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Listening to x-rays

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Abstract

As technology intrudes into clinical medicine, I reflect upon how we must never forget what is actually and always at the heart of healthcare.

Keywords

art of medicine, technology, humanism

I recall the exact moment I became aware: aware that Medicine was not being practiced the way I had learned it; that technology was going to rule the day; that the art of Medicine was moving into the wings, while the mighty and powerful infotech took center stage. This momentous event did not occur back when house staff first discovered Palm Pilots, nor did it wait until all of us *and* our patients had iPhones glued to our hands.

No. For me, the dawn of realization came the day I heard a resident report during morning rounds that he had “listened to the chest x-ray”. I knew what he meant, of course. The team had accessed the dictation line and had heard the radiologist’s interpretation. But come on, people! You *look at* x-rays, you don’t *listen to* them! Since radiology is profoundly visual, maybe you should venture downstairs to see it for yourself, and even better, see it as what it is – a picture of your living, breathing patient.

But time and technology wait for no woman, and now that we are several years into this new cyber-infused age, I reflect occasionally on the changes in Medicine and whether I still have a place in this world. I was a new physician several decades ago, and I was like most such creatures – comfortable with the science (after all, it had been my life to that point), but having little or no grasp of the art. Experience (and grace – a lot of grace!) has a way of making new creatures of us, and I eventually gained some understanding of the art. Along with that came acute awareness of things that interfere with application of the art of patient care.

Daily, I rail at the electronic record. Koko the sign-language-using gorilla could construct better sentences than Allscripts, and I will never accept that clicking on “non-smoker” is an adequate social history. Are quality improvement initiatives only supposed to improve the institutions’ competitive edge? Must be – all we ever hear about is rankings. And don’t get me started about insurance companies’ tracking of our patients’ records for their pay-for-performance schemes, in which my demented elderly patients must have perfect A1Cs and lipids.

But then, I experience the extraordinary. My 93 year old mother (250 miles from here, and 75 miles away from her home) is compassionately and comprehensively cared for by one of our own internal medicine graduates! I see students and residents doing medical outreach to impoverished countries, and to the homeless in our community. I hear from my patients’ families that members of our team were exceedingly good to them during a hospital stay. I witness my husband’s routine care provided by another of our graduates with unfailing kindness and keen attention.

And so, when I can be wise enough to look at the whole picture, hope lives! Technology and blind obedience to it will *not* win out over actual care of the patient. It’s OK if you listen to an X-ray occasionally, as long as you always *see* that which needs to be seen on the faces of real human beings.