Have We Lost the Healing Touch?

By Melvin Konner, M.D.

1 ADMIT IT: I LOVE TECHNOLOGY. Its potential astounds me. A friend of mine with a laparoscope takes an appendix or a gallbladder out through a couple of half-inch slits, watching the cutting end of a sleek tube on TV. Another, with his PET scanner, images people’s brains every two seconds while they listen, think and talk. Still another uses the most advanced oscilloscope to guide an electrode through the brain of a Parkinson’s patient, tracing the territory of the brain’s motor centers. He’s searching for cells he can burn out, thereby freeing someone from tremor and paralysis. Yet another monitors a dozen different measures in newborn babies’ blood through a teeny cuff on a minuscule fingertip; the cuff is connected to a big bank of displays with colored blips and numbers. It’s cool, it’s pretty and it helps battle illness. If you haven’t felt technology’s power, you will. To paraphrase an old saying, there are no Luddites in hospital beds.

2 The question is, have we – doctors and patients – fallen so in love with technology that we are losing sight of its proper role? We reach out and touch it, as if to absorb its power. Never mind that 85 percent of the information needed to make a typical diagnosis comes from the history, a conversation with the patient. Or that the rest comes from the physical exam and some simple tests. Technology takes years to master, and doctors in training have only so many years. Will young doctors be prepared for the countless times when slick technology is not the best solution? Will they be able to guide frightened, vulnerable people through life-and-death decisions and know when to stop? Or will the machines take on a life of their own, as doctors who have never really learned to listen or to touch become appendages to computers?

3 We have gotten to where we simply don’t feel cared for unless we are on the frontier of technology. “No MRI scan? What’s the matter, aren’t I good enough?” “No genetic screen? Don’t stint, Doc, I want the best.” But technology can come between us and our doctors, who may be afraid to talk to patients and their families – and even more afraid to touch them in today’s litigious atmosphere. Doctors are rarely sued for applying high technology, but they are often sued for omitting it. “Why didn’t you do that test, Doctor?” is one question no physician wants to hear in court.

4 As countless new gizmos come online, both doctors and patients need more and more discipline to resist overusing them. Unproven technology can be dangerous. All tests have false positives and trigger treatments that are potentially harmful for people who don’t need them. As for fixing things, the newest and shiniest tool is not always the best. Just as there are surgical fads – tonsillectomy was one, Caesarean section another – there are gizmo fads as well. The rotoblator, a whirling burr on the end of a wire to ream out clogged arteries, came and went in the ’90s, bogged down by technical flaws – but not before it was tried on thousands of patients, all of whom thought they were getting the latest and the best. Increasingly, technology diagnoses problems, triggering treatments whose effectiveness is judged technologically. Patients are nodded to in passing, rarely coming to understand what is going on, and leave the hospital without knowing how to

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The term Luddite has become synonymous with anyone who opposes the advance of industrial technology.
maintain complex schedules of medication, diet and self-monitoring that could keep them out of the hospital longer. Education and prevention are not as cool as screens and buttons, but they, too, are lifesaving. One of my teachers came from three generations of German pediatricians. His father and grandfather used to make some diagnoses by sniffing babies’ stool. I don’t know how useful this was, but since it is a lost art, we probably won’t find out. Another of my teachers said, “Find some excuse to touch the patient in every encounter.” But as technological diagnosis replaces physical examination, there is less and less excuse for touching. However scientific they are, doctors are always shamans too. When we are in their hands, they are magical to us. Pre-scientific shamans claimed to recruit spiritual powers; scientific ones invoke high technology. And we want them to, because this is our wizardry. Yes, it works a lot of the time, but our faith in it goes far beyond its effectiveness. Unless we find a balance between the old arts of healing and the new technology, we may lose as much as we gain. And the loss may be irreversible.

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1p 35 ■ What do the examples in paragraph 1 serve to illustrate?
   A The appeal exerted by medical technology.
   B The false expectations medical technology has raised.
   C The improvement of public health as a result of medical technology.
   D The writer’s conviction that medical technology is being used beyond the permissable.

1p 36 ■ Which of the following could replace “Never mind that” (line 29)?
   A It goes without saying that
   B It is rightly assumed that
   C We do not object to the fact that
   D We seem to forget that

1p 37 ■ Which of the following is true of the sentence “Or will … to computers?” (lines 41-44)?
   A It aims to belittle the problem touched upon by the two previous questions.
   B It questions the advantages of the development sketched in the two previous questions.
   C It suggests the writer’s misgivings with respect to the issue raised in the two previous questions.
   D It underlines the main concern of the doctors referred to in the two previous questions.

1p 38 ■ Which of the following are in line with the writer’s point in paragraph 3?
   1 Doctors ought to do every available test before making a diagnosis.
   2 Nearly every illness can now be diagnosed with technology, even if it cannot be cured yet.
   3 The pressure to apply technology does not only come from the medical profession.
   4 The threat of facing a claim from a patient may make doctors do unnecessary tests.
   A Only 1 and 2.
   B 1, 2 and 3.
   C Only 3 and 4.
   D 1, 3 and 4.

1p 39 ■ What is criticised in “Patients … lifesaving.” (lines 79-86)?
   A Failing medical technology.
   B Patients’ passive attitude.
   C The medical world.

1p 40 ■ What does the example of the “German pediatricians” (line 88) serve to illustrate?
   A doctors derive part of their authority from very personal ways of examining the patient.
   B in the past physical disorders were too often seen as symptoms of mental disease.
   C valuable medical expertise may get lost if we rely too much on technology.