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AND THE KEYBOARD GOES CLICK, CLICK, CLICK

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ABSTRACT

In this essay I discuss the use of Electronic Health Records (EHRs) from three different points of view. These perspectives come from my experiences as a patient, family physician, and medical anthropologist. I briefly explore how health care practitioners repeatedly have been told that EHRs hold great promise to facilitate communication with patients. I note how EHRs have, at present, far from reached that promise: in general, health care practitioners have yet to integrate EHRs in ways that promote a shared therapeutic presence—the healing human connection that can emerge in clinical encounters—between them and their patients. I conclude by examining my own limitations in using the EHR and the mindful lesson I have learned in the process.

KEYWORDS: Electronic health records, Physician-patient relations, Physician's role, Professionalism, Technology

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"Hello."

She moves toward her desk. She sits and looks down toward the keyboard.

Click. Click. Click.

She glances up a bit, to the computer screen.

Read. Scroll. Tab. Scroll. Click. Click. She looks down.

A few moments pass, and some clicks later, she turns her gaze to me.

"I'm Dr. Smith. What can I do for you today?"

"Well, I've been having this abdominal pain," I respond.

"Tell me about it."

She looks down.

Clickity, clickity, click.

So it goes. I relate a symptom. My doctor—the doctor for the day, as I am an urgent care "add on"—types. More symptoms, more clicks. She pauses, and we make our way to the examination table. She auscultates my chest and palpates my abdomen, only to return to her computer to enter her observations.

Tab. Scroll. Click.

The Electronic Health Record (EHR) has made its way into the practice of medicine in the United States and Canada over the last several decades.[1] Its introduction was greeted with much enthusiasm, and many thought it would transform how physicians, especially primary care physicians, would attend to patients.[2] There was a general sense that electronic technology and all it represented in theory, including accurate (and legible) notes, the seamless transition of information to and from hospitals, and the potential to apply population-based "big data" to daily practice patterns, was going to revolutionize the medical care of patients.[3]

Unfortunately, no such revolution has yet occurred, and those of us on the front lines of care feel frustrated as we wait for the advantages of EHRs to outweigh their disadvantages.

I write this as a family physician who has used EHRs for many years; of necessity I was an “early adopter”, as the large health care system in which I worked was quick to install EHRs soon after they first became functional. I have studied how other physicians integrate them into their own work with patients.[4,5] I have explored how they can be both a boon and a detriment to clinical care.[6] In sum, I have been a participant observer to the process of EHR implementation for over two decades.

I have been privileged to see some physicians use examination room computers with dexterity, sensitively integrating attentive listening, data entry and health education at one and the same time. I have also painfully witnessed others using these same tools ineptly, either awkwardly muddling their way through their clinical encounters or intentionally focusing their concentration on the computer screen. I accepted that all were interested in doing a competent job with the patients who presented to them. I have accepted the same intention in my own work while employing the EHR during my interactions with patients. Skillful or not, I did the best I could.

It was some 10 years into my own use of the EHR when I had an acute medical problem and was myself a patient, as noted above. I suddenly recognized just how dismal it feels to have someone attend not to me (already in physical distress), but to the computer screen. No amount of detailed recording, correct diagnosing or accurate prescribing could obviate the fact I was ignored during my doctor’s visit. As a person, I was invisible to the medical practitioner before me.

Unfortunately, I am absolutely sure that in my role of physician I have at times been as blind as was the doctor who attended to me. It was at the moment of being a patient in my own right that I realized my own automatic tendencies to preferentially follow algorithm-guided prompts rather than look at the person in front of me.

Most of the time this happens because I believe such behavior will speed up my day. At other times, it is because I have convinced myself that somewhere in the EHR is the answer to my patients’ concerns. On still other occasions, I turn to the computer screen simply because of its power to distract, like that of any of the other digital devices to which we have recently become accustomed.

For whatever the cause of my practice behavior as a physician, at that moment as a patient I felt saddened by my failure to treat to my own patients as I would want to be treated myself, offering up an attention that says, “I am listening. I see you. You are important.”

Maybe the highly touted technological revolution will come to clinical examination rooms, and the hype people felt when Electronic Health Records were first introduced will be realized. Until then, in my work with patients, I try to do those things I know will improve my technological fluency when working simultaneously with computers and patients.[7,8] I try to resist the siren call of instant gratification (and, with it, the implied result of immediate problem resolution) that EHRs evoke. Most important, I simply try to remember just how

I felt when I was on the other side of the stethoscope. As I hear my keyboard's "click, click, click" take over when I am with a patient, I stop what I am doing, push the screen away, look up, and share my presence, as I am able, with the person before me.

Such attempts may not be easy, but my patients are better off for the attention I offer them. So am I.■

REFERENCES

1. Payne TH, Corley S, Cullen TA, et al. Report of the AMIA EHR-2020 Task Force on the status and future direction of EHRs. J Am Med Inform Assoc. 2015;22(5):1102-10. doi: 10.1093/jamia/ocv066.
2. Bates DW, Ebell M, Gotlieb E, et al. A proposal for electronic medical records in U.S. primary care. J Am Med Inform Assoc. 2003;10(1):1–10.
3. Wyatt JC, Sullivan F. eHealth and the future: promise or peril? BMJ. 2005;331(7529):1391-3.
4. Ventres W, Kooienga S, Marlin R, et al. Clinician style and examination room computers: a video ethnography. Fam Med. 2005;37(4):276-81.
5. Ventres W. Kooeniga S, Marlin R, et al. Physicians, patients, and the electronic health record: an ethnographic analysis. Ann Fam Med. 2006;4(2):124-31.
6. Ventres W, Frankel R. Electronic health records and patient-centered care: it's still about the relationship. Fam Med. 2010;42(5):364-6.
7. Ventres W, Kooeniga S, Marlin R. EHRs in the exam room: tips on patient-centered care. Fam Pract Manag. 2006;13(3):45-7.
8. Shachak A, Reis S. The impact of electronic medical records on patient-doctor communication during consultation: a narrative literature review. J Eval Clin Pract. 2009;15(4):641-9. doi: 10.1111/j.1365-2753.2008.01.