

The Medical Library Association Annual Meeting



How Technology Is Changing Medicine and May Change the Law

by Kumar Percy

I attended the Medical Library Association annual meeting this year, "Demystifying the Dragon: Strategies for 2000 Plus," held in Vancouver, British Columbia, in conjunction with the Canadian Health Libraries Association. During the meeting, I discovered that law librarians have a great deal to learn from medical librarians—especially the changes in how the medical profession disseminates information.

Changes in Medical Librarianship

The changes in medical librarianship were first evident in how different the exhibit hall was: fewer large commercial vendor booths than in either AALL or the American Library Association, replaced by several governmental and non-profit publishers. Free access to medical information was a big issue. The National Library of Medicine has spearheaded the drive to help professionals and patients alike discover the cutting edge of medical research for free. Many of the projects

included online definitions of medical terms so that the public can more easily understand the articles.

Another difference is that doctors and support groups are using the Internet to share medical information directly with patients. This trend has the potential of transforming doctors from authoritative decision-makers into consultants or information providers. The implications for the legal profession are profound.

Online Info Sharing with Patients

Of the many speakers who talked about this topic, the best overview was the plenary talk by the University of Texas' own Thomas Ferguson, an Adjunct Associate Professor of Health Informatics at the University of Texas Health Science Center and a senior associate at Boston's Center for Clinical Computing, a medical computing think tank at the Harvard School of Medicine.

Ferguson pointed out that the medical establishment, including librarians, is resisting innovative uses of the Internet, or at best using the technology to replace existing systems. Professionals have created what Ferguson calls "shovelware," self-help information without much interactive ability. These are usually links to databases of articles written using hard-to-understand terminology.

Patients Taking Initiative

In the meantime, patients are transforming society by demanding innovative and transformative changes in the profession. They are themselves creating support group Web sites that share the most recent literature about medical studies. Ferguson had stories of patients who saved their own lives by using these resources to find treatments or ongoing clinical trials. Often the patients made their discoveries after their own physicians had told them that there were no known treatments.

In my discussion with many of the librarians and health providers at the meeting, I discovered it is now common for patients to find medical reports before meeting with their doctors. They then ask the doctors to explain the articles' implications for their own treatment. Physicians were initially unprepared for this fundamental change in their relationship with patients. After centuries of demanding that patients follow doctors' orders, they are now being forced to justify treatments based upon recent medical literature.

Another trend is that the support groups are giving patients advice and support that may be as good as a doctor's. This advice often came supported with citations to articles. Additionally, experts sometimes stay on these virtual support groups to provide information. In one study, Ferguson recorded the advice and support given to a father whose child had recently died. The advice was shown to clinical psychiatrists. Some of the psychiatrists felt that the online advice was better than most of that given by grief counselors.

Docs Go Online with Patients

A final change talked about by several people is online chat with physicians. Several Web sites provide free access to doctors through live chat or via e-mail. In some cases, the doctor talks to the patient for free (see www.americasdoctor.com as a very good example). In other cases, the doctors are experts who charge a fee and may require that the patient have a three-way online chat: the patient, the expert, and the patient's primary care giver. The doctors told me that they are easily finding malpractice insurance coverage for online chat consultations even though they do not meet the patient face-to-face.

Ferguson suggested a new model for medicine. The current model for doctors' visits is to see a physician who will act as an authoritarian figure. This model is demeaning to patients and expensive. He suggests that Internet medical resources may be a superior substitute for many ailments. Of course, there are times that an authoritarian is preferable (after a plane crash you don't need advice; you need a doctor to save your life). However, for less serious problems, he suggests that personal literature search, support groups, and online chat with doctors may become a primary step to getting medical help. The next step could be a talk with a doctor to help interpret the information. His vision is a doctor as a coach or information consultant. Only in serious cases would the patient need a doctor as an authoritarian. He suggests that this model would be more empowering for patients and maybe cheaper for society.

Contrasts with Law Librarianship

The legal profession as a whole has not taken similar steps to address the potential of the Internet. Legal publishing is almost exclusively targeted at lawyers. The state bar associations are actively trying to undermine any efforts for self-help. Databases do not try to define legal terms

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in a useful way for lay people. These kinds of changes could transform the lawyer-client relationship just as they are doing in the medical realm.

Besides the value of the formal meetings of this conference, they are also an excellent opportunity to learn from colleagues in medicine. I was able to talk to medical librarians about oral histories,

printing fees, and use of cell phones in the library. Where law libraries are struggling to limit pager and cell phone usage in the library, some medical school libraries not only encourage them, they also supply telephones throughout the stacks so that doctors can return pages. Attending this conference gave me a new insight into law librarianship; I would recommend that others attend future conferences.

For more research see the expert guides and resources of <http://www.about.com/>; the online consultations with www.americasdoctors.com; and the Ferguson Report (www.doctom.com).

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