Touching Where it Hurts: Bedside Medicine in a Technological Age

Abraham Verghese MD, MACP, FRCP(E)  
Linda R. Meier and Joan F. Lane Provostial Professor and  
Vice Chair for the Theory and Practice of Medicine  
Stanford University

Disclosures

Royalties Random House, Scribner  
Leigh Speaker’s Bureau
What the extraterrestrial sees:

- “Rounds” removed from living patient
- Rounds centered around “iPatient”
- No need to examine patient
- The bedside is toxic (but some older doctors are unaware of the hazards)
- The purpose of admission is to render the live 3D human into a 2D image

Verghese A. Culture Shock: Patient as Icon, Icon as Patient. NEJM 359 26 2008

Joseph Leopold Auenbrugger (1722-1809)
Jean Nicolas Corvisart (1755-1821)

1816: Laennec

A L'Hôpital Necker, Ausculte Un Phtisique. Théobald Chartran (1849-1907)
1819: A huge moment in medicine: Transition from barber surgeon to physician

Theodore Rombouts (1597-1637)—The Tooth Extractor

1891- Luke Fildes: The Doctor

Fildes's ambition: “To put on record the status of the doctor in our time.”
AMA 1949: Posters in 60,000 waiting rooms or offices

I was ill and you cared for me. ”Matthew 25:30

The Doctor in our time?

Verghese A, Culture Shock: Patient as icon, icon as patient
New England Journal of Medicine 359:26; 2008:

Maxwell Finland on rounds at Boston City Hospital

“Rounds” these days
The three ‘P’s

- Phenome issue or “low-hanging fruit”
- Purposeful Ritual
- Physician and Patient Satisfaction


"Let’s get a cat scan and consult the gastroenterologist and figure out why you are having these pains..."
October 8, 2012

The Doctor's Bag for the

"LHF"-- LOW HANGING FRUIT
2. Purposeful Rituals

Rituals are about transformation

Technology can disembody, but the skilled bedside exam:

- Preserves *person-ality*: the embodied identity of the patient.
- *Validates patient’s complaint* by focusing on THE BODY. (Medical imaging is rarely recognizable as “personal self”)
- *Symbolic centering of attention* on the body as a locus of personhood and disease.


3. Physician Satisfaction

The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.
RED TAPE

"Livin' the dream—how about you?"
“I am no longer a physician but the data manager, data entry clerk and steno girl. I am frustrated, unhappy and I am unable to do my best in caring for my patients. I became a doctor to take care of patients. I have become the typist.”

physician, Boston 2013

Burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.

Richard Gunderman:
theatlantic.com/health/archive/

Feb 21 2014, blog post
Betrayals of purpose

4000 clicks per day

ER
• 10 hr shift
• 44% data entry
• 4000 clicks
• 28% pt care

PCPs
• 11 hr day
• 50% computer
  – COE, inbox, doc
• 20% patient
  – 1/3 screen gaze
(work product: pt care or documentation?)

In few other sectors of the economy is the highest-level professional responsible for the majority of production, customer service, and clerical work.

Solutions

- Teach bedside medicine in the clinical years
- Preserve sanctity of bedside rounds
- Teach the teachers
- Create a culture that values the ritual
- “The bedside is where the patient is”
- Innovative research to decrease computer time and increase patient time

Stanford 25 Sessions
Real Patients with Real Disease

Visiting Professor
From Student to Teacher

Stanford 25 Sessions
Stanford Medicine 25 Website
http://stanfordmedicine25.stanford.edu/

Stats:
- 90-140 visits per hour
- Quarter of a million total visits

Stanford Medicine 25

iPad app

Blog
Osler’s reminder:

“Remember, however, that every patient upon whom you wait will examine you critically and form an estimate of you by the way in which you conduct yourself at the bedside. Skill and nicety in manipulation, whether in the simple act of feeling the pulse or in the performance of any minor operation will do more towards establishing confidence in you, than a string of Diplomas, or the reputation of extensive hospital experience.”
My colleagues

- John Kugler MD
- Errol Ozdalga MD
- Jeff Chi MD
- Poonam Hosamani MD
- Micheal Vogel BA
- Cari Costanzo PHD
- Amrapali Maitra BA
- Sonoo Thadaney MBA

Stanford Medicine 25: Reviving the Culture of Bedside Medicine
Stanford Medicine 25

- 25 *technique*-dependent physical diagnosis maneuvers
- Ultrasound at the bedside by the physician
- A reflex hammer & ophthalmoscope for every resident
- 4 sessions a month at morning report
- Ultimately, the development of a real clinical skills exam with real patients
- “The road back to the bedside must begin at the bedside because that is where the patient is.”
Annual Prescription Renewals

- Physician time
  - 0.5 hour/day

- Nursing time
  - 1 hour/day per physician

- 80 million PC visits/year

350,000 PCPs x 220d/yr x 1 visit/d

The Cost of Technology: Elizabeth Toll, MD
JAMA. 2012;307(23):2497-2498
What can we do to
1) Pluck LHF 2) Preserve Ritual?