

# Doctors of

*"We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do."*

– Atul Gawande, *Complications: A Surgeon's Notes on an Imperfect Science*

In her article "Redefining Medicine with Apps and iPads",<sup>1</sup> Katie Hafner of the *New York Times* wrote about the changing role that technology has played in doctors' delivery of healthcare. Against the dichotomy of two doctors belonging to the older and newer schools of Medicine, she explained how the iPhone app MedCalc helped the younger doctor, an Internal Medicine resident, start an infusion of saline for an elderly patient at the right rate.

The contrast was stark, and will continue to be, as my generation of classmates enter the wards. We turn to Google and Wikipedia at the first sign of an unknown medical terminology, check our iPhones for our next lecture and email professors for clarifications instead of meeting them in person.

It was over a year ago that I first stepped into the Anatomy hall and the feeling of being face-to-face with a human being who once lived, who once walked where I walked, and who once was exposed to the same tribulations that life deals us all, is humbling.

But with the recent news that the nascent Lee Kong Chian School of Medicine will use iPads as a tool to teach Anatomy, due to the dwindling supply of cadavers,<sup>2</sup> I begin to wonder whether this novel idea will cause future medical graduates to lose the human touch.

So where do we strike the balance between maintaining the human touch and leveraging on technology?

Like the cadavers, we too are imperfect in our emotions and ability. We cannot remember everything that patients expect us to know, and to acknowledge our inability takes a great deal of humility and self-awareness. The cadavers have taught me that life is more than just the sum of its parts and the accumulation of memories. We are part of a system – both us and our patients – and to think otherwise would be to be ignorant and dangerous.

So as I lay my hand on a cadaver, and also look forward to placing my hand on a patient during my clinical years, perhaps it would be important to remember that we all owe a duty to our patients to deliver the best standard of care. Technology must remain secondary to a higher ideal.

It is definitely remarkable that knowledge becomes so easily obtainable today, and we should keep

# Imperfection

By Bryan Chow

up to date with changing best practices and make use of it to our patients' advantage. In her article,<sup>1</sup> Hafner quoted Dr Paul C Tang as saying that adding an app does not make someone a better clinician. These are merely tools like others that doctors have used for generations, and we should not be overly reliant on them. Patients look to us, not the MedCalc app or the reference textbook, to provide comfort, solace, and as often as possible, a cure.

But with the explosion of knowledge, it would be unrealistic for every physician to know precisely everything. We are imperfect, and talking to patients reminds us that life is imperfect as well.

Richard Snell's proverbial message on the first page of *Clinical Anatomy by Regions* is that our knowledge of Anatomy may save a patient's life. If using an iPad to learn Anatomy will allow us to better remember facts, then we have a duty to embrace it.

Our patients deserve the highest quality of care medical science can provide. I am confident that my classmates and seniors are well and able to rise to the occasion. We will continue to use our Android phones and Internet searches, but will still plough through the nights on shift and spend hours memorising Microbiology because it is our responsibility.

It is more than seven months since I last walked out of the Anatomy hall, but the faces I saw and the feeling of a human heart in my hand remains firmly etched in my mind. My professors constantly exhort the axiom that we are treating the patient and not the disease. I trust that medical school has taught all of us to prioritise, to be independent, to be committed and to be humble. Beyond the sleepless hours and heaps of notes, it has made us well aware of our inadequacies and failures.

That is not the excuse for mediocrity though; our patients deserve better.

And we ought to give them the best. **SMA**

## References

1. Hafner, K. Redefining medicine with apps and iPads. *The New York Times* 8 October 2012.
2. Poon, CH. Med students get a feel of human body on iPad. *The Straits Times* 7 October 2012.



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