of virtue. One set are the virtues that move us forward in the world, get us promoted and expand our resumes. These are admirable qualities such as hard work, perseverance, ability to get things done, professional expertise. They are an important contribution to the world but they are not primarily what people remember about us after we have died.

What people remember about us are features such as kindness, courage, willingness to stand for an ideal in the face of adversity, empathy. These are the eulogy virtues. Brooks makes the point that character as opposed to ability and expertise is primarily a question of how well we can live our eulogy virtues. And when we die it is our character rather than our expertise that will be remembered and will live on after we are gone. William Osler is a good example. During his lifetime Osler wrote the main textbook of medicine² which was the bible of medicine for many years. He also wrote essays mostly based on motivational talks that he gave to medical students³. 100 years later nobody reads Osler’s textbook. It is out of date and plain wrong on many topics. It is the essays, which are still read with interest and often given to medical students at graduation, that have lived on because they deal with the character that Osler brought to his practice.

My question about information technology and medicine is how it will affect the character of medicine that has made the profession such a long-standing and valued part of human societies. How do we incorporate the efficiency and effectiveness that this new technology can give us without allowing it to diminish or displace our eulogy virtues?

And there is cause for concern. In her book “Reclaiming Conversation: The Power of Talk in a Digital Age” Sherry Turkle⁴ points to a decrease in empathy in college students coincident with the growth of electronic media. Arnold Relman, the former editor of *New England Journal of Medicine* noticed the effect when he became a patient⁵. The doctors looking after him were so preoccupied with their computers he could not seem to get their attention. When he was allowed to see some of their notes on those computers he found them very uninformative about him as a patient. They largely consisted of cutting and pasting from previous notes and reports on X-rays and lab tests. In his book “The Digital Doctor” Dr. Robert Wachter documents the numerous ways in which digital media have affected the practice of medicine⁶. Although Wachter is an enthusiast for the benefits of information technology he documents many deleterious effects on the relationship between doctors and patients. His hope is that when technology improves we will solve some of the problems.

Perhaps, but we need to be clear what problem we are solving. I would frame the issue as follows: how do we use technology to enhance the expression of our values of caring, empathy, and compassion while at the same time increasing the effectiveness and efficacy of our ability to cure and control disease? The order is important because unless our primary consideration is the expression of the fundamental caring character of medicine we will likely be overwhelmed, which I believe is what Dennis Dobkin is describing in his practice of cardiology⁷. Luckily there are countervailing movements in medicine. I would see the championing of medical professionalism and the underlying values that make a good doctor as part of that balancing process⁸. I would hope our promotion of whole person care and the re-incorporation of healing into the medical mandate is a further step in the right direction⁹. McGill’s stance on these issues and the incorporation of the teaching of healing and professionalism under the rubric of Physicianship as a major part of the core teaching of all medical students is emblematic of the change we need to see¹⁰.

But at bottom a change in the direction of eulogy virtues will take character on the part of individual physicians and the profession as a whole. We need to be willing to take a stand that puts primary importance on our relationship with patients. Everything that enhances that relationship we should support and everything that diminishes or undervalues that relationship we should question and seek to modify or change. Will this prove easy or smooth? No, but in the long run it is our eulogy virtues that will make the difference between a technical occupation that attempts to mend people like machines, and a caring profession that serves the deep needs of human beings when they become ill. By which set of virtues do we want to be remembered? ■

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