



## On the Internet: A Third Opinion

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## On the Internet: A Third Opinion

by H. Irving Pierce, M.D.

**R**ecently a patient who had sustained a recurrence of a sarcoma of the uterus came to my office. She brought with her a stack of paper downloaded from the Internet, including information from the web site of a prestigious eastern medical center. The institution had cited on its home page one of its general surgeons and his interest in the field of sarcomas. My patient was upset to find that I was unaware of the surgeon's particular skills in treating the disorder from which she suffers. She was also disappointed to find that I do not spend several hours a day scanning the Internet to learn how to treat my patients.

Historically, the course of a patient's care has fallen under the control of the physician as facilitator. Inherent in this relationship is the implicit trust that the physician is working to the best of his or her abilities to effect a successful outcome. In recent years, changes in the way we physicians conduct our practice have impacted tremendously on our ability to care for patients who constitute perhaps the most difficult of any specialty.

The advent of the home computer, and specifically, on-line services, is posing yet another pressure on oncologists. For many, the World Wide Web is a means of seeking educational information. The ability to access up-to-date medical information has raised the medical sophistication of our patient population; the Web has empowered patients to become more involved with their physicians in making medical decisions. For many patients, the Web provides a means by which they can

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obtain a "third opinion" regarding their illness. The value of information accessed in this manner becomes suspect when, as in the example above, a patient confuses an institution's marketing effort with proven expertise.

Oncologists are often besieged by patients' Internet use and the reams of paper consumed printing information on the new, experimental (and perceived) life-saving therapies available. Many times,

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however, patients do not understand that such therapies represent preliminary Phase I trials that are not available to the majority of them because of the extent of their disease or prior treatment. I once encountered a patient with metastatic malignant melanoma who had previously undergone high-dose alpha-Interferon therapy and thus did not qualify for a melanoma vaccine trial. The patient saw a listing of the trial on the Internet and incorrectly interpreted it to mean that anyone was eligible. He could not understand—and did not fully trust my explanation—that prior treatment made him ineligible to participate in the trial.

Many individuals assume that because they can access information on the Internet, the informa-

tion is therefore true, especially if it is presented in a credible manner. A patient with access to a computer, a modem, and an Internet service can encounter almost any group or individual able to build a web site, a scenario that often leads to incorrect conclusions and hypotheses. News groups and listserves offer commiseration and sometimes copious amounts of misinformation about where and what to seek for help. In some cases these groups have become a haven for those espousing unconventional therapies, and in rare instances can be a ploy for money, preying on the disconcerted, agitated patient.

Given these scenarios, some physicians may assume, just as incorrectly, that most of the information available on the Internet is erroneous or bad. There are, however, many legitimate sources of reliable medical information, such as MEDLINE, the National Library of Medicine, and the NCI's Physicians Data Query (PDQ).

The use of the home computer and the patient's access to the Internet are becoming so ubiquitous that physicians will have to come to grips with this phenomenon and its results. The rigorous demands of most oncologists' practices leave little time to spend gleaning information from the Internet. However, in order to respond to our computer-knowledgeable patients, we must spend the time to seek out what is available to assure patients that we are as up-to-date as they are. How this can be done, given the time constraints of a twenty-four hour day, is yet another problem. One basic remedy has been around long before computers were dreamt of and is the basis of good medicine. That is, we need to effectively respond to the demands of our patients to succeed. ☐