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Transcript: AMA Vice President, Dr Tony Bartone, 2GB, 1 February 2017

Subjects: Google health cards; rural health

MARK LEVY: Well, I wonder when you get sick, where do you head for information? I think we'd all assume the majority of people go straight to the doctor. But, get this, one in 20 - one in 20 - Google searches is for health-related information. With everything from coughs to infections, rashes and snake bites, we're quick to jump online at the first sign that there's something wrong. So, it's no surprise that people are often led to dodgy information leading to misdiagnosis and a whole heap of unnecessary worry.

Well, today Google is launching verified medical information in Australian search results. The search engine will now feature health cards which cover details of more than 900 health conditions and diseases, and indicate how concerned users should be about each ailment.

No doubt it's a much-needed update, but can we really trust Google when it comes to medical conditions? I know for mine, I sometimes will log onto Google and start searching all these websites rather than go to the doctor. The last time I had a cough I thought I had lung cancer. The doctor said 'Mark, turn it up, wake up to yourself'. But you read all this wrong information, and then you can jump to these conclusions.

Dr Tony Bartone is the Vice President of the Australian Medical Association, he joins me on the line right now. G'day doctor.

TONY BARTONE: Good afternoon Mark.

MARK LEVY: Well, thanks for your time. We've all heard stories of people misdiagnosing themselves with cancer after Googling strange symptoms. Do you think this is a good move by Google or not?

TONY BARTONE: Well, it's a long-overdue improvement in the quality of the information that Google are providing. Certainly, we all know of people that do Google searches and come up with an enormous variety of possibilities, and they're not sifted ... you don't know the veracity, you don't know the authenticity, the reputation of the sites that you're looking at. And so, it's about time that we've had this. At least, the health cards are vetted by Google health doctors, essentially from the Mayo Clinic I believe, they're vetting the information and the veracity of the information.

But what we need to remember is that it's information only. It's not a cookie cutter approach to self-diagnosis, and even the manufacturers of this program, the developers, have said that it's not to be used as anything else other than just a source of information.

MARK LEVY: I would've thought, too, Dr Bartone, that a lot of these Google search engines, when people are looking up different ways to diagnose themselves, when they actually go and get professional help, nine times out of 10, the doctor will probably say 'where the hell did you get that information from, because you're completely wrong'.

TONY BARTONE: And you're absolutely right, you've hit the nail on the head. You know, there's one thing to getting information and that's why the information needs to be sorted,

sifted, and appropriate to the time, the contextual nature of the patient and his or her symptoms. And so consequently, not all that is a cough is cancer, as you've correctly pointed out. But of course, for some people, it's an important differential, and that's what comes with the experience, and also knowing the patient, their background, their history, their family history, and their occupation and all their other pursuits.

MARK LEVY: And there's nothing better than a face-to-face consultation. I mean, if you've got a rash on your arm, you go to the doctor, the doctor can actually sit there, examine you, take your temperature, feel the rash to see whether it's warm or whether it's cool, which obviously helps you diagnose what the rash actually is. Whereas if you're going onto an internet looking at Google images trying to match up your rash, well, you're not really getting the information that you really need, are you?

TONY BARTONE: Look, you're absolutely spot on there. Sometimes, I go to look for a diagram to show a patient of the rash, you know, because they've asked a question and I say 'this is what it looks like, I can't find anything that I would even have seen remotely in the past myself'. So, it's really hard to get good quality images.

But there's nothing beats the time-honoured tradition of the laying of hands. I know it sounds perhaps a little bit syrupy sweet, but there comes with that the observation and the information that's gained from visual inspection and assessment. And, you know, I'm reminded constantly of the words of my medical school teachers who said: "More mistakes are made by not looking than not knowing." And so it's just as important a part of the consultation as the history taking. They both interplay and interrelate to each other entirely, and you really - to do one without the other can lead us up the wrong path, especially in untrained and unproven hands.

MARK LEVY: Well, being city slickers, I mean it's very easy for us to say the best thing to do is go and see your doctor, your GP, but we've got people listening to us in all parts of Australia, and there'll be people listening to us on rural properties where, you know, it might take them two-and-a-half hours just to get to see a doctor. So, I can see where the benefits are with Google that sort of way because they've got this extra information, they've got this proper information on there as such. But when it comes to serious injuries, when it comes to serious illnesses, you do need to make the trip, you do need to jump in the car for two-and-a-half hours if that's what it takes, because the doctor is the one who can help you in the long run.

TONY BARTONE: Look, most certainly. And what we've got now is we're getting a situation, particularly with rural and remote areas, we've got the ability now to use telehealth options or services, in terms of assisting with the more timely nature of when you really do need to present face-to-face, when you've got that tyranny of distance. But you're right, nothing beats a face-to-face consultation, especially when we've got a set of symptoms that are causing the patient concern and have been present for a while and don't fit the usual bill.

MARK LEVY: Alright, Doctor. Well, it's certainly worth discussing because I know plenty of people who jump on to their computer and try and work out what's wrong with them, and I always say 'get to the doctor, stop being lazy', because that's what it comes down to; people are just getting lazy.

TONY BARTONE: And there's nothing wrong with people wanting information as long as, at the end of the day, it's not used to try and assist in a short cut. As long as people remember that it's going to be great for improving their health literacy. And that's not a bad thing at all, that's something we encourage in every consultation - patient understanding.

MARK LEVY: Yeah, exactly right. Good on you, Doctor, thanks so much for joining us.

TONY BARTONE: Good on you. Have a good day.

MARK LEVY: Dr Tony Bartone, Vice-President of the Australian Medical Association.

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