



High-tech boom in medicine: really a benefit?

Grady and Redberg, editors of well-known JAMA (Journal of the American Medical Association), started a series of articles in 2010 entitled "Less is more" [1], in which they showed that interventions - used too much or in the wrong place - do more harm than good. In the editorial at the start of the series, the authors gave several reasons why Western-style health experts tend to use "too much" technology and bio-medical interventions:

- The payment system, which under-rewards the doctor-patient discussion.
- Lack of time for explanations to patients.
- Patient expectations that equate the use of high-tech with medical competence.
- The attitude that diseases must be fought ("defensive medicine").
- The "glamor" of technology.
- Technology that has once shown a benefit is then also used for minor ailments ("technology creep").

The greed for profit of the high-tech manufacturing and supplying companies or the service providers (laboratories, doctors) working with them is certainly also a reason why even proven ineffective interventions, such as arthroscopy for knee osteoarthritis [2], continue to be used and proven helpful (cost-effective) therapies from alternative medicine, such as acupuncture, are not accepted. Why should mammography screening for women between the ages of 69 and 75 being extended in Germany at the moment, even though it has been clear since 2014 that it is not useful but rather harmful [3,4] and that it places an immense financial burden on the healthcare system? If we were to suddenly stop using expensive technology for nonsensical diagnostics, people insured by health insurance companies might get the idea that their money (in the case of mammography, for example, 220 million in 2010) has been spent "in the wrong place for years" [3].

Using artificial intelligence (AI) in healthcare is the latest "hype" in this belief system. However, the quality of the results of what AI can achieve depends on the "feed" given to the computers used for this purpose. The generation of intelligent algorithms relies on large amounts of high quality data. Health data comes from individuals who must first agree to their data being used. Do you really want your sensitive health data to be known, used and sold? You can take action against it [5] !

The selection, evaluation and input of available data is carried out by humans. Errors can creep in, important factors are not taken into account or important data are simply missing. Just as studies or statistics can be falsified or manipulated by unsuitable, inadequate or missing raw data, it is also possible that the practical application of these results can cause great harm to people [6].

The cardiologist and Nobel Peace Prize winner Bernard Lown pointed out already in 1996 [7]) that the doctor-patient discussion and the observation of a patient's gestures are often much more meaningful than the data from a technical examination. As an example, the author cites a specific question to rule out angina pectoris in a patient instead of subjecting him to an expensive and invasive coronary angiography, in which 200,000 of the millions of examinations carried out in 1993 only have shown normal coronary arteries. If a patient was able to comply with the request to indicate the location of the pain with a finger, angina pectoris could definitely be ruled out, according to Lown's famous instructor Dr. Samuel A. Levine. However, if the

patient states that it is not a localized pain at all, but rather a feeling of pressure or tightness, and places the entire hand or fist on the middle of the chest, the diagnosis of angina pectoris would be confirmed.

The high-tech processing of therapeutics harbors incalculable risks. The fact that additives and impurities in vaccines can damage your health is not new. One example of this is "macrophage myofasciitis" [8]. It is assumed that after a vaccination, the carrier transporting the vaccine, the aluminum, is "eaten" by macrophages, which cannot get rid of it, circulate in the body and cause inflammation and pain in a wide variety of muscles due to their altered physiology. The contamination of the current "vaccine gene therapeutics" against the coronavirus appears to be tantamount to opening Pandora's Box [6, 9]. We do not know what effects these contaminants have in the people on whom they were used, nor what consequences the excretions of these people have. It can be assumed that they will also leave traces in the drinking water supply. There will be another blog on this topic at a later moment in time.

Conclusion: The training and many years of experience of a therapist are still valuable building blocks of good individual diagnostics. The personal doctor-patient consultation, comprehensive information about all available options and a trusting relationship between humans (doctor-patient) are the best foundation for making self-determined and well-founded decisions for subsequent therapy.

Literature:

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Less is more

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