

EDITORIAL

The Digital Doctor–Patient Divide: Is Technology Weakening Human Connection?

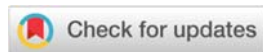
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Shuja N; The Digital Doctor–Patient Divide: Is Technology Weakening Human Connection?. Pak J Med Health Sci, 2026;20(07):1-3

Received: 02-04-2026

Accepted: 15-07-2026

Published: 30-07-2026



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This is no sign of apathy among the professionals⁷. Many clinicians are operating under intense pressures, have little consultation time, and have a high amount of documentation needs. Digital systems may require ongoing data input, frequent authentication, and adherence to intricate administrative procedures. This means doctors may be unable to focus on listening to patients and also on technology. This ultimately means a form of distracted medicine, neither the patient nor the digital task can be fully attended to⁸.

Telemedicine has added another dimension to the digital divide⁹. It has provided medical guidance in remote areas, patients with poor mobility, people who do not have access to specialized facilities, and to those who need regular follow-ups. In times of public health emergencies,

BACKGROUND

The healthcare industry is moving towards becoming a digital environment¹. Incorporation of electronic medical records, telemedicine, artificial intelligence, wearable technology, mobile health applications, and automated clinical decision-making systems have become integral to daily clinical practice. The technologies have made it easier to access care, quicker in diagnosing, streamlined in administration and allowed physicians to deal with massive amounts of medical data. However, as in every other area, there is an uncomfortable question that has arisen: does technology make healthcare more powerful, but make the human element at its very core less so²?

Traditionally, the doctor-patient relationship relies on attention, trust, empathy and meaningful communication³. Patients don't go to the doctor just for a prescription, investigation or procedure. They also want to be reassured, understood and validated for their fears and their individual situations. Clinically, a diagnosis might be given in clinical terms, but to the patient, it can be uncertainty, disruption, financial burden, or fear of death. Medicine is able to respond to these dimensions of illness because of human interaction. Once technology takes over the interaction, however, the patient might feel diminished, to just a set of symptoms, numbers, or a screen⁴.

A very obvious example of this is the computer standing between the doctor and the patient⁵. To enhance documentation, safety, continuity, and coordination of care, EMRs were introduced. However, in reality, doctors often spend a significant portion of their consultations filling in code boxes, typing and checking alerts, and hitting mandatory fields. Eye contact is broken, communication is broken up, and the patient feels like his/her concerns are not being heard. Both physically and emotionally the doctor may be absent; however, he may be there physically, but not there emotionally or visually⁶.

remote consultation has also safeguarded patients and health care workers. Even so, while virtual care can provide many of the benefits of in-person care, it cannot replace the emotional and diagnostic depth of an in-person interaction¹⁰.

Clinical understanding is in the centre of non-verbal communication¹¹. Body language, tone of voice, worry in the eyes of a family member, poor hygiene, laboured movement or tears can give away what hasn't been said. These symptoms can go unnoticed on the telephone or be inadequately conveyed on video. Physical exam is also limited. While remote technologies can serve as an aid to monitoring and visual assessment, there is a lack of consistency in being able to substitute for touch and close

observation or the reassurance that a clinician provides simply by being present¹².

The advent of AI adds additional options and anxieties¹³. AI-powered systems can detect patterns, predict risks, analyze pictures, summarize documentation, and aid in diagnosis. Taken appropriately they can minimize errors and free the clinician's time for patient care. But when too much reliance is placed on automated suggestions, however, a new distance may be created. Clinical decisions can seem like algorithm-driven rather than conversational. The patient may find it difficult to accept the final decision, especially when the computer-generated advice is not in line with the patient's preferences or the clinician's evaluation¹⁴.

The probabilities cannot be all the medicine¹⁵. Two people with the same diagnosis could come to different decisions depending on their values, family commitments, financial situation, religious beliefs, risk tolerance or previous health experiences. While technology can make a prediction, technology cannot make the determination for itself of what is the most important outcome for a particular patient. That's a matter of conversation, moral reasoning and valuing human concerns¹⁶.

The digital divide is also problematic for patients too¹⁷. Patient portals, mobile apps and virtual consultation platforms can be challenging for older adults, people with lower literacy levels, those with a disability, economically disadvantaged communities or individuals who don't always have the internet at their fingertips. As access to health care increasingly goes online, technology can inadvertently leave out those who are already less likely to access care. An efficient system can thus create an inequity if other methods of access are not available¹⁸.

Another consideration is privacy¹⁹. Patients might be less inclined to share sensitive information if they are not confident how their digital information is being stored, shared, and analysed. Trust can be weakened by the potential of data breaches, unauthorized access or commercial use of health information. While confidentiality is always a fundamental component of medical care, it is an area that needs to be reemphasized when dealing with digital medicine, as informed consent, cybersecurity, transparency, and data ownership are all areas that need to be refocused²⁰.

Even with all these worries, however, technology is not the saboteur of human relations³. The actual issue is the design, operational and user of it. By minimizing repetitive tasks, enhancing access to information, minimizing medication errors and assisting follow-up, a well-designed digital system can help to strengthen the doctor-patient relationship. Telemedicine can provide continuity of care for patients who would otherwise have no care. AI can streamline complex information and

eliminate some of the administrative tasks for clinicians. Wearable devices can enable patients to be actively involved in the management of chronic disease¹⁴.

The goal should therefore not be to reject technology, but to humanize it⁶. Digital tools should be a means to support clinical communication, not be the focus of it. These are simple, but effective, ways to maintain connection with the patient while using the computer: greet the patient before hitting the keyboard, make eye contact with the patient, tell the patient why you are using the computer, stop sending information when it is sensitive, and summarize what you hear the patient say before ending the consultation. Documentation systems should be rethought where possible to minimize unnecessary clicks, duplication of information and intrusion of alerts¹⁸.

There is a need for a corresponding change in medical education⁸. The future health care professional needs more than digital competence; s/he needs to be taught to be empathetic, to listen to others, to make shared decisions, and to communicate on virtual platforms. Even if the consultation is technically correct, it could still be unsuccessful if the patient feels unheard, confused, or emotionally misunderstood. Diagnostic accuracy and efficiency, then, should not be the only metric to define professional excellence in the digital age; the patient's experience of being heard and respected ought to be a part of that assessment as well¹⁶.

Healthcare institutions have an equal responsibility⁵. If your bookings are too full and you have too much paperwork, you can't expect to have meaningful relationships. Policies should safeguard a suitable period for consultation, take into account the involvement of clinicians and patients in the development of digital systems, and evaluate the impact of new technologies on communication. Technology should be considered not just on the basis of speed and cost, but also how it impacts trust, dignity, access and continuity of care¹¹.

It is not a digital doctor-patient divide that has to happen⁹. It's a warning that medical advancements are not just about technology. A healthcare organization could have a very connected IT landscape based on devices and databases but much less connected at the human level. Innovation shouldn't be a matter of choice, the future of medicine shouldn't be like that. The best health care of the future will be a combination of technology and people¹⁹.

Finally, patients should not feel like the competition for their doctor's attention is between the screen, the algorithm and their electronic record². This is not about technology overwhelming the doctor/patient relationship; it's about technology helping to make the patient more visible to the clinician. The challenge for contemporary medicine is not just to be more digital but to make sure that

all advances in digital technology strengthen the compassion, trust and humanity that makes healthcare healing¹³.

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