

I just lost 20 minutes in my EMR to prescribe a grape popsicle for a patient. Yes, I have to prescribe popsicles. Yes, they are in EMR. Yes, I can prescribe different routes for the popsicle (including intraocular).

[Fernando Zampieri @f_g_zampieri | 23.08.2019](#)

“Clinical practice has been and should remain an exercise in judgment driven by the evidence that a doctor and patient have in front of them, rather than by thoughtless adherence to what a manual says”.

[The BMJ @bmj_latest | 9.10.2019](#)

Interesting. Just spoke to a doctor specializing in sleep medicine about sleep tech, and they drew a comparison to the weight loss industry: “people spend billions on gadgets and supplements touting a quick fix, but they don’t listen to the free advice”.

[Christina Farr @chrisfarr | 9.10.2019](#)

“The reason progressives often lose the argument is that they focus too much on wealth redistribution and not enough on wealth creation. We need a progressive narrative that’s not only about spending, but investing in smarter ways”. @Maz-zucatoM

[Zahra Al-Harazi @zahrasays | 9.10.2019](#)

Teaching is, I believe, a branch of the entertainment industry. Nobody learns when bored.

[Richard Smith @Richard56 | 7.10.2019](#)

Med students shd be taught to be AI bullshit detectors. They need to ask: Is this technology ripe? Is it a barrier or enabler for patients? Does it save time & energy or waste it? What will my role be in 30 years? What are the potential harms?

[Richard Lehman @richardlehman1 | 6.10.2019](#)

Ho appena ascoltato questo lapsus freudiano di grande attualità: “viviamo in un egosistema”.

[Luca Sofri @lucasofri | 5.10.2019](#)

A person who speaks 3 languages is tri-lingual. A person who speaks 2 is bi-lingual. A person who speaks 1 language is English.

[Clive Wismayer @clivewismayer | 4.10.2019](#)

Publishers, reviewers and other members of the scientific community must fight science’s preference for positive results — for the benefit of all.

[Matthew Westmore @matt_westmore | 4.10.2019](#)

“Overdiagnosis is not a purposeful act; it is an unfortunate side effect of our irrational exuberance for early detection”. + “Early detection is great for the business of medicine”. --Gil Welch, the 1st author of @NEJM paper, on the epidemic of overDx

[Eric Topol @erictopol | 3.10.2019](#)

“Prospective evidence of the potential benefits of using #AI in medicine remains limited”. [nature.com/articles/s4157...](#)

[@NatRevClinOncol](#)

Nearly a year later from @NatureMedicine review, not much has changed.

[Eric Topol @erictopol | 3.10.2019](#)

What to expect from AI in oncology

An increasing number of studies suggest that artificial intelligence could revolutionize medicine. In oncology, we are only beginning to fully understand the practical implications.

In the past few years, the terms ‘artificial intelligence’ (AI) and ‘machine learning’ (ML) have become common in the news, several important medical advances have been made using these approaches. Some might conclude that we are witnessing a new era in medicine, where challenges could be easily solved. What are AI and ML, and how can they affect the practice of medicine?

Machine learning (ML) is a subset of AI that focuses on the outcomes of patients with cancer. Some of the most significant advances in ML have been in the area of predicting patient outcomes, such as survival, response to treatment, and side effects.

In the current issue, Anand Mahalingam and co-authors provide an overview of studies in which AI-based approaches have been applied to patient analysis and prognostic modeling. In this Perspective, we focus on the challenges that machine learning poses to the clinical practice of oncology. We discuss the challenges that machine learning poses to the clinical practice of oncology, and we discuss the challenges that machine learning poses to the clinical practice of oncology.

These results show, however, that we should not be too optimistic about the potential of AI in oncology. There are many challenges that machine learning poses to the clinical practice of oncology, and we discuss the challenges that machine learning poses to the clinical practice of oncology.

Machine learning is not the only area in which AI has the potential to revolutionize the practice of medicine. There are many other areas in which AI has the potential to revolutionize the practice of medicine, and we discuss the challenges that machine learning poses to the clinical practice of oncology.

As the use of AI in medicine grows, it is important to understand the challenges that machine learning poses to the clinical practice of oncology. We discuss the challenges that machine learning poses to the clinical practice of oncology, and we discuss the challenges that machine learning poses to the clinical practice of oncology.

One of the challenges that machine learning poses to the clinical practice of oncology is the need for large amounts of data. Machine learning algorithms require large amounts of data to learn from, and this can be a challenge in oncology, where data is often limited.

Another challenge is the need for high-quality data. Machine learning algorithms require high-quality data to learn from, and this can be a challenge in oncology, where data is often noisy and incomplete.

Finally, machine learning algorithms require a lot of computational power. This can be a challenge in oncology, where resources are often limited.



Everyone: Help us change psychiatry’s misleading narrative: Say depression pills, not antidepressants, as they do not have specific effects for depression; say major tranquilizers, which is what antipsychotics do - they have no specific effects for psychosis.

[Peter Göttsche @pgttsche1 | 1.10.2019](#)

If Medicine wants to maintain trust, it, we, prof societies, must welcome unconflicted critical appraisal of evidence. Cheerleader panels at meetings is a blemish.

[John Mandrola @drjohnm | 29.9.2019](#)

“Use of language matters, and getting it right (or wrong) can promote (or prevent) an ethos of shared endeavour between clinician and patient”.

[Jordan Canning @jordancanning_ | 26.09.2019](#)

‘Multimorbidity’: an acceptable term for patients or time for a rebrand?

“Writing Through Extreme Grief Helped Me Become Myself Again”. Catalysts for creativity [buff.ly/2XWXFic](#)

[Danielle Ofri @danielleofri | 25.9.2019](#)

There are real ramifications of the oversimplification of medicine. Protocols, guidelines and exams delude us into thinking there is a ‘right’ answer.

Honesty about uncertainty is the key.

[Sam Finnikin @sfinnikin | 2.10.2019](#)