

PERSPECTIVE: PART I

CHOOSING STORIES OVER SCREEN TIME

Zachary G. Jacobs, MD

Dr. Jacobs (jacobsz@ohsu.edu), a hospitalist who is passionate about creative arts and storytelling, is a board member of the Northwest Narrative Medicine Collaborative, an organization that aims to revitalize the humanism in medicine through the power of narrative.

According to a recent study in *JAMA*,¹ first-year residents in internal medicine training programs spend surprisingly little time face-to-face with their patients. Over a three-year study period at six different U.S. teaching programs, researchers found that, on average, interns spent just three hours per 24-hour period on direct patient care in the hospital. Meanwhile, indirect care accounted for two-thirds of their time, including more than 10 hours interfacing with the electronic medical record (EMR). That's nearly half of every day spent in front of a computer.

As a practicing hospitalist and a recent graduate of an internal medicine residency program, this comes as little surprise to me. Much of my daily routine takes place in front of a screen, often at the expense of time with my patients. As much as I would love to spend my entire workday at the bedside, the fact is that the EMR demands so much of my attention that at times it feels like I am drowning in unfinished documentation, unplaced orders, and best practice alerts. And for someone who chose a career in healthcare for the stories—the opportunity to connect with patients by passionately receiving their narratives—this, for me, is a significant source of dissatisfaction.

And in this I'm not alone.

In a 2019 survey of more than 15,000 U.S. physicians, Medscape found that 44% reported feelings of burnout.² When asked about major contributing factors, the number one cause, cited by nearly two-thirds of respondents, was “too many bureaucratic tasks [such as] charting or paperwork”. And given that 96% of hospitals in the United States have now adopted EMRs,³ it is clear here that “paperwork” really means *screen time*.

And is this really so surprising? Physicians chose this career path not for the money, the renown, and certainly not to spend half their day staring at a computer screen. They chose it instead to take care of patients.⁴ To help relieve suffering, not by clicking a mouse 4,000 times a

day⁵ (the average number of clicks during a busy 10 hour shift in the ER), but by sitting in front of another human being, looking them in the eyes and asking “how can I help?”. By listening intently and empathically to their story, something that simply cannot occur while glancing over the top of a computer monitor.

I don't mean to imply that EMRs are worthless. In many ways they make my job easier, and if given the option, I certainly wouldn't choose to go back to the days of paper charts. But there must be a middle ground. Doctors cannot accept it as status quo that they will spend more than three times as many hours in front of a computer as they do in front of their patients. It's no wonder that nearly half of U.S. physicians are burnt out; they are being forced to work in an environment in direct opposition to their mission of serving patients—an environment that not only discourages compassion but also precludes it. That is a system in which nobody wins. It's a system that needs to change.

We must strive to create an EMR that works *for* doctors, not against them. One that is designed from the ground up for practical clinical use. One that improves patient care rather than hinders it. We must find a way to get physicians back to where they belong, back to where they all want to be: at the bedside, delivering compassionate care and connecting meaningfully with their patients. We must give them the tools and the opportunity to treat their patients as humans again. To shut their laptops and open their hearts. To choose stories over screen time.

References

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