

# Technophilia or technophobia: Are you embracing the wave of new media?



**Debbie Hicks**

Nurse Consultant – Diabetes, Enfield Community Services, Barnet, Enfield & Haringey Mental Health Trust, Enfield

**W**hether we embrace it or not, we are surrounded by technology. Android or Smart? 4G or 3G? Wi-fi or broadband? It seems difficult to keep up sometimes and, sadly, I have to admit that as I get older I find it more difficult to master. I never cease to be amazed at how my two-year-old granddaughter has the ability to open my iPad and get into games that I've downloaded for her.

## Technology in healthcare

New technology can be hugely beneficial, however. As healthcare professionals, we need to keep up with this technology to ensure that we can assist the people we care for with their diabetes. How many times during a consultation have you been faced with some piece of information that someone has downloaded from the internet? This can be quite scary because we cannot possibly know everything about diabetes, regardless of whether it is fact or fiction, but it allows opportunities for a good discussion.

I actively encourage people to explore the internet for information on certain aspects of their diabetes care but there is a danger that some sources are less reliable. Furthermore, it is possible that the information sourced is misinterpreted. If ever I am



*The range of diabetes apps available now is phenomenal*

surprised by a piece of information that one of my patients has found, I would always check the website myself to try to check the information is legitimate.

In most cases, the various options available to us now only serve to enhance information relating to diabetes care. The range of helpful diabetes “apps” available now is phenomenal. There is a particular app about carbohydrate counting that I use all the time to illustrate food values and insulin adjustments. I also have an app that converts mmol/mol to % and vice versa, which was a bonus as my maths skills are such that I could never have done it in my head. This can also be very helpful for people with diabetes who are struggling to adapt to the new system of presenting HbA<sub>1c</sub> values.

## Email and social media

Many of my patients now keep in touch via e-mail, mainly because it is so much easier than trying to get through to our helpline. It is also easier for me as I can answer these at the times when patients perhaps would not thank you for a phone call, such as at 7.30am!

Although I occasionally have a look at Facebook, I have never tweeted, but I'm going to learn next week from a professional tweeter, as I know that this can be a superb way of connecting with people to raise awareness about many different subjects relating to diabetes. During EASD this year I met with bloggers from all over Europe. These people write regular blogs relating to diabetes care and have thousands of followers – the power of communication knows no bounds.

I know some of you will worry about the regulation of incorrect information and whether this can be dangerous. Well, the information is out there anyway so the best we can do is help people with diabetes sift through this mountain of information to determine what is useful and what is not. It is important to remember, however, that the ultimate choice lies with the individual and we can only advise. What do you think? Are you a technophile or a technophobe? ■