

Editorial: Dynamics of human behaviour

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Technology is a fantastic thing! Even more amazing is the pace of technological advancement. Everyday more gadgets appear on the market to perform more tasks in order to 'simplify' our lives.

In the information industry, technology has revolutionised information storage and retrieval, and with advancement in telecommunications and computer technologies 'information' is only a few clicks away, including access to one's bank accounts, mapping (GPS), and entertainment.

In addition to audio and video communication, the smart phone is one gadget that can do all that and much more including the enabling of control of household gadgets such as smart fridges, TVs, Cookers, or security systems. Smart phones have also helped bringing telemedicine into the public domain.

In education tablets and iphones have almost replaced pen and paper, and, the internet has become the main source of information which is often misconstrued as research.

In the health service, medical technology has advanced health informatics, telemedicine, and medical interventions such as multiple organ transplants.

Technological interventions have involved the automation of tasks (such as data collection and analysis), replication of tasks (such as administration forms and teaching materials), and performing human activities (such as medical diagnosis). A closer examination of the application of technology reveals that technological interventions would have consequences. For example, in education, the consequences of teaching technology instead of using it as an aid to the learning/teaching process has led to attenuation of traditional culture in favour of techno-social culture (Cassidy, 2009). Uncritical thinking may be an additional consequence where heavy emphasis is placed on the internet (Google) and presented as research. On the other hand, artificial intelligence and smart software engineering have redefined free choice, for the purpose of targeting and increase revenue. Further consequences may be digitised teaching and medicine administered by robots.

In the health care industry, an interventionist philosophy led to astronomical amounts of taxpayer's money being spent on health informatics to digitise health records, and enable access to patient's clinical data labelled e-records (Shahtahmasebi, 2008; Shahtahmasebi & Millar, 2013). The question is whether tax payers should pay such a high price for reinventing the wheel? What clinical information e-records provide is already accessible electronically and it doesn't contribute strategically to understanding human health in order to improve it.

Another example is the advances in medical technology to save lives through organ transplantation. Organ transplantation, although relatively routine nowadays, is often a necessary intervention, but, in order for one individual to live another must die prematurely.

After decades of medical advancements and technological *intervention* and *target* setting heart disease is still the number one cause of death followed by cancer (e.g. see <http://www.who.int/mediacentre/factsheets/fs310/en/>, and <http://www.who.int/cancer/media/news/cancer-prevention-resolution/en/>).

Similarly, an interventionist approach to suicide prevention has lumped suicide with mental illness under a failing mental health service (<http://www.stuff.co.nz/stuff-nation/17524688/Whats-worse-depression-or-the-system-that-deals-with-it>,

http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11841136) with total disregard for solid evidence that suicide is not a mental illness issue (Shahtahmasebi, 2013).

The nature of evolution is such that for every change we lose a degree of freedom (<http://journalofhealth.co.nz/wp-content/uploads/2014/07/Editorial-June-2014.pdf>), e.g. the organ transplant example above in order for someone to live another must die.

Because of technological *intervention* our attitudes and perceptions of 'living' has changed. Public perceptions and expectations are such that medical science can intervene and stop the progress of many Western diseases e.g. heart disease and cancers.

We owe it to ourselves to wonder how the world would have been different had we adopted a prevention philosophy to progress human development. Perhaps in this way suicide would have been eradicated.

Technology is marvellous and there is nothing wrong with it, however, technological developments can only be as compatible with human behaviour developments as the researchers and technologists leading the technological advancements (Shahtahmasebi, 2014).

Change is inevitable, but this does not mean that we have to wait for a change in order to react. Dynamics of change and how it affects human behaviour and health (Shahtahmasebi, 2006) governs the rate and direction of change for better or for worse.

We must move away from an interventionist and imitation approach to innovation and development in human processes. The technology is advanced enough to replace weapons of mass destruction to weapons of peace and enable healthy communities through policies based on a holistic philosophy (Shahtahmasebi, 2006).

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