Medicine 2.0 and Participatory Medicine

By Walter Jessen

Transformation is occurring in science, specifically in the domains of health and medicine. Second generation Web technologies that facilitate interaction between users are changing the way health care professionals communicate with each other, as well as with patients, health consumers and biomedical researchers. Indeed, “Web 2.0” applications, including social networks (Facebook, Twitter, FriendFeed), video and photo sharing sites (YouTube, Flickr), social bookmarking and folksonomies (Digg, Reddit, StumbleUpon), blogs and wikis, are changing the way people communicate, collaborate, and find information that is both interesting and relevant. These technologies are bringing people together in an interactive space and enabling them to create and distribute content online in a manner that has never been possible before.

According to a recent study, 39 percent of physicians now communicate electronically with their patients.

Medicine 2.0 or “second generation medicine” is the science of maintaining and/or restoring human health through the study, diagnosis, and treatment of patients, leveraging Web 2.0 Internet-based services to collaborate, exchange information, and share knowledge. Physicians, nurses, biomedical students, and researchers who consume Web media can actively participate in the creation and distribution of content, helping to customize information and technology for their own purposes. Although the terms Medicine 2.0 and Health 2.0 are often used interchangeably, Medicine 2.0 typically refers to the science of medicine and the practice of treating patients, while Health 2.0 is focused on the business of health, including the delivery, quality, safety, and cost or efficiency of the people, a practice, or facility.

A suggested framework for Medicine 2.0 depicts three main user groups of current Medicine 2.0 applications: consumers/patients, health professionals, and biomedical researchers (1). This expands upon the previous definition of Medicine 2.0 to include several user groups with different levels of training and expertise outside the traditional domain of medicine. Five themes emerge from this model: social networking, participation, apomediation, and openness. As medicine continues the shift to Medicine 2.0 to meet the health care needs of consumers, these themes will persist beyond the social applications and services offered today.

Change isn’t coming to medicine, it’s already here. Are you ready?

References

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