## **GUEST EDITORIAL PREFACE**

## Special Issue on Man to Machine: The Changing Face of Medicine

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The prescient poet Thomas Stearns Eliot, in his work, The Rock (1), famously wondered about the direction innovation and information was taking humankind towards.

Where is the Life we have lost in living? Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?

The cycles of Heaven in twenty centuries Brings us farther from God and nearer to the

Today, medicine stands at a similar crossroads. While the endless stream of innovation has provided us with more than an adequate look into the working of the human body, we are slowly losing sight of the whole human being. A patient in a multispecialty clinic today gets buffeted around like a raft in a stiff thunderstorm. In our pursuit to provide the best possible care in line with the evidence at our disposal, we often lose

sight of the patient's expectations and priorities. We stand at a time when every day brings us technological advancement, but it has also brought us face-to-face with Albert Einstein's wonderment: It has become appallingly obvious that our technology has exceeded our humanity? With these musings in mind, the editorial team for the current issue of the International Journal of User Driven Healthcare decided to explore the changing face of medicine and bring together a collage of the entire spectrum of man, his machines and medicine.

In the original articles section of this issue, we have papers reflecting the rise of the machines in the delivery of healthcare today. Pathak et al, in their paper on electronic ICU, introduce us to a supplemental, remote monitoring system to improve clinical outcomes. Their proof of concept paper introduces an interesting paradigm, which takes us closer to algorithmic medicine and machine-based monitoring. They fail to find any statistical significance of implementing such a monitoring system. This raises

questions about the financial viability of such a system in the developing world setting, but more so, raises the philosophically uncomfortable question whether medicine today is getting divorced from the human touch due to its overdependence on mechanical systems.

The article by Silvia Torsi moves towards a reconciliation between the human and machine components of medicine today. In this article, the author describes the coming together of patients suffering from chronic conditions and the involvement of Human-Computer Interaction technology, with additional support from healthcare providers, to form a symbiotic system to benefit the patient.

This issue then moves on to Chatterjee et al weaving a narrative case history of an individual's ad hoc journey through multiple diagnoses and interventions for vascular ailments. Certain parts of this article produce a strong indictment of a system over-reliant on machine-made diagnoses, and acting in a financially motivated manner. This brings us to Price's deliberations on the importance of single case studies. It has been well established that certain fields like Neurology or Psychiatry have benefited immensely from this particular study model that epidemiologists, public health professionals and policy makers have always regarded with utmost suspicion. In this paper, Dr. Price makes a telling point in that these situations, aided by computer-based modeling, may create learning tools applicable in complex milieu otherwise not conducive to academic scrutiny. From this platform, we start on a journey of introspection with Dr. Elpern, who wonders whether as physicians we are reading the right things. Pulling on the wisdom of the greats, from Hippocrates to Osler to William Carlos Williams, he reminds us that the journey of discovery in medicine does not end with medical literature. It is but the mere starting steps of a wonderful, fulfilling journey. This modern canon is followed by our concluding original article, which ends this issue on an apt note. We are introduced to the world of budding "humanist physicians" as Ravi Shankar et al, walk us through the role-play activities practiced by medical students at their institute.

This is quite an interesting follow-up from the modern medical canon. With more patient autonomy and movement away from paternalistic medicine has led to more respect and freedom for the patient (Thoreau, n.d.).

An ever-evolving system of medicine tells us that the profession and academia is in good health. Continuing to rise in response to challenges, creating newer goals to achieve is a part of growth and development, but while we are on that course, we need to remember Thoreau's assertion and not become the tools of our tools (Golden, n.d.). This issue of the International Journal of User Driven Healthcare is a gentle reminder of these philosophies, which have been well-embodied in the words of Osler:

The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish.

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