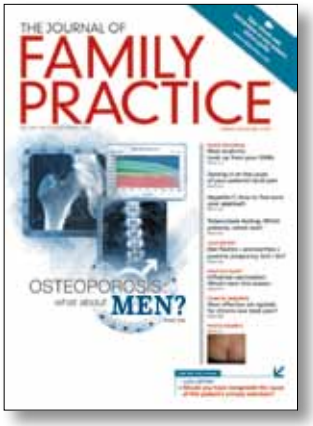
Sizing up EMRs and patient care from the other side of the bed rail



Dr. Unger's guest editorial, "Med students: Look up from your EMRs" (*J Fam Pract*. 2015;64:517-518), vividly describes what those who have been paying attention see quite clearly: Not only has the widespread implementation of electronic medical records (EMRs) failed to deliver all it has promised, but it has made patient care worse. Many students and members of the health care team spend as little time as possible talking and listening to patients. Instead, the goal is to complete every box in our EMRs to qualify for meaningful use payments and whatever "quality" incentives are available in our local environment.

That said, I believe EMRs are very good at doing the things computers do well, and I hope I never again have to rifle through a paper chart the size of a phone book to find a critical piece of information. The problem lies in the myriad inappropriate ways the EMR is used in place of accurately telling the patient's story, and the resulting diversion of the entire health care team away from caring for the patients we are supposedly here to serve.

I am tired of complaining to my patients, partners, family, friends, and anyone else who will listen. It is time for family medicine to reclaim its role as "counterculture" and lead the charge for comprehensive, continuous, compassionate care—whose centerpiece is actually talking to, listening to, and examining patients.

David A. Silverstein, MD
Buffalo, NY

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While I agree with Dr. Unger about EMRs, I respectfully disagree with his approach when he suspected he had appendicitis. When he initially ordered his own computed tomography scan, rather than seeing his own doctor or going to the emergency department, he (inadvertently) "assigned" himself as his own doctor. He then should have at least offered his history in the hospital, rather than making it a test for the student and the hospital. It sounds like an adversarial situation developed, which did not help matters. Good that he's doing OK!

Michael Kelly, MD
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What does the evidence really say about acupuncture for IBS?

Dr. Hickner's conclusion from his editorial, "The mainstreaming of alternative therapies" (*J Fam Pract*. 2015;64:451) that acupuncture "can relieve symptoms" of irritable bowel syndrome (IBS) is not based on "solid evidence." I read the same abstract from the Cochrane database on acupuncture for IBS that he cited in his editorial but came to a different conclusion.

According to the Cochrane authors' conclusions, "Sham-controlled RCTs have found no benefits of acupuncture…for IBS symptom severity or IBS-related quality of life." The authors noted a risk of "high" bias in all of the other studies in the Cochrane database. This important caveat should serve as a caution to any physician seeking to draw a conclusion from those other studies.

Paul D. Fuchs, MD
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Author's response:

Dr. Fuchs is right in calling me to task on this particular meta-analysis. I based my comment on the finding that acupuncture was better than 2 pharmacologic therapies that have shown benefit for patients with IBS, but the quality of the studies was not high, as Dr. Fuchs points out.

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