At Last, Doctors Begin to Jump Online

Clifford Hudis, M.D., could sense the panic in the patient's voice. The woman had heard a report the evening before on ABC World News Tonight with Peter Jennings. A drug she was taking for high blood pressure was apparently linked to an increased risk of cancer. Now she was calling Hudis to see if the report was true.

With the patient still on the phone, Hudis switched on his desktop personal computer and logged onto the Internet. Within minutes, Hudis had linked to ABC World News Tonight's home page on the World Wide Web. A few mouse clicks later, he was listening via the Internet and his computer's RealAudio sound player to the same 30-second news piece the woman had heard the night before. After hearing the report, Hudis then went on to explain to the patient what he thought the finding would mean to her.

The woman was astounded — and impressed — that her doctor could get the information she needed so quickly and efficiently.

Such success stories are beginning to crop up among doctors who have become adept users of emerging online technologies. Hudis uses the World Wide Web and other Internet services in his daily practice as an assistant attending physician at Memorial Sloan-Kettering Cancer Center in New York. But, outside the environs of academic centers and research hospitals, doctors have been slow to answer the call to cyberspace. Now, it appears, doctors at the community level are beginning to realize that the Internet inevitably will affect their practice one way or another.

"There are a lot of doctors who have never even logged on," said Joel Goldwein, M.D., co-editor-in-chief of the University of Pennsylvania's Oncolink (http://www.oncolink.upenn.edu). "Physicians ultimately are going to have to learn how to use this technology so they can keep up with their patients."

Interpreting the Web

Managed care organizations, in efforts to pare medical costs, have placed an increasing emphasis on clinical guidelines. Patients know that doctors in HMOs sometimes have restrictions on what they can offer patients as treatment options. So, patients are seeking information from a variety of sources — including the Internet — to make sure doctors are telling them everything that's relevant to their cases.

Meanwhile, Internet pundits have warned that not all medical information published on the Internet is accurate and reliable. Experts have repeatedly urged patients to ask their doctors for help in interpreting the information they find on the World Wide Web. And, not surprisingly, patients are doing just that.

But it can be both helpful and harrying when patients bring information they've downloaded from the Internet to a clinical visit, explained Ivor Benjamin, M.D., co-editor-in-chief of Oncolink.

For example, suppose a doctor is recommending a course of treatment to a patient. The doctor is trying to explain a bone marrow transplant when, all of a sudden, the patient starts asking about a coffee enema he read about on the World Wide Web. The patient wants to know if the coffee enema would make a better treatment than a bone marrow transplant.

"You're stuck having to explain not only what a bone marrow transplant is, which is very complicated," Benjamin said, "but you're stuck explaining what a coffee enema is and why it's no good. If you just discredit it in one sentence and say, 'Well, you know, that's nonsense out there on the Internet,' you might lose the faith of the patient. And also, you can't just say [in one sentence]," Michael Glode, M.D., editor-in-chief of the American Society of Clinical Oncology's ASCO OnLine (http://www.asco.org/), wrote in the July issue of the Journal of Clinical Oncology that doctors of the future will act as "information guides" rather than "information resources."

For example, as genetic testing becomes widespread, doctors will be
called upon to interpret the test results. And doctors will need to have access to some kind of computer-enhanced counseling information system in order to give a detailed analysis of a particular patient's portfolio of cancer risks.

"Although some oncologists may feel threatened or annoyed by these developments," Glode wrote, "the information highway has already changed the fundamental physician-patient relationship in oncology as much as the pregnancy and ovulation test changed it in obstetrics."

Not Librarians

Such may be the future of oncology, but Daniel Shoskes, M.D., an assistant professor of urology at UCLA, said he can't envision doctors assuming this "librarian function" anytime soon. Thousands of rare diseases can be found at random by trolling the World Wide Web, he said. It's unreasonable to think that a patient suffering from a particular set of symptoms would be able to figure out exactly what he or she had.

"In the current era, when physicians have less time to spend with patients, it's a real abrogation of responsibility" to send patients off on their own to do research, Shoskes said.

Still, it's apparent that cutting-edge medical information takes a long time to filter down to the daily practice of doctors in the community. And the Internet could help trim that lag time. In a recent study, Ted Trimble, M.D., a researcher in the National Cancer Institute's Division of Cancer Treatment, Diagnosis, and Centers, found that about 90% of women with early-stage ovarian cancer were not receiving the most advanced care.

The most common departure from the National Institutes of Health's 1994 consensus statement on ovarian cancer was that doctors failed to search for malignant cells in the lymph nodes of women with stage I or II of the disease.

In an interview, Trimble said that, ideally, most physicians' associations' home pages would have Internet links to a national online database with up-to-date information on how to decide what stage of cancer a patient has. He said it also would be good if there were an interactive feature to the database, where doctors were prompted with an array of questions relevant to the particular patient being treated.

Indeed, as the changing health care industry takes shape, several companies are trying to set up doctors' computer

AMA Goes on the World Wide Web

The American Medical Association is helping doctors take advantage of the Internet. It has set up a home page (http://www.ama-assn.org/) and has started publishing portions of its weekly journal on the World Wide Web. It also co-sponsors Physicians Accessing the Internet (PAI), a program designed to teach doctors how to use the Internet.

Bonnie Chi-Lum, M.D., an assistant professor in Loma Linda (Calif.) University School of Public Health and Medicine, is PAI's national project coordinator. At an AMA meeting in June, she taught a 1-hour hands-on Internet seminar attended by about 150 doctors.

"We had some physicians who, when we said, 'Can you double-click on this icon?' had no idea what to do," she said. "We also had doctors who were very computer-savvy."

Here is a sampling of some of the doctors who attended that seminar:

- Peter Ekern, M.D., a family doctor in Mexico, Mo., does not have his office computer online, but he wants to use the Internet to get updates from the AMA and the Missouri State Medical Association on legislative and economic issues. He said the time has come for doctors to take advantage of advances in communication technologies: "This is the '90s, and we've got to keep up with everybody else."
- William Garrett, M.D., chief surgeon at the Metropolitan General Hospital of Nashville, Tenn., is getting his office computer connected to an Internet service provider to get updated information from medical databases, and to gain access to his hospital's computer database of patient records.
- Patrick Davis, M.D., a family doctor in Arlington, Texas, is already wired to the Internet "basically for my own curiosity." A few patients have come to him with information they pulled off the Web, including a diabetes patient with a list of questions about new drugs. He also conducts Medline searches on the Web.

— Bradley Keoun

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networks for profit. SalickNet, a division of Los Angeles-based Salick Health Care, is setting up a network system for its member doctors in Phoenix. The system will give these doctors computer access to clinical guidelines that reflect the most up-to-date medical information. But, said Bettina Kurowski, SalickNet's director, the system will work well only if the doctors themselves — and not just their secretaries — are using the computers.

Web Surfing With Ease

As time goes on and technology improves, doctors will find it easier to use their online systems, said Clement J. McDonald, M.D., a distinguished professor of medicine at Indiana University and co-director of the Regenstrief Institute, a non-profit research foundation that conducts informatics research.

The future of computer networks, McDonald said, is a seamless blending of computer applications that involve both the Internet and the Intranet — a network that links computers within a hospital or institution. It will be easy for doctors to glide between a wide variety of computer programs because the screen displays and pull-down menus for all the applications will look the same, McDonald said.

What’s more, communication links will get faster. Right now, most doctors in the community only have access to the Internet through a telephone modem, as opposed to the direct Internet connection that most doctors in research or academic settings have. With a telephone modem, it still takes a lot of time just to log on. As doctors in the community get access to direct Internet connections, more of them will begin to go online, McDonald said.

People often ascribe cultural properties to a phenomenon that is largely technological, McDonald said. Doctors like technology, but they do not have much patience. So, he said, once the technology gets to the point where doctors do not have to meander through a labyrinth of countless computer screens and wait several minutes to get the information they want, they will be using the Internet as much as anybody.

— Bradley Keoun

Study Finds Some Patients Are Never Too Old for Surgery

Despite popular misperceptions, elderly patients may do just as well as younger ones after surgery for a single metastasis — all else being equal. And experts say these patients and their doctors should not give up hope for years of healthy life.

These conclusions emerged in a new study that looked at whether the potential benefit of surgery is worth the risk in elderly patients, and at what point a patient may be too old to undergo the rigors of surgical resection in general, and in the lung in particular.

Garrett Walsh, M.D., pursued the answers to these questions after he saw a 92-year-old man at The University of Texas M.D. Anderson Cancer Center, Houston, who had undergone not one but three surgical resections for cancer — including one for a metastatic nodule in his lungs.

"He had colon cancer at the age of 86, and that was removed," recalled Walsh, an associate professor of surgery at M. D. Anderson. "Then he went on to have a solitary brain metastasis removed at the age of 87 and a solitary liver metastasis at the age of 88."

At age 89 he had a resection of a lung metastasis, and at 92 he had no

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Dr. Clement J. McDonald

Dr. Garrett Walsh