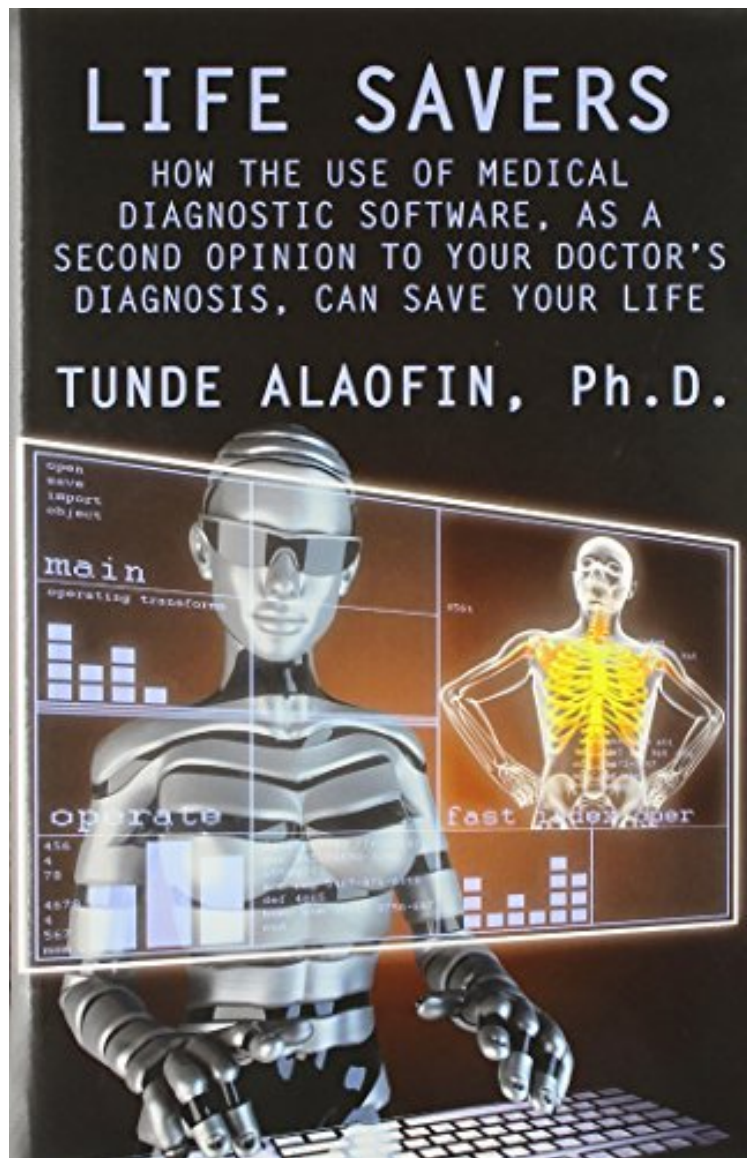


[Ebook free] Life Savers: How the Use of Medical Diagnostic Software, as a Second Opinion to Your Doctor's Diagnosis, Can Save Your Life

## Life Savers: How the Use of Medical Diagnostic Software, as a Second Opinion to Your Doctor's Diagnosis, Can Save Your Life

*Tunde Alaofin Ph.D.*

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**Tunde Alaofin Ph.D. : Life Savers: How the Use of Medical Diagnostic Software, as a Second Opinion to Your Doctor's Diagnosis, Can Save Your Life** before purchasing it in order to gage whether or not it would be worth my time, and all praised Life Savers: How the Use of Medical Diagnostic Software, as a Second Opinion to Your Doctor's Diagnosis, Can Save Your Life:

2 of 2 people found the following review helpful. I love the graphs regarding misdiagnosis. As a physician, a patient and a certified professional coder, I have first hand experiences with misdiagnosis. This book is rich in behavior models, theories and studies. For certain, misdiagnosis is a problem that none of us can afford to have. This book gives the background to why misdiagnosis is a problem and offers diagnostic software as a critical learning tool. Let me name a few references in your book for discussion: On page 1 the first and most critical element is collecting the right data in time to make it part of the decision-making process. On page 15 my purpose was to draw upon physician-provided data to determine why, at least in physicians opinions, that the prevalence of misdiagnosis has remained high despite the widespread adoption of diagnostic software. On page 69 It would be appropriate for us to attempt to understand the apparent paradox of physicians thoughts in the clinical utility of diagnostic software combined with a low adoption rate. Patients need to provide information. It must be detailed and accurate. When you look at the History component of a doctors note in your studies, however, you are not reading what the patient actually said. You are reading the "doctors interpretation" of what the patient said. Sometimes the doctors History is not the same as what the patient subjectively expressed at the encounter. Patients are learning to access their entire record due to newfound rights granted by HIPAA 1996. Patients will learn to pay particular attention to the documented History in medical encounter note and judge whether their medical story is told with appropriate content and accuracy. Patients are also learning that they can amend their records, sometimes in preparation for a visit. In a study that just concluded May 2015 in Pennsylvania, 252 primary care patients were given the opportunity to co-author the History component of their encounter with a doctor. I believe that doctors/medical providers are about to start working together, like never before, to produce information and problem solve. This opens the door for diagnostic software and will make it a standard of care. As healthcare enters the digital age, we will need such systems to guide us toward the better decision-making. If you want to know about the background and theories behind misdiagnosis, you need to read this book. Michael Warner, DO, CPCO-author of Rise of the Patient Advocate - Healthcare in the Digital World

1 of 1 people found the following review helpful. A Good Starting Point For A Discussion On Diagnosing Patient Illnesses !By Dr. Joseph S. MarescaLife Savers by Tunde Alaofin PhD is an interesting book on the mechanics of making a good diagnosis.The author explains that the American healthcare system is highly variable with respect to the efficiency of a diagnosis. The main conclusion to be drawn is that the diagnosis of disease has elements of the scientific process, as well as, market pressures and pricing.Much has been said about the value of diagnostic software in medicine.What diagnostic software will not do is to replace the family doctor.The key to getting a correct diagnosis is to ask the right questions in order to determine the cause of a patient's ailment.Overall, medical scholars have argued that the United States is a classic example of a developed country in which there has been a shift in the burden of disease away from infectious diseases to so-called lifestyle diseases. Examples of lifestyle diseases include sedentary existences with little exercise, consumption of large amounts of junk food, as well as, unprotected sex.The author explains how diagnosis begins with some form of evidence collection. The evidence is then synthesized into a set of symptoms; such as, observable problems and abnormalities.Next,the diagnostician moves toward fitting the symptoms to a known disease and consults some established authority including the personal experiences of past patients symptoms, current analysis of an individual patients symptoms, a reference guide or diagnostic Artificial Intelligence Algorithm.Finally, the patient is monitored to determine whether or not the chosen treatment is proving to be effective or perhaps further modifications to the treatment plan are in order.In the end, the book explains that patients should develop good relationships with their physicians. Patients should educate themselves, ask questions, get answers and follow up on the initial medical encounter.It's also good for the patient to secure a copy of the medical record to make sure the physician has recorded the major complaints.On occasion, physicians can underestimate the threats to the health of a patient. For instance, take the case of a physician who performs a successful breast cancer surgery without really monitoring the immune system before and after surgery.The failure to measure the level of vitamin D in the blood can be fatal if the patient has a successful surgery and contracts pneumonia because the vitamin D levels are too low.A simple blood test for the level of vitamin D in the system would indicate the need for vitamin D3 supplements to correct the deficiency among other things.Vitamin D testing may have a role in other disease processes like the Ebola virus. Remember that countries with high levels of the Ebola virus also have heavy rainfall during much of the year and little sunlight to boot.Another key omission is in the initial diagnosis of diabetes. Although diabetes may be present, the underlying problem for the patient is not necessarily the diabetes alone but the presence of pancreatic cancer. There are tests which elicit better information for early stage pancreatic cancer like the protein PAM4 which is present in the vast majority of pancreatic cancers.Physicians can make diagnostic errors or omissions by not testing for generalized inflammation like the C-reactive protein. The C-reactive protein blood test is a good marker for generalized inflammation somewhere in the body. A high C-reactive protein may lead the physician to take scans, a colonoscopy or MRIs in order to probe the reason for the inflammation.The physical appearance and motion of the patient can provide more clues as to problems with gait, kyphosis or range of motion restrictions from calcifications. There are tests like the Schober test which provide better information on range of motion issues.Overall, Life Savers by Tunde Alaofin PhD is a helpful book which explores the diagnostic impressions of physicians in greater depth. The book is a

starting point on a much more profound area which needs more discussion in the medical profession itself. In addition, the medical profession needs to do something more substantial about reducing the consumption of junk food which aggravates many of the medical conditions on the American landscape today. 2 of 2 people found the following review helpful. Enhancing the Doctor Patient Partnership - Food for Thought By Grady Harp Tunde Alaofin, PhD has provided an important tool for both physicians and the public. Not many have the knowledge of the diagnostic software available to both physicians and patients in resolving dilemmas of diagnosis. Tunde presents these various adjuncts to medical care - software such as DiagnosticPro (a differential diagnosis software system that is compiled from medical resources and covers 15,000 disease manifestations such as symptoms, labs, EKG, X-Ray, CT-Scan, MRO+I, Ultrasound, pathology, microbiology results and more - and is found on a website), DXplain (from Massachusetts General Hospital - an interactive knowledge based software that accepts a setoff clinical findings to produce a ranked list of diagnoses which might explain the clinical presentation), Isabel (a web knowledge based differential software developed as a resources diagnosis checklists tool to help clinicians broaden their diagnosis - a tool that serves as a potent educational platform), and Connectance (a differential diagnosis software that helps physicians determine the most likely diagnosis of a disease quickly and accurately). As Tunde states, 'Medical misdiagnosis is one of the biggest health care safety concerns in the United States today. It is an immense and costly problem. In the U.S., about 100,000 people die every year because of misdiagnosis according to The Institute of Medicine. "Life Savers" is written to educate the public, as "consumers" of health care services, on how to become knowledgeable about their medical conditions through the use diagnostic software. It empowers patients with necessary diagnostic tools to make sense of their symptoms and change the way they speak to their doctors forever. This book is a research-based study that provides empirical insights into how technology, particularly the use of diagnostic software, can improve medical outcomes for patients.' The aspect of Tunde's book that makes it so worthy of placing before the medical profession as well as the patient population is the concept that Tunde uses - it is an accessory tool, a second opinion, to aid the physician in making differential diagnoses of perplexing diagnostic problems. It also brings the patient into the diagnosis circle creating a partnership among the patient who is ill, the doctor who is treating, and the technology that software can offer to assist the doctor patient relationship as one of healing rather than distancing. That is a healthy state and one that will hopefully bring back the importance of the bedside manner and the interaction between doctor and patient rather than the wall that is steadily growing between the doctor and patient in part due to the impediment of Coding and time require to enter data about a patient rather than simply listening, utilizing empathy, and creating a cooperation AGAINST disease! Very worthwhile reading for the medical field and for the public who rely on physician and nurse care. Grady Harp, June 15

Medical misdiagnosis is one of the biggest healthcare safety concerns in the United States today according to The Institute of Medicine. It is an immense and costly problem. Globally, misdiagnosis is responsible for millions of patient deaths every year; in the U.S., about 100,000 people die every year because of misdiagnosis (Leavitt Leavitt, 2011). Misdiagnosis also affects the economy by raising the already high price of healthcare delivery. "Life Savers" is written to educate the public, as "consumers" of healthcare services, on how to become knowledgeable about their medical conditions through the use diagnostic software. It empowers patients with necessary diagnostic tools to make sense of their symptoms and change the way they speak to their doctors forever. This book is a research-based study that provides empirical insights into how technology, particularly the use of diagnostic software, can improve medical outcomes for patients. The role of diagnostic software, as discussed in this book, is not meant to be replacement systems for the doctors, but rather a proposal of healthy partnerships between doctors, patients and software to complement their efforts to make quick and more accurate diagnoses of diseases in patients.