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If the doctor isn't kindly, there's always the robot

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Patients have grouched for years about the cold, impersonal disposition of many physicians. So here comes Dr. Robot, a high-tech contraption that hopes to serve as sort of a surrogate physician when a flesh-and-blood doctor can't be physically present.

The device is being tested on about two dozen patients at prestigious Johns Hopkins Hospital in Baltimore to judge their reaction to having a medical version of R2-D2 provide them with telemedicine. Doctors in remote locales can interact with their patients through a high-speed connection and a 15-inch monitor mounted like a head atop the 5-foot-4 robot. A joystick and two-way monitor allow the off-site physician to guide the remote-controlled, 215-pound device on its daily rounds.

For now, at least, it appears that the patients in the Hopkins test group have warmly embraced a robot in their midst. They would rather be seen by their own doctor—even if the visit is virtual—than deal with a new face who might not be familiar with their medical history, according to one physician involved in the study.

"The reaction has been very positive," says Louis Kavoussi, a urologist at Hopkins who is conducting what he describes as the first trial of its type. "It's even added a sense of excitement for the patients. They see my face on the screen. I can talk to them wherever I am. It's something that's obviously very unusual for the patients. You expect to see this kind of thing in the movies—in the sci-fi pictures, like maybe 'Dr. Who.' The patients get a big charge out of it."

Kavoussi has reason to be so positive. A professor and vice chairman of the urology department at Hopkins, he is also a member of the scientific advisory board of InTouch Health, the Goleta, Calif.-based robotics company that created Dr. Robot.

The machine has obvious limitations. "At this point, you can't actually touch people (with the robot)," Kavoussi acknowledges, "but that challenge is not insurmountable."

Miss Physician of 2003

For a story about a flesh-and-blood doctor, the best one Outliers has heard recently is that of Tina Marie Sauerhammer, the youngest-ever graduate of the University of Wisconsin Medical School.

Just three months removed from medical school at the tender age of 22, Sauerhammer is ready to embark on a residency in pediatric surgery. Before that, however, she has set her sights on another lofty goal: winning the Miss America pageant in Atlantic City, N.J., on Sept. 20.

If the combination of those two wildly incongruent aspirations sounds somewhat peculiar, that's only because this Miss Wisconsin is a study in contrasts.

Sauerhammer, a radiant brunette who plays classical cello (she started at 3) and reads voraciously, skipped high school entirely and entered the University of Wisconsin-Green Bay as a 14-year-old, graduating with Phi Kappa Phi honors four years later. In May, the Green Bay native earned her medical degree and was crowned Miss Wisconsin one month later in Oshkosh, choosing to postpone her residency to compete for the Miss America crown. She's also busy writing a book.

"I never dreamed I'd ever say this," Sauerhammer tells Outliers, "but this pageant is more difficult, in certain ways, than medical school. It's been a great learning experience. I've been constantly on the go."

Sauerhammer, a spokeswoman for the University of Wisconsin's organ procurement organization, will discuss organ and tissue donation as her "platform issue" when she takes the stage at Atlantic City's Boardwalk Hall. It's a topic with a deep personal and emotional connection: Her father, Randall, died in January 2002, while on the waiting list for a kidney.

Landlubbers

New York's Floating Hospital has run aground, a castaway of Sept. 11, 2001, and the city's rapidly changing waterfront.

The 180-foot-long, four-deck barge, which has been moored in Brooklyn since December 2002, has seen its operations transferred to a landlocked building on New York's Lower East Side since March. Ken Berger, president and CEO of the not-for-profit primary-care and social service agency,

says long-term plans are under way to move to a more permanent, probably dry-docked home in Long Island City in Queens, possibly in 2005.

The Floating Hospital was established in 1866 to care for New York Times newsboys. Since then, moored from various piers throughout Manhattan, the ship has dispensed healthcare and social services to New York's underserved. In recent years, the ship has had difficulty finding a permanent home to anchor, displaced in the wake of 9-11 by the encroaching ferryboat traffic in lower Manhattan. After the ship was towed to an obscure pier in Brooklyn that patients could not easily access, the Floating Hospital's staff was deployed to satellite locations on shore throughout Manhattan and surrounding counties, Berger says.

The move to shore could be permanent. "Everywhere we turn, this pier is being renovated for ferry service or parkland or it's not an adequate depth for our vessel," Berger says.

Should the hospital, which employs a staff of 100 and an additional 75 subcontracted therapists and clinical providers, become a landlubber, its name won't change, Berger vows.