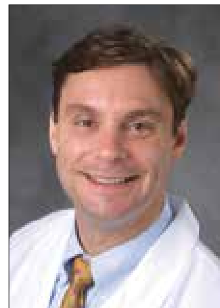
Talk to Me



Medical communication is increasingly nonverbal. Electronic medical records, e-mail, texting, websites, search engines, and even social media all make us depend less than ever on the spoken word. There are many advantages to these platforms. Documentation is undoubtedly a good thing; it provides a record of our interactions and thinking that may help to clarify a later review of patient outcomes. Increased access to information through the Internet also makes attendance at medical conferences appear optional because presentations are instantly made available online. But in this rush to adopt new technologies, have we stopped to consider what we may be losing?

Peer interaction is the most obvious loss. I was reminded of this when I attended the 2019 Genitourinary Cancers Symposium in San Francisco in February. With 15 members from my institution in attendance, including medical oncologists, urologists, radiation oncologists, fellows, and residents, my presence seemed a bit unneeded. My colleagues would report back everything that was important, and I could view all the main presentations online. But after I arrived, I was reminded of why attending medical conferences is so important. The meeting was a beehive of activity, with colleagues from around the world discussing the latest advances, findings, and challenges in the field. I was so completely drawn into the swirl of activity that only much later did I realize I had not checked my e-mail or even opened up an Internet search browser in hours! Okay, I'll admit I was on social media (Twitter is a great real-time supplement to live meetings), but still—I was getting so much out of interacting with my colleagues on the stage, around posters, and in meetings.

Medical practice in any setting can be isolating. Recently, I went to morning rounds on our oncology service to hear about a patient of mine who had been admitted the night before. I was surprised by what I saw that morning. Sitting in a windowless room were three interns, a medical resident, a medical oncology fellow, two physician assistants, a pharmacist, and an inpatient attending. Nine people in total, all with their backs to one another while one person read a medical history from a screen as the others followed along on their computers. The presentation was no doubt comprehensive and accurate, with full review of imaging, lab results, and overnight interventions. But where was the patient in all of this?

When I trained, we used to present at the bedside of patients. I realize now how that might have been insensitive (especially given that we had two patients to a room), but it made the interactions real. I probably forgot some details, especially because I was never strong on note taking, but I always remembered the main points. This skill came not from reading someone else's notes in the patient's chart, but from the conversations I had with the patient. Don't get me wrong—I am not advocating that we go back in time and do bedside presentations, but somehow, we need to ensure that we maintain our interactions with patients and one another.

This month's issue of *Clinical Advances in Hematology & Oncology* contains some real pearls on communication. For starters, my former fellow Dr Michael Humeniuk reflects on his first year building a practice back in his home state of South Carolina. Next comes a perspective from the perioperative setting from Dr Keren Rouvinov and others at the Fox Chase Cancer Center, who discuss data supporting neoadjuvant chemotherapy in bladder cancer. From there, we move to an article by Dr Shilpa Paul and colleagues from the MD Anderson Cancer Center, who discuss the management of refractory/relapsed acute lymphoblastic lymphoma. We also feature an interview with Dr Catherine Broome of Georgetown Lombardi Cancer Center on the recognition, diagnosis, and management of cold agglutinin disease.

Rounding out this issue are two forward-thinking articles; one, by Dr Vinay Prasad of Oregon Health & Science University, offers a provocative perspective on the redesign of clinical research, and the other, by Dr Reuben Benjamin of King's College Hospital in London, explores the future development of off-the-shelf CAR T-cell therapy for lymphomas.

From the challenges of initiating a practice, to perioperative cancer management, to rare conditions in hematology and oncology, these articles stress the importance of communication, collaboration, and the recognition of unusual issues in cancer care. I hope these articles will be useful to you, and that perhaps you will take just a few moments out of your busy week to talk with your colleagues a little bit more and take time away from looking at a screen.

Sincerely,

Daniel J. George, MD