

I just lost 20 minutes in my EMR to prescribe a grape popsicle for a patient. Yes, I have to prescribe popsicles. Yes, they are in EMR. Yes, I can prescribe different routes for the popsicle (including intraocular).

[Fernando Zampieri @f_g_zampieri | 23.08.2019](#)

“Clinical practice has been and should remain an exercise in judgment driven by the evidence that a doctor and patient have in front of them, rather than by thoughtless adherence to what a manual says”.

[The BMJ @bmj_latest | 9.10.2019](#)

Interesting. Just spoke to a doctor specializing in sleep medicine about sleep tech, and they drew a comparison to the weight loss industry: “people spend billions on gadgets and supplements touting a quick fix, but they don’t listen to the free advice”.

[Christina Farr @chrisfarr | 9.10.2019](#)

“The reason progressives often lose the argument is that they focus too much on wealth redistribution and not enough on wealth creation. We need a progressive narrative that’s not only about spending, but investing in smarter ways”. @Maz-zucatoM

[Zahra Al-Harazi @zahrasays | 9.10.2019](#)

Teaching is, I believe, a branch of the entertainment industry. Nobody learns when bored.

[Richard Smith @Richard56 | 7.10.2019](#)

Med students shd be taught to be AI bullshit detectors. They need to ask: Is this technology ripe? Is it a barrier or enabler for patients? Does it save time & energy or waste it? What will my role be in 30 years? What are the potential harms?

[Richard Lehman @richardlehman1 | 6.10.2019](#)

Ho appena ascoltato questo lapsus freudiano di grande attualità: “viviamo in un egosistema”.

[Luca Sofri @lucasofri | 5.10.2019](#)

A person who speaks 3 languages is tri-lingual. A person who speaks 2 is bi-lingual. A person who speaks 1 language is English.

[Clive Wismayer @clivewismayer | 4.10.2019](#)

Publishers, reviewers and other members of the scientific community must fight science’s preference for positive results — for the benefit of all.

[Matthew Westmore @matt_westmore | 4.10.2019](#)

“Overdiagnosis is not a purposeful act; it is an unfortunate side effect of our irrational exuberance for early detection”. + “Early detection is great for the business of medicine”. --Gil Welch, the 1st author of @NEJM paper, on the epidemic of overDx

[Eric Topol @erictopol | 3.10.2019](#)

“Prospective evidence of the potential benefits of using #AI in medicine remains limited”. [nature.com/articles/s4157...](#)

[@NatRevClinOncol](#)

Nearly a year later from @NatureMedicine review, not much has changed.

[Eric Topol @erictopol | 3.10.2019](#)

What to expect from AI in oncology

An increasing number of studies suggest that artificial intelligence could revolutionize medicine. In oncology, we are only beginning to fully understand the practical implications.

In the past few years, the terms ‘artificial intelligence’ (AI) and ‘machine learning’ (ML) have become common in the news, several important medical advances have been made using these approaches. Some might conclude that we are witnessing a new era in medicine, where challenges could be solved more easily than ever before. However, the reality is more complex. While AI and ML can help us understand the complexity of medical data, they also pose significant challenges to the way we practice medicine.

In the current issue, Anand Mahalingam and co-authors provide an overview of studies in which AI-based approaches have been applied to patient analysis and prognosis. In this Perspective, we focus on the challenges that AI-based approaches pose to the way we practice medicine. We discuss the potential for AI to improve patient care, but also the risks of over-reliance on AI and the need for a more balanced approach.

These results show, however, that we should not be too optimistic about the potential of AI in oncology. While AI-based approaches have shown promise in some areas, they also pose significant challenges to the way we practice medicine. We need to be cautious and to ensure that AI is used in a way that is transparent and accountable.

Following is not the only area in which AI has the potential to improve the outcomes of patients with cancer. AI is also being used to improve the way we practice medicine. For example, AI-based approaches are being used to improve the way we diagnose and treat cancer. However, we need to be cautious and to ensure that AI is used in a way that is transparent and accountable.

Conclusion: While AI-based approaches have shown promise in some areas, they also pose significant challenges to the way we practice medicine. We need to be cautious and to ensure that AI is used in a way that is transparent and accountable.

Finally, some experts are optimistic and believe that, with access to AI, clinicians will have more time to spend with their patients. Such a shift will only come if the total duration of patient visits remains the same and if AI is not used to automate the entire visit. Unfortunately, some patients might perceive the adoption of AI by their doctors as a sign of dehumanization. Communications will be key to help them understand the different roles of humans and the machines in their care.

In summary, the practical implications of using AI in routine oncology practice are not yet completely understood. In addition to the challenges discussed, prospective evidence of the potential benefits of using AI in medicine remains limited, thus necessitating further research. The introduction of AI into routine clinical practice is a complex effort that will require multidisciplinary expertise and, above all, the support of patients and their families and the cooperation of regulatory bodies.

1. Bawa A, et al. The use of artificial intelligence in oncology. *Nat Rev Clin Oncol*. 2019;15(10):605-615.



Everyone: Help us change psychiatry’s misleading narrative: Say depression pills, not antidepressants, as they do not have specific effects for depression; say major tranquillizers, which is what anti-psychotics do - they have no specific effects for psychosis.

[Peter Götzsche @pgtszche1 | 1.10.2019](#)

If Medicine wants to maintain trust, it, we, prof societies, must welcome unconflicted critical appraisal of evidence. Cheerleader panels at meetings is a blemish.

[John Mandrola @drjohnm | 29.9.2019](#)

“Use of language matters, and getting it right (or wrong) can promote (or prevent) an ethos of shared endeavour between clinician and patient”.

[Jordan Canning @jordancanning_ | 26.09.2019](#)

‘Multimorbidity’: an acceptable term for patients or time for a rebrand?

“Writing Through Extreme Grief Helped Me Become Myself Again”. Catalysts for creativity [buff.ly/2XWXFic](#)

[Danielle Ofri @danielleofri | 25.9.2019](#)