



# Medical Histories in the Digital Age



"Single?" "Married"? Or, "It's complicated?" In an era of revealing your relationship status to millions of strangers, we have grown accustomed to people sharing "TMI" about themselves. How might this affect the doctor-patient relationship of a new generation? Are younger patients more likely to share important information with their physicians, where older generations are less forthcoming? Is there a silver lining to this comfort with exposing one's personal information for all to see? Might we get more valuable information in our medical and social histories?

Well, the simple answer is, "We don't know yet!" But that would make for a short and rather boring opinion piece, so let's speculate a little. Let's consider a few digital realities and then explore how they might impact the patient encounter.

"Digital natives," as first described by Marc Prensky in 2001, generally include those born after 1980. The rest of us are tabbed "digital immigrants." We use much of the same technology, but we use it in different ways. To a digital immigrant, according to Prensky, many of these devices are consider "tools." We often use them to reach someone or set up a face-to-face meeting. To a digital native, however, digital communication is considered to be just as real as face-to-face communication. It is considered an extension of their very being, not just a tool.

In addition, digital natives are far more comfortable sharing personal information than their immigrant counterparts. Facebook is filled with intimate details and emotional images that most immigrants would be hesitant to share even with close confidants.

While one could speculate that this social openness might translate into more revealing medical and/or social histories, a few caveats apply:

1. Sharing personal information in a face-to-face communication is different than online. Even when revealing your identity online, there remains a certain anonymity with exposing personal information digitally. There is a distance between "viewer" and "poster" that encourages more emotionally charged or personally revealing in-

formation. Who of us hasn't at least sent one email expressing ourselves in ways we would never dream of in person?

2. Much of what is shared online is intended to be peer-to-peer. While we can expect natives to be more open with other natives, it is quite a leap to expect this openness to be cross-generational.

Medical histories, historically, depend on a chronological set of events with a linear relationship. Digital natives don't think this way. They are comfortable in a world of multiple, simultaneous realities, jumping between and analyzing several things at once. This has been coined "continuous partial attention," and its impact on communication in the patient encounter is uncertain. While one could argue that most patients have a difficult time presenting a "coherent" history, most of us digital immigrants are certainly more wired to do so.

Might we have to change the paradigm of the medical history to more accurately collect information from this generation? Perhaps we should look more closely at electronic media as a means of reaching and communicating with this generation of patients. With the explosion of electronic medical records in the urgent care setting, perhaps we can develop electronic history tools designed to elicit medical information more accurately and effectively from a wired population.

The medical community should work with sociologists and psychologists to better understand the unique communication and relational patterns of digital natives. Additional research may reveal innovative strategies for eliciting important information and more revealing histories. ■

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