

The doctor who wasn't there: technology, history, and the limits of telehealth

El médico que no estuvo: tecnología, historia y los límites de la telemedicina

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1. Introduction and context of the topic

We can look back to late 2019, when rumors of a possible pandemic began to circulate, though we didn't fully understand the significance or the consequences it would bring. Looking back, we can conclude that, throughout those difficult years, technology played a decisive role, keeping us connected, motivated, and informed. Without this tool, the story would certainly have been very different. With overwhelmed hospitals, uncertain doctors, and critically ill patients, telemedicine was an essential part of how the story unfolded. In this context, it becomes more important than ever to reflect on its history and limitations.

The book *The Doctor Who Wasn't There: Technology, History, and the Limits of Telehealth*, written by Jeremy A. Greene and published in 2022 by The University of Chicago Press, is 336 pages long and presents a historical analysis of technology in medicine and an exploration of the promises and limitations of telemedicine. Greene, a physician and historian, seeks to examine how technologies that were once innovative, such as the telephone, computer, and television, become integrated into everyday life. The book is published in the wake of the COVID-19 pandemic, during which telemedicine played a fundamental role; however, it offers a critical perspective that highlights how many of these innovations are not new, but rather a repetition of something creat

2. Summary

In this book, Jeremy A. Greene, a physician and historian, examines how various communication technologies have transformed medical practice from the late 19th century to the present. The book's main objective is to show that the medium through which medical care is provided, as well as its context, is of the utmost importance. History shows that many of the current promises of telemedicine are not

new but rather repeat historical cycles of enthusiasm followed by disillusionment.

Starting with the telephone, it is presented as an invention that, from its inception, sparked medical aspirations. Physiologists and surgeons used it to investigate bodily sounds, and it later became a symbol of the general practitioner's constant accessibility, creating new expectations for doctors to be available 24 hours a day, seven days a week.

Similarly, with the advent of computers, a new vision emerged. Systems such as MEDLARS were developed to organize and retrieve medical literature, and the creation of electronic medical records was promoted to integrate and make patient information accessible on a global scale. Diagnostic computers sought to assist physicians in decision-making, even adapting their own algorithms based on raw data.

The book not only presents historical data but also shows how the narrative of "technological disruption" has been cyclical. In addition to tracing the evolution from the telephone to digital platforms, the author offers an analysis of how certain promises of efficiency and equity have often been shaped by self-serving interests. Greene mentions medical videoconferencing systems in urban communities in the 1970s; these and other examples demonstrate that many innovations were driven by well-intentioned public policies but were eventually discontinued due to a lack of political support or interest.

The book's central argument is that, while digital tools have indeed evolved, both political and social barriers have persisted over the years. The author warns that we should not rely solely on technology to solve the structural problems of the healthcare system. Throughout the book, Greene shows how, on several occasions, technological solutions have been promoted without considering their likely social consequences.

Another important aspect to highlight is the analysis of the patient's role, a figure who has historically been silenced or instrumentalized in discourses on telemedicine. The author invites us to ask: Who truly benefits from these technologies? How are patients both

helped and harmed when medical care becomes an experience mediated by algorithms and screens? This very issue has contributed to the failure of many telemedicine initiatives, as they did not adapt as expected. These questions run through the book, making it clear that any technical advancement, without an ethical and structural foundation, runs the risk of perpetuating the very inequalities it seeks to end.

Finally, the author invites his readers to critically reflect on the role of technology in contemporary medicine. Digital tools can be useful, but their true potential will only be realized if they are accompanied by investment, oversight, and political will. Historical records offer valuable warnings that should be considered and given due importance so that they can inform the future of healthcare.

3. Critique

The book *The Doctor Who Wasn't There: Technology, History, and the Limits of Telehealth*, written by Jeremy A. Greene, highlights the history of technological attempts to improve access to healthcare. The author shows that, for decades, tools such as the telephone and television have already been envisioned as medical solutions, offering an original perspective on a topic that is often addressed solely from the present.

The analysis is supported by solid historical research and enriched by the dual perspective of the author's training as both a historian and a physician. This combination allows him to clearly challenge the overblown promises surrounding these technologies while still acknowledging their potential. At a time when digital healthcare is a central topic, the book is timely, critical, and necessary for understanding its true scope and limitations. Greene demonstrates that, without support or ethical commitment, the promises of telemedicine are unlikely to lead to any real improvement.

One of Greene's most notable contributions is his ability to unmask the "technological fetishism" that permeates much of the current discourse on digital health. Rather than unquestioningly accepting and resigning himself to the idea that what is new is always better, he proposes looking back to understanding how technological enthusiasm has overshadowed the real needs of the most vulnerable populations. This perspective is particularly relevant in an era in which wearable devices, algorithms, and remote care platforms promise instant solutions to complex problems.

However, the book leaves some room to amplify patients' voices and analyze their perspective on this entire situation. Although Greene focuses on institutional, political, and technological dynamics, it would have been valuable to incorporate personal accounts or testimonies from those who experienced the benefits or limitations of telemedicine from the other side of the screen. Likewise, some of the cases mentioned throughout the text could have been analyzed in greater depth to examine in detail both the successes and the failures, thereby identifying recurring errors over the years.

Nevertheless, these observations do not diminish the book's value as a critical tool and as a warning against naivety. *The Doctor Who Wasn't There* is not a book that rejects telemedicine, but rather a defense of its ethical, responsible, and humanized application, always seeking the best interests of patients. Greene argues that technology can be an ally, but it will never replace the human commitment that characterizes medicine.

In conclusion, *The Doctor Who Wasn't There* is highly recommended for healthcare professionals and anyone interested in understanding the ethical and structural challenges of telemedicine. Its historical, critical, and deeply reflective approach makes it essential to read both for those currently involved in the digital transformation of healthcare services and for future generations who will need to rethink and analyze the role of technology in a more humane, equitable, and history-conscious form of medicine.

Referencias

1. Greene JA. The doctor who wasn't there: Technology, history, and the limits of telehealth. Chicago, IL: University of Chicago Press; 2022. <https://doi.org/10.7208/chicago/9780226821528.001.0001>