

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 | @chrissyfarr | 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 term ‘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, although others could be concerned. What are AI and ML, and how can they affect the practice of medicine?

One of the challenges for the use of AI in oncology is that of access to data. Essentially, individuals participating in an intervention with AI require certain data to be collected from these users in conventional manner. The challenge is to ensure that diagnosis and treatment decisions are based on the best available data. In order to implement AI-based tools, institutions will need careful data planning, but also a careful review of medical professionals’ involvement in this new approach to medicine. Thus, widespread access to AI-based health care might not happen in the near future.

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 about if the total duration of patient visits remains the same and all AI-related tasks are done for the staff. Otherwise, important time patients might perceive the adoption of AI by their clinicians as a diversion of attention from their care.

In summary, the practical implications of using AI in 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 motivating the first research. The introduction of AI into oncology clinical practice is a complex effort that will require multi-stakeholder engagement and, most importantly, the input of patients and their families and the cooperation of regulatory bodies.

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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 | @pgtzsche1 | 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](#)

There are real ramifications of the oversimplification of medicine. Protocols, guidelines and exams delude us into thinking there is a ‘right’ answer.

Honesty about uncertainty is the key.

[Sam Finnikin | @sfinnikin | 2.10.2019](#)