



EDITORIAL

Human communication, the internet, medicine and its addictions



Communication amongst human beings is vital for the development and support of the human race. It is impressive how we have gone from smoke signals, carrier pigeons, “foot” or “horse” messengers, to land and air mail, fax, and telephones. However, nothing is as interesting and as incredible as communication through the internet and its derivations, like “social networks” and the use of the smartphone. This device allows the user to be connected with practically everybody, it even allows audio and video recording and to make commercial transactions. The question is, how does this impact health, science and medicine? The answer is not that simple, and we approach this topic in this issue of Medicina Universitaria.

Nowadays the number of places where the internet is considered necessary is growing. There are more and more cities implementing public internet access in zones like parks or squares. This reflects that the need for information and to “be connected” is now a cultural imperative. Nevertheless, up to what point can we consider internet access and social networking a part of the normal development of the individual, and when this can be considered to be an addiction?

It is worth noting that in the year 2011 the United Nations (UN) declared access to the internet to be a human right. However, there are some countries with restrictions for internet use, such as China, North Korea, Iran and Egypt. Moreover, there is the risk of being spied upon and having private information stolen and used for criminal purposes, like identity thief. The UN confirmed that access to the web should be maintained, being especially valuable during “key political moments” like elections, times of social unrest and historic political anniversaries.

Social networks have become more and more sought after by adolescents and young adults, who find a way of “socializing” and keeping in touch with others in order to update their personal situation in social and professional situations.

Up to what point is the relationship between doctor and patient, established through social networks, considered to

be prudent? Patients can experience the vulnerability of their personal information, due to the fact that a doctor may publish the patient’s medical or personal information, even when this occurs without giving out any personal information. We must find and maintain that line which divides professional activities from personal relationships. We must understand that patients trust in their right to privacy implied in the doctor-patient relationship.

Internet addiction disorder (IAD) is recognized as a disease. First described in 1996 by Young,¹ it has, however, become a bigger issue in recent years, given the large amount of people presenting said pathology. In a German report in 2013,² where 71 patients with this disorder were studied, a high incidence of depression, obsessive-compulsive symptoms and interpersonal sensitivity was documented (Wölfling et al., 2013).

Scales have been developed in order to assess internet addiction, like the one described by Young, which, in 20 items, allows us to assess the severity of addiction. The highest score is between 80 and 100 points, an indication that the use of the internet is causing serious problems in the life of the patient, making these subjects, including doctors, into patients who suffer from a type of addiction whose consequences are still unknown in detail. Therefore, in this issue of “Medicina Universitaria”, we present two interesting studies on the topic.

Social networks

The most famous social network is, without a doubt, “Facebook”, with over 1.35 billion users worldwide. Among the countries with the most accounts created are Brazil, India, Indonesia, Mexico and the US. This social network is on the rise to capture more users, and in 2012 it acquired Instagram, which is a social network for photo and video sharing. Moreover, the user is able to edit the pictures within the same platform. It is estimated to have over 300 million users worldwide.

Twitter is considered to be an internet messenger, with over 500 million users worldwide, created as a "microblogging" site, where you have to express your idea in 140 characters or less. It is currently one of the fastest-growing social networks.

The other side of the coin

In contrast, social networks have become a very important and useful medium for medical education. Generations of medical students, who are our students for the time being, are "cybernetic entities". They were born when the internet was just beginning, along with social networks, and it is almost imprinted in their DNA. While in other professional careers not related to healthcare they have been teaching through the internet, and everything related to it, for some time, doctors and future doctors have now fully entered this type of education. We have at our disposition, as professors and students, e-books, the internet, tablets, smartphones, Facebook, Twitter, "whatsapp", etc. where through closed groups we are able to communicate instantly. As a matter of fact, "Medicina Universitaria" uses several of these means of communication to improve and expedite reception, revision, editing, publication and access to our scientific articles.

There are internet sites created by medical schools of the major North American universities (www.medpedia.com) (McKenna et al., 2011)³ where students can go to have their questions answered. They are able to participate in discussions right from their smartphones, send homework, communicate with their counterparts in other countries, etc.

Regarding the internet and our patients, we are able to communicate with them through social networks and educate them regarding the use of the internet to obtain medical information, since there are some sites which are fraudulent and offer erroneous, misleading or fake information. We are able to recommend sites we know, since many of our patients and their families will "check" the information given to them. The personal information of our patients is something we have to take care of, since this is confidential and we run the risk of being "hacked" and putting our patients' information at risk.

One recommendation is to keep our public information separate from our private information, having two accounts and monitoring who may have access to our private Facebook or Twitter accounts.

We can't look back. Social networks are, for better (education, information, socializing) or for worse (Internet addiction disorder), here to stay in our everyday life.

The *Homo videns* dilemma, to be or not to be

Up to what point is it possible to establish the limit between what is "good", "healthy" or "right" in relationship to the way human beings interact with each other and the content to which we are exposed to when using the internet? Who can establish the difference between use and abuse? On a professional basis, which are the effects of the use of or addiction to the internet in the behavior, diagnoses and therapeutic decision-making of current and future doctors?

Perhaps our behavior adheres to the aspects exposed and criticized by Vargas-Llosa in his crude analysis of contemporary society and its irrational expectation of being relentlessly "entertained", exposed in his essay "The Nightmare of the Entertainment Society" (La Civilización del Espectáculo).

If, at the end of the day, Man is the measure of all things, as proposed by the Greek sophist Protagoras 400 years before Christ, then the questions and dilemmas proposed in this paper should be answered according to the nature, education and the degree of consciousness and responsibility of each individual. And that is the crux of the matter when it comes to the use of the internet, and the influence of its educational processes on the doctor. That is to say, in providing the mechanisms and intellectual processes that gives each person the ability to utilize the available information on the web in an optimal manner and use it for their own personal benefit, and, principally and above all, as a doctor with his patients.

References

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