# Debrief

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## Digital minimalism and the Deep End

*Digital minimalism.* Mark Zuckerberg was just 8 years old when anthropologist Robert Dunbar hypothesised, in the *Journal of Human Evolution* in 1992, that there was a maximum number of individuals with whom it was possible to maintain a genuine social relationship.[1] It's a hard limitation estimated on the basis of the size of our neocortex. He calculated that the 'Dunbar Number' for *Homo sapiens* is 150 when Facebook was still a twinkle in Zuckerberg's eye. How many Facebook friends do you have?

The media report daily on the dangers of social media. There are clear benefits in technology but there are emerging harms related to psychological health. Many of these are associations and it would be reckless to draw causal inferences without care. Yet, there are plausible biological mechanisms, temporal relationships, and suggestions of a dose–response effect. It's also bound up in a hysterical tone. The future *Daily Mail* articles await: Twitter gives you cancer!

Neurological studies show that as soon as the brain stops being actively engaged in a task we contemplate our social interaction: it is our default state. Facebook is fabulously good at connecting us but the 'like' system in social media is a crude facsimile of social engagement. We simply don't achieve the same neural satisfaction from clicking a 'like' button as we do from conversation. Worse, it can reinforce our anxieties about social acceptance.

Cal Newport's book *Digital Minimalism*, points out it's often the opportunity costs of digital that are damaging.[2] Social media is a bully that pushes out the analogue: we have fewer satisfying and nurturing conversations; little or no engagement with other crafts and activities beyond the virtual world; and it's a massive time suck, an attention heist, driven by 'digital gangsters'[3] who profit by designing systems that make it harder to turn off.

Over millennia, we have evolved highly sophisticated mechanisms for picking up social cues and responding to other humans. Social media is superficially attractive but there looks to be a toll on our health. We could, as doctors, declare this is not our business but we should be under no illusions about the profit motives of these tousle-haired, T-shirted Californians cheerleading for global interconnectivity. The attention industry needs eyeball-minutes to make money.

Do you ask your patients about their phone and computer use? Me neither. But I can see I need to change and adapt to the new digital social landscape. We ask people about their sex life or how much they drink (although, admittedly, we don't do these very well). Maybe we also need to think about how we take a digital lifestyle history, when appropriate, as part of our assessment.

*The Deep End.* I was fortunate enough to get along to the Deep End conference in Glasgow in February celebrating the life of Julian Tudor Hart and diving into the Deep End movement. John Frey writes more on it in this month's issue on page 198. If you are in a practice that does not fall into the lowest deciles of deprivation then there is still much to take from the Deep End project. The research has highlighted that people living in pockets of deprivation do even worse than those in communities with widespread deprivation. It's easy to imagine that the sharp-elbowed health literate are unintentionally knocking the most needy aside.

The Deep End possibilities are vast and inspiring: every practice in the country could launch a regular 'Pocket' clinic with longer consultation times that seek out the most vulnerable using well-defined metrics. It could even be organised at the primary care network level with keyworkers to support the clinics across practices.

The second line of Tudor Hart's inverse care law is oft forgotten: *'This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.'*[4]

Allyson Pollock, a longstanding enemy of marketisation, spoke at the conference and railed magnificently against PFI and its new manifestations in Scotland.

The inverse care law, was first published in the *Lancet* in 1971 and its current editor, Richard Horton, chaired the final conference session with verve. He later wrote in the *Lancet* that the inverse care law is not a law at all.[5] It's not inviolable and, as Horton points out, throwing the gauntlet at our feet, *'general practice can change the laws of nature'*.

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