

An EPIC Degree of Soul Loss

By Kalpana (Rose) M. Kumar, M.D.

The practice of medicine has undergone yet another change. Over the past several years, it has gone electronic. Those of you who have experienced electronically recorded medicine have had to adapt to the profound change that this brought to the physician visit. Physicians, already stressed from adapting to the corporatization of medicine, now have to adapt to data entry during their time with their patients. I, for one, resisted this as long as I was able. I intuitively knew what this would do to the sacred essence of the physician-patient encounter. Last year, I was forced to succumb. I was not really given a choice. Implementing the electronic medical record (EMR) in my practice was not only extremely expensive for a primary care physician in private practice, it was extremely stressful for one who practices "patient centered" medicine. For a physician who relishes spending time with my patients, listening for clues in their stories to help them problem solve and heal, this was deeply intrusive.

When I used paper charts to record patient encounters, I was able to look at my patients, be in their presence and receive their stories while using my technical and intuitive skills. Most importantly, I could hold sacred space for every patient who I promised to help and heal.

After the electronic medical record became a part of my practice, I grieved the presence of a machine in my exam room that interfered with this connection. Surprisingly, I found myself in constant heart ache struggling through the day to try and capture the sacred essence of my beloved patient encounter. I realized the "mill" medicine had now become was a data collecting one that no longer valued humanistic listening and caring. I had to learn how to enter patient data quickly and efficiently in order to maintain connection with my patients, so vital for their healing.

Given the level of my grief, I was curious if other physicians felt like I did. I explored internet conversations and blogs about how others felt since this implementation. One physician accounted that the stress of implementing EMR caused him to suffer a heart attack. Could this be symbolic of his heart break from not being able to engage with his patients like he used to, combined with the stress of learning this heartless system of data entry? It is certainly a cause for wonder.

Our current corporate system of medicine has been in crisis for nearly two decades. Patients and physicians are disillusioned by what today's health care system has become. It is obvious that it suffers from a great degree of "soul-loss." Rather than finding ways to fix and heal it to improve patient care, I believe the implementation of the EMR has furthered its *dis-ease*.

We were told that this method of documentation would make health care seamless, more collaborative and save paper and time. It has done the opposite. Different health care systems are not able to access the records of shared patients; it has created more paper waste and has taken up more physician time. Physicians who are unable to balance the EMR with patient contact opt to complete their charting after work into the late hours of the night. This compromises their work-life balance, adding to their stress and rendering them vulnerable to mental and physical illness. We have all heard of numerous

physicians who opted to retire before their intended time when EMR was implemented. They were unwilling to compromise the art of healing for data entry.

Many patients do not realize that physicians had no say in this decision to implement EMR. They were merely required to adapt to this mandate.

As a patient, when you visit your private practitioner who is now electronically linked, please have patience. And physicians, please know you are not alone in your frustration with yet another intrusion in the exam room, our sacred sanctum. We will have to adapt in a way that preserves the sanctity of our vocation, despite the stress this has created for us.

Our precious field of medicine cannot continue to lose its soul in the many ways it already has. At some point it will have to transform and reclaim its true purpose and restore the sacred contract between physician and patient.

Till then, as physicians, we must carry the flame of healing in our hearts for our patients with continued love for our craft, and patients must carry patience in their hearts for their beloved physicians who struggle to remain connected with their heart and feelings while trying to adjust to the presence of the EMR.

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