

**A LETTER FROM THE FUTURE**

*This letter was discovered this morning, addressed as follows: To the medical educators, Futurist Forum, Budapest, October 2019. .*

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***October 19, 2042***

Generally, you know, I don't mind her voice, but at 6 AM, Alexa-II can be a pain. "Wake up time, Noah!" she says, a little too cheerily, with those annoying chimes. "Do you want the general news, medical updates or your playlist?"

I see enough of what she calls "General News" every day in the community health center I'm employed by: heat prostration and dehydration, malnutrition, suicide, gunshot and knife wounds, addictions. The things we learned in medical school – heart disease, say - are just the starting point for clinical practice today. Those basics are frankly more competently cared for by artificial intelligence means (with its pattern recognition and data-tracking smarts). The truly serious, psychosocial issues often have a societal cause and a medical outcome; they're the complex issues of today's health care.

I say, "medical news" for a more health science-focused update. She offers tips based on my patients and prescribing profile: new drug side effects and drug interactions; drug-drug interactions; drug therapies or trials based on patient genomes. I like Alex-II's bio-personal touch too. As I pick my phone up, she says, "I've set reminders for your workout at 5pm and meditation late this evening, Noah. Your blood pressure is normal but your heart rate's elevated at 80 bpm." There's a little scold in the last comment: she's implying I should be using my biofeedback strategies more.

I scroll through my clinic schedule. It's packed today (probably causing the increased heart rate):

*8AM:* overnight patient review, on-call issues, with team.\*

*9AM-12:30PM:* Clinic: planned visits, videocalls with patients. While every day is different, there are similarities: patients are seen by one or more members of the team\*; complex cases are referred to me as the lead physician; there's ongoing, electronic connectivity (via social media, tablets in every room) to ensure up-to-date, evidence-based treatment; feedback from patients sought frequently; "teachable

moments” captured; reliance on order sets, data tracking and reporting. Our patients are registered with us, able to communicate with their care navigator by email, telephone, or social media at any time.

*12:30-1:30PM:* lunch; meeting with community leaders to plan for population health-oriented activities: food banks, loneliness prevention, cancer well-being groups.

*1:30-3:30PM:* individual and team meeting with the quality improvement/learning docent. Review of recent roster data (patient feedback, quality metrics, prevention goals, communication success or failure; educational needs; clinical outcomes). The sessions comprise feedback, mentoring, and coaching regarding learning strategies.

*3:45PM:* team training based on objective data and feedback: role play, patient scenarios. We involve everyone, from the clinical clerk to the clinicians. Evidence is pretty clear from the Learning Sciences that education plus objective feedback produces change. We'll attempt to implement our improvements tomorrow in clinic. LS has also informed how we teach medical students, residents, and all health professions, from admissions to a health profession career to retirement.

*5:15PM:* Team reflections on the day\*: What could we have done better? Where were we at our most effective? What implications have these patient problems pose for population health? How do we handle patient deaths, errors? What do we need to learn?

One case sticks in my mind. A refugee patient (we have many) was sent to the Diagnostic AI-plex (I still call it the Radiology-Pathology Lab) for a CT. The Artificial Intelligence reader detected an ectopic pregnancy, referred her immediately to the gynecology team for laparoscopic surgery, ordered initial lab tests and blood replacement products. Our nurse-practitioner will see her at the 'hospital' (actually an outpatient facility) to ensure continuity of care; more than “hand-holding,” human contact increases well-being and will reduce her sense of loss.

*\*The team is key to everything we do: nurse practitioners, residents, physician assistants, PT/OT, psychologist, and other health professionals.)*

“Don’t forget tonight,” Alexa tells me – a dinner meeting for me and our community advocacy professional (CAP) with the local chapter of the Alzheimer’s Society. I have some patient stories for them (anonymized of course) and a big message about funding, about care-giver education, home management. Our CAP is an example of the re-trained health professional, a nurse practitioner in this case. There are many other examples of transitions to new roles, frequently induced by AI, from our group. They include an internist, re-trained in psychological medicine (a blend of psychiatry, psychosomatic illness and internal medicine) in one case. In other cases, a surgeon re-trained as a clinical IT engineer and a pathologist retrained as a team and quality improvement consultant. The role is now a newly defined specialty.

The retraining phenomenon is extensive of course. Last week, I was at a retirement celebration for a radiologist colleague. She is the last in our region, and her party made me think about my “retirement.” I realize that it will come one day and wonder what the next phase will be like – a medical education consultant? A full time advocate? A writer perhaps, keeping my patient experiences (and patients) alive on “paper”? Who knows? Maybe I’ll ask Alexa....

*Noah Scott, MD\*\**

*\*\*Noah Scott is the hero in Dave’s first novel, “A Potter’s Tale,” published by Story Merchant Books, Los Angeles. It’s available on Amazon.[CA](#), the [US](#) and the [UK](#)...and now in the UAE. You can visit him at [www.drdavedavis.com](http://www.drdavedavis.com) or follow him @drauthor24.*

### ***Questions for discussion....***

- 1) What features of the future do you see in this “letter”? What educational implications do they convey?
- 2) What’s missing or inaccurate in this scenario?