

## Opinion

# The Internet: Curse or Blessing for Patient Care?

The other day I got to thinking, as I am sure you have, how unbelievably quickly computers and their associated technologies have overtaken us all, like an alien Beamer on the autobahn catapulting past our human-scale VW microbus. Less than 25 years ago, manuscripts like this editorial used to be written in longhand, typed by a secretary armed with Ko-Rec-Type, edited by someone with a sharpened red pencil, laid out on a large flat table, typeset by a union linotyper, and printed on an offset press. Notes were transmitted between students in class using paper, folded to fit in a clenched fist for easier passing. Now it's a text message on a cell phone, fitting in an open palm for surreptitious use. And then there's e-mail—how did we ever live without e-mail? But all these wonders pale in comparison to what the Internet has done to our modern medical existence.

The Internet has quite suddenly leveled the playing field. Globally. Anyone, anywhere, with a computer and access to the Internet has entrée to information nearly as sophisticated as that available to the most highly trained professional, or the most senior college professor. And for the most part it's free of charge and free of barriers to access. Economists are fond of observing that inequality of information is responsible for inflated pricing in market-based economies. The text for my 1994 MPH class reads as follows: "One of the distinguishing characteristics of the market for med-

ical services is the lack of consumer information . . . This lack of information may result in the consumer being charged higher prices, and receiving care that is both unnecessary and of poor quality."<sup>1</sup>

Barely more than a decade later, and because of the Internet, a number of new patients arrive in my office thinking they know more than I do. They have been surfing, gathering "facts" from Web sites of all persuasions and from magazines and books they'd never know about without the Internet. Some of these facts are news to me, since I am behind in my reading of *Living Nutrition* magazine and *Tissue Cleansing Through Bowel Management* by Bernard Jensen, DC, ND, PhD. Others are pretty mainstream. But they all serve to increase the information available to an increasing number of patients [see "When Patients Surf the Web," page 39].

Some of my colleagues decry the unfiltered, unverified information that patients can access, wishing they would use only certified sites as a trusted source, much as you rely on what you read in *EyeNet*. They say that patients, full of false information, will make decisions that are not in their own best interest. Have they forgotten the way it used to be? Patients have always relied on sources of false information: friends, acquaintances, family members, all armed with anecdotes that steer behavior away from the doctor's advice. Health beliefs among cultures and families have always been a major barrier to patient compliance

with medical treatment.

At least now, patients arrive with a pile of information from the Internet, knowing that only some of it is true. They are seeking my advice, not as the source of knowledge, the way it used to be, but as a knowledgeable source of perspective on how it all applies to them. Since they understand the basics, we can quickly dispatch the passing of information and concentrate on informed choices. I think that's a better use of my skills as a physician, so I should hang a sign on my door, "Surfers Welcome."

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1 Feldstein, P. J. *Health Care Economics* (Albany, N.Y.: Delmar, 1993), 327.



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