



“The problem with Google is that Facebook and Google are these giant feedback loops that give people what they want to hear.”

— Franklin Foer, staff writer for *The Atlantic*

## Back Away From the Google ...

C Douglas Phillips, MD, FACR

I saw a coffee cup the other day and immediately had to have it. Now, my wife knows I have a serious weakness for coffee cups—I have about half a million. No joke. They are in all our cupboards, our closets, our shelves, some are even still in their boxes. They’re in my office, my bedroom, the kitchen, the dining room, everywhere I walk.

I guess I need to get a handle on that sometime, but that’s for another day. The cup I needed this time has, artfully glazed into the ceramic, “Don’t confuse your Google search with my medical degree.” Wisdom on a cup. Another must have.

I hear you: where’s he going with this?

I enjoy interacting with patients; avoiding them is NOT why I went into radiology (I like dark rooms). I just usually learn more of the patient’s history and story that way, and it is a way to stretch my legs and get out of the reading room.

The best patient interactions are those of low complexity: bone ain’t broken, CT looks normal, your thyroid is fine, etc. Troubling patient interactions are of high complexity: I can’t get in touch with your doctor (HA! Imagine that, eh? You’re sure now that I’m making this up.), the finding is potentially ominous, I don’t know you, you don’t know me, your family is with you and want to be there, etc.

However, there is another patient interaction that always leaves both parties feeling edgy. Frustration abounds, tempers may flare, and letters may get written. In the absence of fault.

Here’s the scenario: you read a study, report your findings, maybe suggest follow-up, and it fits with all the information you have. Job well done, next case. Not so fast. Patient reads report, almost always prior to seeing their physician, and DOES A GOOGLE SEARCH. They may be baseline pessimists, in which case they pull every Google reference regarding the certainty of death with the findings you have noted. They may be optimists, in which case ... uh, no. They are never optimists. They are ALWAYS pessimists.

So, the “patient wants to discuss their findings” call that you field mid-day starts off with the last 15 or 20 articles on fatal cancer following the description of a “bone island” in the cervical spine. Or maybe the amazing incidence of sudden major cardiac events in patients with incidental arachnoid cysts of the middle cranial fossa.

You painfully realize that you’ll be here for a long time. You can talk about bias, chance association, non peer-reviewed literature, pay-for-publish journals, and more until you are blue in the face, but you are NOT Google.

I don’t have any great piece of wisdom here. Sorry. Maybe we can reserve good responses to this quandary for the online feedback or as letters to the editor, but digging out of this hole is just impossible. You might be able to make some money betting these patients whether their Google search beats your degree, but that would likely be unethical. Although highly profitable.

Keep doing that good work. Mahalo.

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