

How digital health care systems are changing the doctor-patient relationship

July 29 2015, by David Bradley

Writing in the International Journal of Healthcare Technology and Management, researchers in Denmark explain how the new paradigm of a digital health care system, as it matures, is putting the picture of the doctor-patient relationship in an entirely new frame and not always in a positive way.

The advent of electronic [health care](#) records and the mobile computer in the form of the laptop, tablet and smart phone has led to the notion of patient empowerment. The new medical ethos that began to emerge in the mid-2000s was of a transformation of the traditional [health care system](#) into a modern digital system in which we, as [patients](#), have access to the information and knowledge previously available only to medical professionals and can now meet our physicians on a more equitable footing.

Søsser Brodersen and Hanne Lindegaard of the Center for Design, Innovation and Sustainable Transitions at Aalborg University Copenhagen, explain how the headline proclamations that future patients will take of themselves via tele-health care systems are yet to happen. Patients would not interact with a face-to-face meeting with stethoscopes and sphygmomanometers and a "stick-out-your-tongue", but via digital sensors and domestic diagnostic devices and a video conference call to their doctor.

"In Scandinavia, the design of future health care systems and [healthcare technology](#) innovation are top priorities for politicians and technology

developers," the researchers argue. " An ageing population and an increasing number of patients who are living with chronic diseases have led to increased health care system costs," they add. The same can be said for many other parts of the world. Information and communication technology (ICT) could be key to reducing the number and length of hospital visits in the digital age. But, to make the necessary adaptations to health care and upgrade us to the Patient 2.0 paradigm, there are many issues yet to be addressed and questions to be answered:

- Will the technology-based, self-management view result in an increased number of technologies in private homes?
- How will the vision change the relationships between doctors and patients, and patients and relatives in practice?
- How will the newly-empowered patients (or their relatives) become experts on their own illnesses?
- How will patients' identities shift from being 'treated' to being 'empowered' when living with a chronic illness?

The transfer of power to patients will inevitably involve additional work and costs for someone, but perhaps reduce the burden on the health care worker. The researchers argues that the changes will have implications beyond the economic and logistic gains anticipated by politicians looking to free up hospital beds and reducing waiting times. But, while our evolution into Patient 2.0 means we could undergo home diagnosis and home treatment and continue to work or live out our retirement, Patient 2.0 will have to learn how to share the responsibility for their own health, seek information, stick to medication regimes, measure vital signs and be attentive to symptoms.

The researchers' case studies of elderly and chronically ill patients show that a 150-year old Patient 1.0 tradition might be overturned to the benefit of both patient and physician, and perhaps even politicians.

More information: "Empowering patients through healthcare technology and information? The challenge of becoming a Patient 2.0." *Int. J. of Healthcare Technology and Management*, 2015 Vol.15, No.1, pp.73 - 88 [DOI: 10.1504/IJHTM.2015.070518](https://doi.org/10.1504/IJHTM.2015.070518)

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