

Editorial – Is that all you do?

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Recently my 4 year old son was eating breakfast (a minor miracle in itself, probably helped by the fact it was his very specific order of four pieces of bread (NOT TOAST) cut into dinosaur shapes, one with strawberry jam, one with Nutella, one with peanut butter, one with vegemite, plus a babycino... with marshmallows (I know, just like Bandit I'm a dodgy dad). As I was gathering my things preparing to leave for the day ahead he casually asked, "Dad, what do you do at work?". I did not want to be further delayed (see – ridiculous breakfast order above), knowing these conversations can extend and diverge across wildly different topics, usually ending in a soliloquy on type A road trains and concrete mixers (thank you civil engineer grandfather), so I simply replied "my work involves finding information for doctors and nurses at the hospital so they can know what to do to help sick patients get better".

As I finished tying my shoelaces and grabbing my non-dinosaur-shaped lunch and headed for the door came the devastating reply: "Oh, is that all you do?".

Sigh.

Yes son, that is all health librarians do.

Sigh.

All they do is find information for doctors and nurses by navigating databases of 30million+ descriptions of articles, employing (to the initial bewilderment and eventual astonishment of said doctors and nurses) a controlled syntax of 35000+ terms, then adding in keywords, then combining all these artfully together with Boolean operators, then deftly filtering result lists into manageable sums, then appraising abstracts and parsing publication types, then walking the tightrope between sensitivity and specificity, then interrogating found relevant results for clues to more relevant results, then exporting those results to some software that manages references. Then doing it all over again in a database that has some of the same material but enough unique nursing and allied health literature to justify replicating the search. Then doing it all over again in a database that has some of the same material but enough unique mental health literature to justify replicating the search. Then getting interrupted part way through and timing out and losing forty lines of search and stepping out onto the verandah for some fresh air and a deep breath rather than throwing the keyboard through the window and then doing it all over again in a database that has some of the same material but enough unique mental

health literature to justify replicating the search. And then doing it all over again in a database that has some of the same material but enough unique literature indexed by those fastidious Europeans who insist on including every conference abstract published in biomedicine to justify replicating the search. Then presenting to said doctor or nurse a curated list of relevant results that may or may not be a heartbreaking work of staggering genius given its elegant concision and profound sense-making of an unwieldy topic, but which definitely saved time, and probably money, and sometimes tears, and maybe saved a life, or helped a career progress, or a new service to be introduced, or a catastrophic failure to never happen again. And also definitely means more full-text retrieval is on the way.

And then all health librarians do is take this complex corpus of knowledge, built up over 10000 hours of no two searches exactly alike, and then attempt to teach said doctors and nurses how to do all of this in the hour they have to spare and then ten minutes of actual cognitive load they are able to set aside.

And then all health librarians do is build collections of resources and make them accessible, navigating budgets and price increases and vendors and price increases and purchasing systems and price increases and software platforms and price increases and consortia arrangements and price increases and methods of authentication and price increases and cataloguing records and classification rules and promotion efforts and loan returns and whatever is sticking the pages together of Miller's Anesthesia.

And then all health librarians do is make sure a physical space is fiercely guarded from those green-eyed project managers wanting office space for project managers to manage their projects, and then filled with comfy chairs to study in or sleep in, and computers that turn on and log on, and wifi that beats a hotspot, and a printer full of paper and toner, and air-conditioning that exactly meets the temperature requirements of all users at all times, and pens, and lollies, and SPSS, and NVIVO.

And then all health librarians do is contribute to clinical education, and procedure development, and mandatory training, and postgraduate education, and professional college education, and research project support, and systematic review support, and scoping review support, and explaining the difference between the two, and human research ethics committee membership, and computer trouble-shooting, and publishing support, and publishing metric support, and manuscript editing, and reference correcting, and local history efforts, and university liaison, and design input for new hospitals, and enterprise bargaining negotiations, and hospital foundation fundraisers, and Grand Rounds presentations, and staff orientation, and the profit margins of the local coffee shop.

And then all health librarians do is reckon with the great questions of the age, be they technological or philosophical or biomedical. They are usually ahead of the curve, fusing great leaps forward while striving to leave nobody behind. They are pragmatic, solution-focused, rarely ideological or given to great cynicism. They care about their community, and passionately believe in the power of clean and clear information to transform healthcare. They are deeply frustrated by misinformation in all its forms, and will hit you with a stick if you “just google it” or if you request articles fabricated by slop keening towards intelligence but marooned in artificiality. Speaking of which, they will also recognise insightful commentary when it is made, and share it with those of like or open mind, such as this portion from a piece by Charlie Warzel:

It’s difficult to deny that generative-AI tools are transformative, inasmuch as their adoption has radically altered the economy and the digital world. Social networks and the internet at large have been flooded with AI slop and synthetic text. Spotify and YouTube are filling up with AI-generated songs and videos, some of which get millions of streams.

Bots are everywhere, and they have produced profoundly strange and meaningful effects on digital life. Sometimes they’re racist. Many are sycophants. Other times, they summon demons. Google’s AI summaries are cratering traffic and rewiring the web. In schools, ChatGPT hasn’t just killed the student essay; it seems to be threatening some of the basic building blocks of human cognition. Some research has argued that chatbots are homogenizing the way people speak. In any case, they appear to have inverted the promise of the internet as an endless archive of information one can navigate for themselves. *Do your own research* has, in short order, become *Get one canonical answer*.

Sometimes this is helpful: A bot artfully summarizes a complex PDF. They are, by most accounts, truly helpful coding tools. Kids use them to build helpful study guides. They’re good at saving you time by churning out anemic emails. Also, a health-care chatbot made up fake body parts. The FDA has introduced a generative-AI tool to help fast-track drug and medical-device approvals—but the tool keeps making up fake studies. To scan the AI headlines is a daily exercise in trying to determine the cost that society is paying for these perceived productivity benefits. For example, with a new Google Gemini-enabled smartwatch, you can ask the bot to “tell my spouse I’m 15 minutes late and send it in a jokey tone” instead of communicating yourself. This is followed by news of a study suggesting that ChatGPT power users might be accumulating a “cognitive debt” from using the tool.

Good enough has been keeping me up at night. Because good enough would likely mean that not enough people recognize what’s really being built—and what’s being sacrificed—until it’s too late. What if the real doomer scenario is that we pollute the internet and the planet, reorient our economy and leverage ourselves, outsource big chunks of our minds, realign our geopolitics and culture, and fight endlessly over a technology that never comes close to delivering on its grandest promises? What if we spend so much time waiting and arguing that we fail to marshal our energy toward addressing the problems that exist here and now? That would be a tragedy—the product of a mass delusion. What scares me the most about this scenario is that it’s the only one that doesn’t sound all that insane. [Warzel, C. *AI is a mass-delusion event*. The Atlantic; 18 Aug 2025.

<https://www.theatlantic.com/technology/archive/2025/08/ai-mass-delusion-event/683909/>]

Sigh. So yes, son, that is all that I do. No, I did not know a B-double truck has an articulated axle and a semi-trailer does not. I’m off to work now. I love you. You can go to your room, you are grounded until you are 18.