An anti-creative force

In medicine, as in music, the computer may imperil the contribution of the artist, says Jon Garvey.

"I always wanted to be a rock star, but I couldn't afford the equipment." This used to be the excuse of acoustic guitar players like myself for playing "Honky Tonk Women" instead of the, regulation "Wild Rover" to reactionary folk club audiences. In those days, getting electrified meant simply plugging your Les Paul into a man-sized heap of amplification, or "100 watt stack", as we aficionados knew it. You then competed with your bass guitarist by turning up the volume until either the speakers exploded or you were blown off the stage by a sonic wave.

Times have changed. Today, my musical ambition is thwarted not by my inability to pay for the hardware, but by my inability to understand it. My brother (a professional musician) has recently bought a monophonic synthesiser, which is like a polyphonic synthesiser except that with the small change one can buy a new drum-kit and a drum-synthesiser to boot. To those uninitiated in such things, a synthesiser can manufacture notes of any shape you like, by dint of having adjustments for the pitch, overtones, wave-form, envelope and all stations to Upminster. But before you can start playing tunes, you have to get the hang of sixty-four programmable memories, eight pairs of patch presents, cassette interface, arpeggiator, forty-note sequencer and so on. It should therefore come as no surprise, though it did to my sibling, that one model is even fitted with ESP, which he thought would revolutionise the art of live performance until he discovered it only stood for "External Signal Processor" .

Stunted creativity

Some will claim this merely confirms what they always knew—that for all the musical skill you need to play these soulless electronic behemoths, they might as well be playing themselves. A friend of mine suggested that the way to fortune was to buy a few of the things, switch them all on at the start of a concert, repair to the nearest hostelry, and return after an hour or so for the applause and the cheque. But this is not, in fact, the problem. The real danger is that, like the church organist's, the artist's creativity may be stunted by the capabilities of the machine; the synthesiser can all too easily play the musician.

This danger is no less real in the emerging world of high-technology medicine. Everybody who has worked in a hospital obstetric unit in the last few years will have come across "fetal monitor distress" as an indication for caesarian section. Nobody dares consider that the fetal heart rate of thirty-six per minute alternating with asystole might be a machine fault, even though the pattern bears no resemblance to any known cardiac dysfunction.

The same sort of thing is happening in general practice. We spend four times the usual amount on sphygmomanometers which will measure to an accuracy so great that we have to standardise the number of paces the patient walks from the waiting room to get any sort of reproducibility. Admittedly, they also record pulse rate, but then so do fingers, and you don't have to buy batteries for a column of mercury. The same criticisms may be made of digital thermometers which are likewise redundant given that, for most purposes, the back of your hand is the most accurate instrument you need; even the mercury version is over-sophisticated.

So I am in two minds over computers. As efficient executants of office procedures, they can bring nothing but benefit to doctors, staff, and patients. Any other means of monitoring repeat prescriptions, running screening programmes, maintaining a worthwhile morbidity register and so on is ridiculously cumbersome in comparison. But those in the know say that, to exploit them to the full, we will have to revise our clinical approach completely. The medical record, for instance, will become the basis of patient care, rather than the aide-memoire it has always been. But how can we be sure that this is not another case of the artist being played by his instrument? Man has a remarkable analogue brain. In clinical practice, this means we approach each problem on the basis of how it fits with all the similar problems we have encountered in the past. In a tricky case, the diagnosis (if you're lucky enough to come up with one) will depend not on the correctness of the clinical data, but on the hunch that this patient is a cross between the half-remembered Mr Crundell and Mrs Splink, both of whom ended up with this diagnosis. A digital data processor cannot do this. To rely on the computer to the extent of overriding this powerful analogue capability would be a mistake even in the "hard" branches of the profession such as surgery and general medicine, but, translated to the hazy world of Mrs Weeble and her interminable abdominal pain, it becomes simply laughable. Once you have your diagnostic labels of "Inadequate Personality" on the floppy disc, you may as well pull the plug on the thing for all the help it will give you to make her better. And it's still quite useful to be able to thumb through the old, scribbled aides-memoires to see just what human impression she made on the last, or the first, doctor she saw.

The more I consider it, the more I am convinced that music can sound just as good from an acoustic guitar. But then, I still can't afford the equipment. ■