

Screening for parasitic infections: One doctor's experience

Soin, et al, reported an interesting case of strongyloidiasis in a refugee in their Photo Rounds article, "Rash, diarrhea, and eosinophilia" (*J Fam Pract.* 2015;64:655-658). They mentioned the importance of having a high degree of suspicion for parasitic infections among refugees. Indeed, health screenings for refugees are necessary and should include testing for parasitoses. However, there are several other issues to consider.

First, a single screening may not be effective. Thus, results should be verified with repeat screening tests. In my experience in Thailand, a single screening of migrants from nearby Indochinese countries failed to detect several infectious cases, including tuberculosis, malaria, and intestinal parasite infections. To optimize early detection and infection control, a repeated check-up system is needed. It should be noted, however, that a false-negative result for strongyloidiasis is not common from a stool examination or immunological test.¹

Second, the mentioned symptoms of "rash, diarrhea, and eosinophilia" can be due to several etiologies and may have been caused by a completely separate illness. Or the findings might have been due to a forgotten condition, such as post-dengue infection illness.²

Finally, the existence of strongyloidiasis in the case presented by Soin, et al, could have been an incidental finding without a relationship to the exact pathology.

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1. Rodriguez EA, Abraham T, Williams FK. Severe strongyloidiasis with negative serology after corticosteroid treatment. *Am J Case Rep.* 2015;16:95-98.

2. Wiwanitkit V. Dengue fever: diagnosis and treatment. *Expert Rev Anti Infect Ther.* 2010;8:841-845.



Forget EHRs—Let us get back to the practice of medicine

I completely agree with Dr. Selinger in his letter, "I will click those boxes, but first, I will care for my patient" (*J Fam Pract.* 2015;64:762). I graduated from medical school in 1969 and enjoyed the actual "laying on of hands" that characterized medicine at that time. Now that electronic health records (EHRs) are mandated,

much of our time is spent as data entry personnel, rather than as physicians. Personally, I couldn't stand it; I went into medicine to care for patients, not computers. I left medicine, as I am sure many of my fellow physicians have.

How did we allow EHRs to enter our field?

I am sure that there are many people who believe that EHRs allow us to be more efficient and to meet "the rules." But to that I say, "Baloney!" Let us return to the true practice of medicine.

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An unconscious bias in this EHR study?

Like many physicians, I struggle with looking at my patients while they are talking and getting the stories that they tell me transcribed as accurately and completely as possible. After I read the article, "EHR use and patient satisfaction: What we learned" by Farber, et al, (*J Fam Pract.* 2015;64:687-696), I was struck by something.

Of the 126 patients chosen for the research, the educational level breakdown included 75% with at least some college education and 28% with postgraduate education. A study performed by the National Center for Veterans Analysis and Statistics published in 2015 has different statistics.¹ Although a

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similar percentage had at least some college education, only 10.5% of the men and 12.4% of the women had postgraduate education.

In my practice, most of my patients who have worked with computers empathize with the amount of time that I spend looking at the screen. Those with less education are less agreeable. Since the patients were picked by their physicians to take part in the study, I wonder if there was an unconscious bias present.

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1. National Center for Veterans Analysis and Statistics. Profile of Veterans: 2013. US Department of Veterans Affairs Web site. Available at: http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2013.pdf. Accessed March 21, 2016.

Author's response:

Dr. Leeds brings up an interesting issue. It is possible that there is an unconscious bias on the part of physicians who participated in this study. Although the demographics are fairly similar to those that she cites, the veterans in our study were somewhat more educated.

If less well-educated subjects participated, this would make the data more impressive, in terms of less satisfaction with physicians who more readily focus their eyes on computer screens rather than on their patients. The fact that we did find this association is important for physicians who use EHR systems.

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