

HEALTH

As Doctors Use More Devices, Potential for Distraction Grows

By MATT RICHTEL DEC. 14, 2011

Hospitals and doctors' offices, hoping to curb medical error, have invested heavily to put computers, smartphones and other devices into the hands of medical staff for instant access to patient data, drug information and case studies.

But like many cures, this solution has come with an unintended side effect: doctors and nurses can be focused on the screen and not the patient, even during moments of critical care. And they are not always doing work; examples include a neurosurgeon making personal calls during an operation, a nurse checking airfares during surgery and a poll showing that half of technicians running bypass machines had admitted texting during a procedure.

This phenomenon has set off an intensifying discussion at hospitals and medical schools about a problem perhaps best described as “distracted doctoring.” In response, some hospitals have begun limiting the use of devices in critical settings, while schools have started reminding medical students to focus on patients instead of gadgets, even as the students are being given more devices.

“You walk around the hospital, and what you see is not funny,” said Dr. Peter J. Papadakos, an anesthesiologist and director of critical care at the University of Rochester Medical Center in upstate New York, who added that he had seen nurses, doctors and other staff members glued to their phones, computers and iPads.

“You justify carrying devices around the hospital to do medical records,” he said. “But you can surf the Internet or do Facebook, and sometimes, for whatever reason, Facebook is more tempting.”

“My gut feeling is lives are in danger,” said Dr. Papadakos, who recently published an article on “electronic distraction” in *Anesthesiology News*, a journal. “We’re not educating people about the problem, and it’s getting worse.”

Research on the subject is beginning to emerge. A peer-reviewed survey of 439 medical technicians published this year in *Perfusion*, a journal about cardio-pulmonary bypass surgery, found that 55 percent of technicians who monitor bypass machines acknowledged to researchers that they had talked on cellphones during heart surgery. Half said they had texted while in surgery.

About 40 percent said they believed talking on the phone during surgery to be “always an unsafe practice.” About half said the same about texting. The study’s authors concluded, “Such distractions have the potential to be disastrous.”

Doctors and medical professionals have always faced interruptions from beepers and phones, and multitasking is simply a fact of life for many medical jobs. What has changed, doctors say, especially younger ones, is that they face increasing pressure to interact with their devices.

The pressure stems from a mantra of modern medicine that patient care must be “data driven,” and informed by the latest, instantly accessible information. Annual investment in gadgets and other technology by hospitals and doctors has soared into the billions of dollars.

By many accounts, the technology has helped reduce medical error by, for example, providing instant access to patient data or prescription details.

Dr. Peter W. Carmel, president of the American Medical Association, a physicians group, said technology “offers great potential in health care,” but he added that doctors’ first priority should be with the patient.

Indeed, doctors and nurses face growing pressures to listen carefully to patients, provide customer service and show empathy as they look for subtle cues that might explain an illness.

“The computer has become a good place to get a result, communicate with other people,” said Abraham Verghese, a doctor and professor at the Stanford University Medical Center and a best-selling medical writer. “In the interest of preventing medical error, it’s a good friend.”

At the same time, he said, the wealth of data on the screen — what he frequently refers to as the “iPatient” — gets all the attention.

“The iPatient is getting wonderful care across America,” Dr. Verghese said. “The real patient wonders, ‘Where is everybody?’ ”

It is hard to know the precise impact that distracted doctoring has on patient care, because it is hard to measure. But at least one example puts the risks in sharp relief.

Scott J. Eldredge, a medical malpractice lawyer in Denver, recently represented a patient who was left partly paralyzed after surgery. The neurosurgeon was distracted during the operation, using a wireless headset to talk on his cellphone, Mr. Eldredge said.

“He was making personal calls,” Mr. Eldredge said, at least 10 of them to family and business associates, according to phone records. His client’s case was settled before a lawsuit was filed so there are no court records, like the name of the patient, doctor or hospital involved. Mr. Eldredge, citing the agreement, declined to provide further details.

Others describe multitasking as relatively commonplace.

“I’ve seen texting among people I’m supervising in the O.R.,” said Dr. Stephen Luczycki, an anesthesiologist and medical director in one of the surgical intensive care units at Yale-New Haven Hospital. He said he had also seen young

anesthesiologists using the operating room computer during surgery.

“It is not, unfortunately, uncommon to see them doing any number of things with that computer beyond patient care,” Dr. Luczycki said, including checking e-mail and studying or entering logs on a separate case. He said that when he was in training, he was admonished to not even study a textbook in surgery, so he could focus on the rhythm and subtleties of the procedures.

When he uses computers in the intensive care unit, he regularly sees what his colleagues were doing before him.

“Amazon, Gmail, I’ve seen all sorts of shopping, I’ve seen eBay,” he said. “You name it, I’ve seen it.”

Dr. Luczycki is also a huge fan of technology’s positive impact on medicine. So, too, is Dio Sumagaysay, administrative director of 24 operating rooms at Oregon Health and Science University hospitals, even though he has heard about or witnessed instances of people using devices during critical moments.

In early 2010, he heard several complaints that doctors or nurses were using their phones to check or send e-mails even though they were part of a team intubating a patient before surgery.

Mr. Sumagaysay established a policy to make operating rooms “quiet zones,” banning any activity that was not focused on patient care. He later had to reprimand a nurse he saw checking airline prices using an operating room computer during a spinal operation.

Medical professionals say young doctors can be particularly susceptible to distraction because they have grown up being constantly connected.

At Stanford Medical School, for example, all students now get iPads, which they use to read medical texts and carry with them in hospitals but are also admonished not let get in the way of their work.

“Devices have a great capacity to reduce risk,” Dr. Charles G. Prober, senior

associate dean for medical education at the school, said. “But the last thing we want to see, and what is happening in some cases now, is the computer coming between the patient and his doctor.”

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