

Hospice Compassus
2016 National Medical Directors Meeting



- **Abraham Verghese MD, MACP**
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Senior Associate Chair for the Theory and Practice of Medicine
Stanford University



What the extraterrestrial sees:



- “Rounds” removed from the living patient
- Rounds centered around the “iPatient”
- The bedside is toxic (but some older doctors are unaware of the hazards of the bedside)
- The purpose of admission is to render the live 3D human into a 2D image

1816: Laennec invents "Le Cylindre"



A L'Hopital Necker, Ausculte Un Phtisique.
Théobald Chartran

(1849-1907)

**Circa 1830: A watershed moment in medicine:
Transition from Barber Surgeon to Physician**



Theodore Rombouts (1597-1637)—The Tooth Extractor

Fildes's ambition: "To put on record the status of the doctor in our time."



1891- Luke Fildes: The Doctor

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



Anatole Broyard



He knows all there is to know about the prostate, but I cannot sit down and have a talk with him about it, which I find a very great deprivation . . . What a curious organ. What can God have been thinking when he designed it this way? I would like to have a meditation a rumination, a lucubration, a bombination about the prostate. I can't do it. I'm forced to stop people on the street and talk to them about it . . .

Anatole Broyard. "Intoxicated by my Illness", 1992

Anatole Broyard



“I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh, to get at my illness, *for each man is ill in his own way.*”

Anatole Broyard. “Intoxicated by my Illness”, 1992

<http://well.blogs.nytimes.com/2012/08/23/the-widespread-problem-of-doctor-burnout/>

DOCTOR AND PATIENT | AUGUST 23, 2012, 3:50 PM | 199 Comments

The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

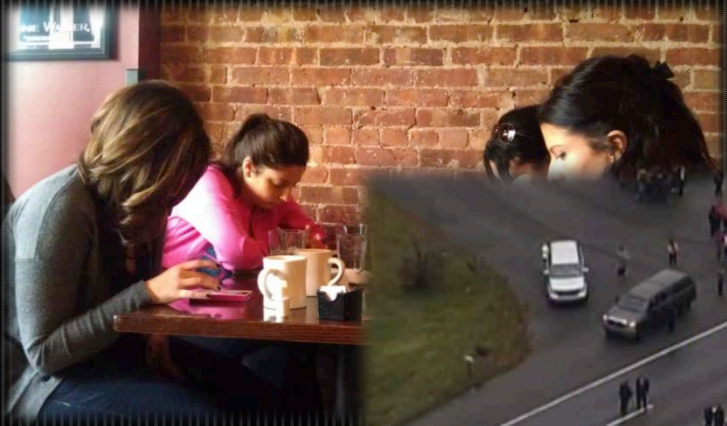


Fuse/Getty Images



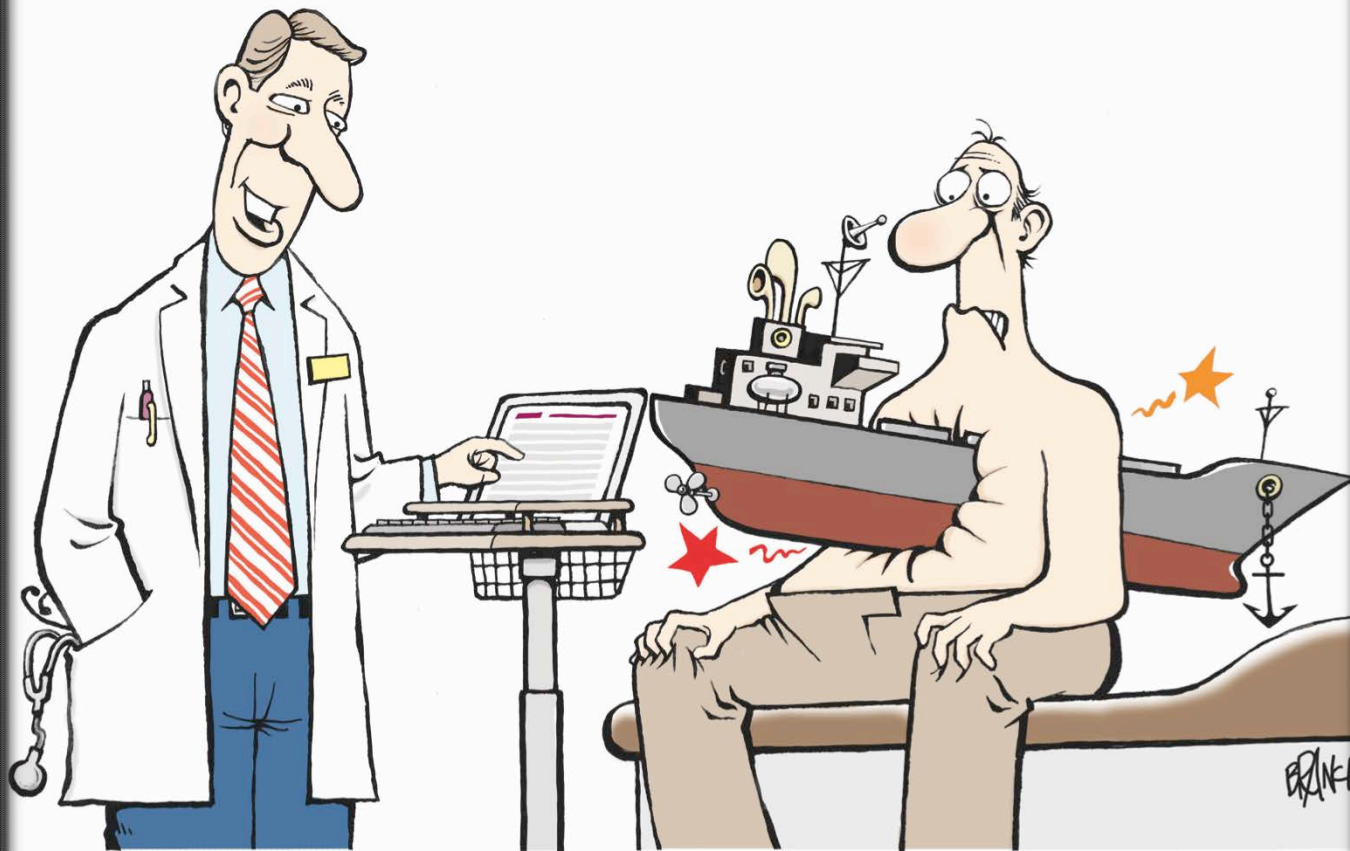
4000 Clicks: a productivity analysis of electronic medical records in a community hospital

Hill, Sears, Melanson, AJEM, 2013, 31, 1591-1594,



NEW DETAILS
Deadly Bus Crash Causes





"LET'S GET A CAT SCAN AND CONSULT THE GASTROENTEROLOGIST AND FIGURE OUT WHY YOU ARE HAVING THESE PAINS..."

THE AMERICAN
JOURNAL *of*
MEDICINE.

AJM

Inadequacies of Physical Examination as a Cause of Medical Errors and Adverse Events: A Collection of Vignettes

Vergheze, Charlton, Kassirer, Ramsey, Ioannidis, M

Results

“Of the 208 reported vignettes that met inclusion criteria, the oversight was caused by a failure to perform the physical examination in 63%”

Rituals are about *transformation*



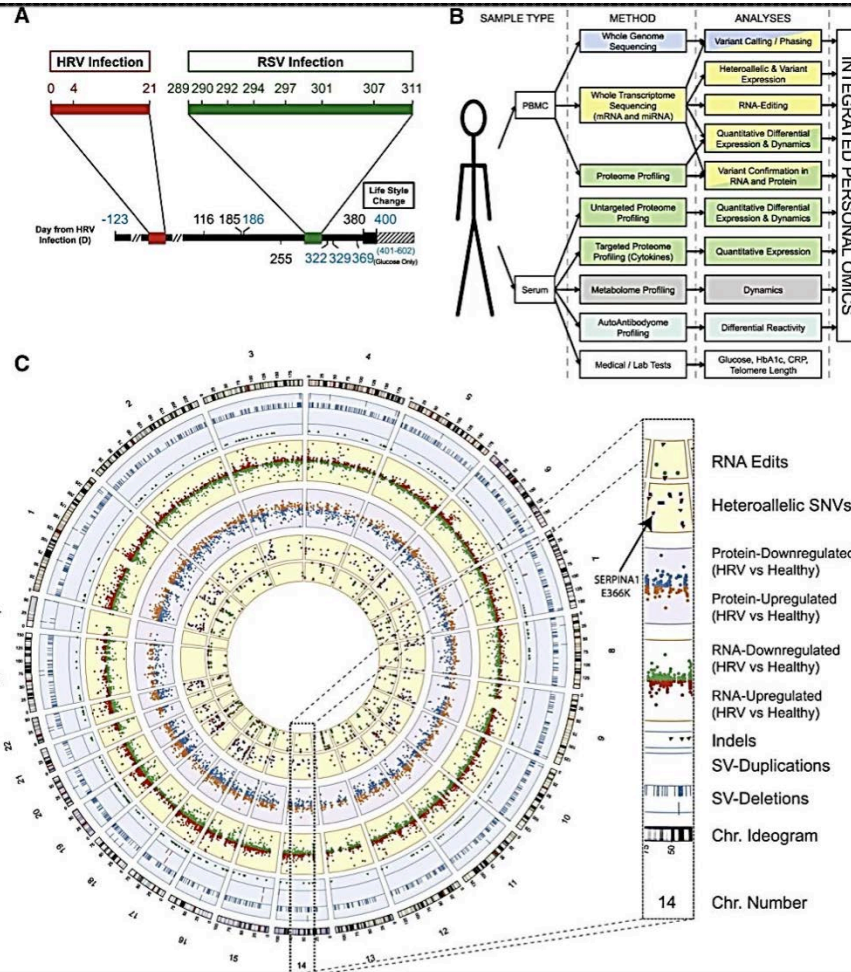


Mio Cade Photography | The Pande (Master Smiths)

“...For the secret of the care of the patient is in caring for the patient.” —Francis W. Peabody, MD (1881–1927).



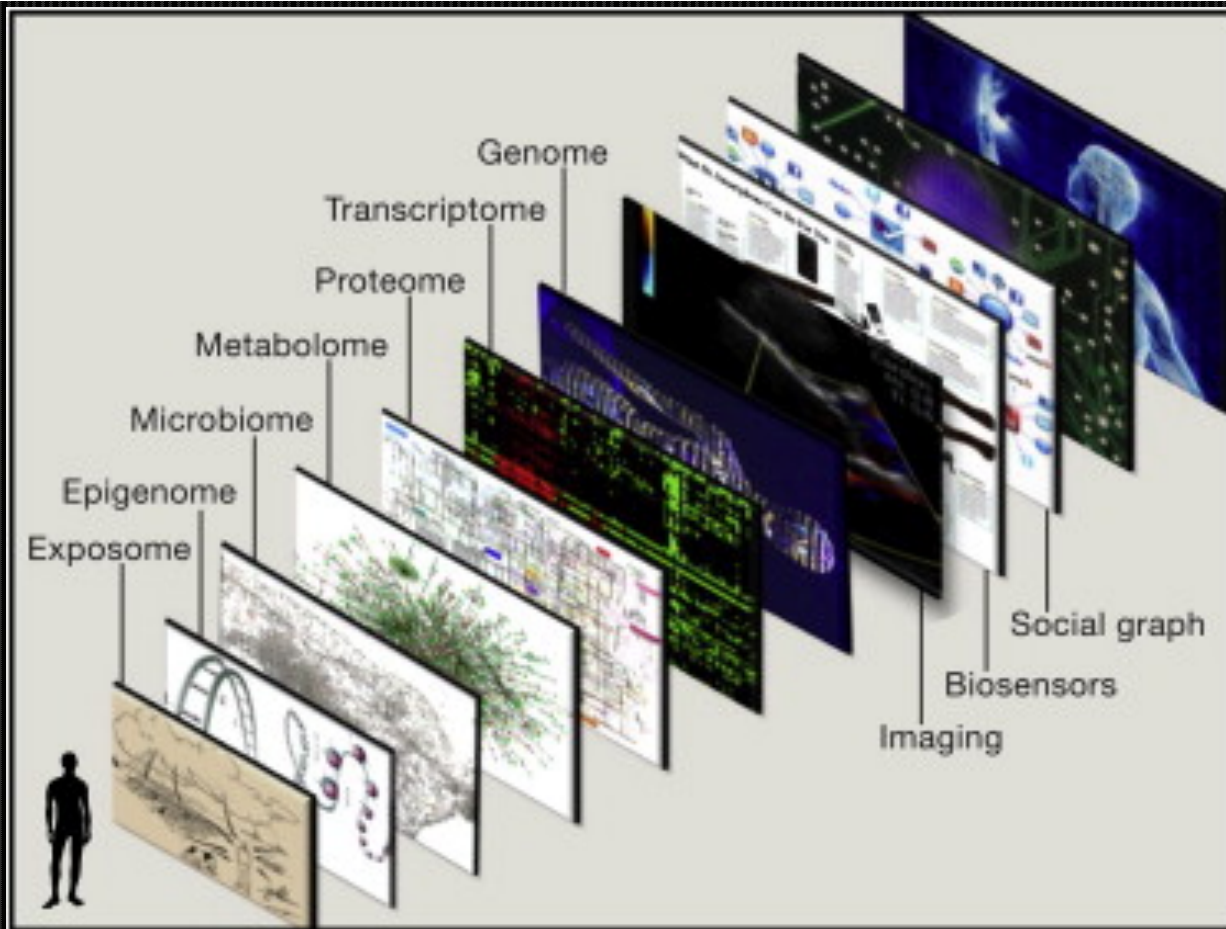






- 838 miles of bookshelves
- 153 million items





Adapted from: E. J. Topol, "Individualized Medicine from Prewomb to Tomb," *Cell* 157 (2014): 241–253.



1766: *Inventum Novum* published
1809: Jean Nicolas Corvisart makes it
popular









AMA 1949: Posters in 60,000 waiting rooms or offices



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



Vergheze A. "The Doctor in Our Own Time" *Trans Am Clin Climatol Assoc.* 2008; 119: 117–126.

Consequences of Getting Too Far Removed From the Patient :

1. Patient dissatisfaction
2. Health Professional Wellness
3. Medical Error
4. Loss of Ritual

ONLINE FIRST

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored

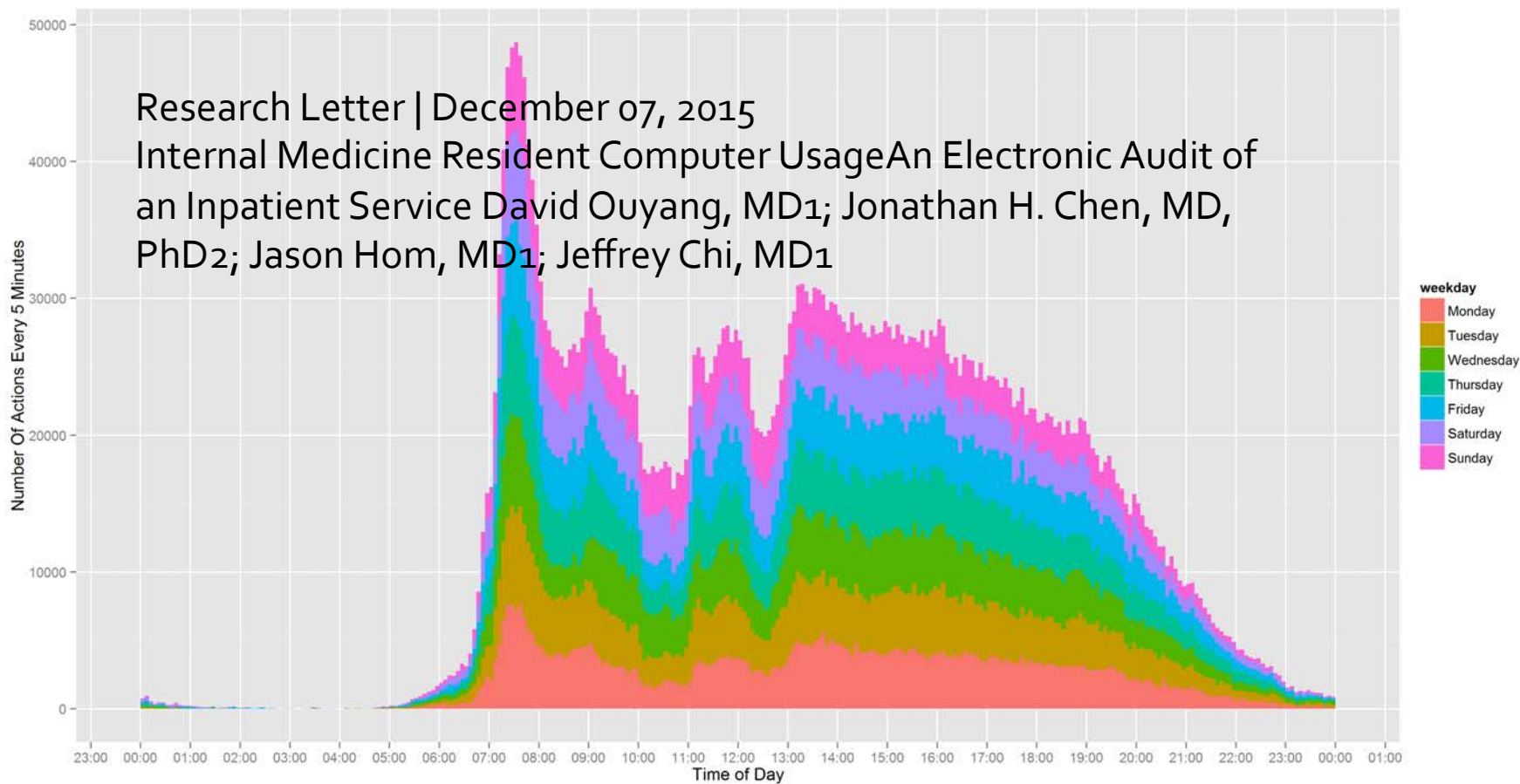
physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P < .001$), whereas individuals with a bachelor's degree (OR, 0.80; $P = .048$), master's degree (OR, 0.71; $P = .01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P = .04$) were at lower

Consequences :

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Research Letter | December 07, 2015
Internal Medicine Resident Computer Usage An Electronic Audit of
an Inpatient Service David Ouyang, MD¹; Jonathan H. Chen, MD,
PhD²; Jason Hom, MD¹; Jeffrey Chi, MD¹





Consequences :

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IMPROVING DIAGNOSIS IN HEALTH CARE

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conducting a history and interview, suggests that clinicians should avoid interrupting, demonstrate empathy, and establish a rapport with patients (NIA, 2008). Clinicians need to know when to ask more detailed questions and how to create a safe environment for patients to share sensitive information about their health and symptoms. Obtaining a history can be challenging in some cases, for example, in working with older adults with memory loss, with children, or with individuals whose health problems limit communication or reliable self-reporting. In these cases it may be necessary to include family members or caregivers in the history-taking process. The time pressures often involved in clinical appointments also contribute to challenges in the clinical history and interview. Limited time for clinical visits, partially attributed to payment policies (see Chapter 7) may lead to an incomplete picture of a patient's relevant history and current signs and symptoms.

There are growing concerns that traditional "bedside evaluation" skills (history, interview, and physical exam) have received less attention due the large growth in diagnostic testing in medicine. Verghese and colleagues noted that these methods were once the primary tools for diagnosis and clinical evaluation, but "the recent explosion of imaging and laboratory testing has inverted the diagnostic paradigm. [Clinicians] often bypass the bedside evaluation for immediate testing" (Verghese et al., 2011, p. 550). The interview has been called a clinician's most versatile diagnostic and therapeutic tool, and the clinical history provides direction for subsequent diagnostic and gathering activities in the diagnostic process (Lichstein, 1990). An accurate history facilitates a more productive and efficient physical exam and the appropriate utilization of diagnostic testing (Lichstein, 1990). Indeed, Kassirer concluded: "Diagnosis remains fundamentally dependent on a personal interaction of a [clinician] with a patient, the sufficiency of communication between them, the accuracy of the patient's history and physical examination, and the cognitive energy necessary to synthesize a vast array of information" (Kassirer, 2014, p. 12).

Physical Exam

The physical exam is a hands-on observational examination of the patient. First, a clinician observes a patient's demeanor, complexion, posture, level of distress, and other signs that may contribute to an understanding of the health problem (Davies and Rees, 2010). If the clinician has seen the patient before, these observations can be weighed against previous interactions with the patient. A physical exam may include an analysis of many parts of the body, not just those suspected to be involved in the patient's current complaint. A careful physical exam can help a clinician refine the next steps in the diagnostic process, can prevent unnecessary diagnostic testing, and can aid in building trust with the patient (Verghese, 2011). There is no universally agreed upon physical examination checklist; myriad versions exist online and in textbooks.

Due to the growing emphasis on diagnostic testing, there are concerns that physical exam skills have been deemphasized in current health care professional education and training (Kassirer, 2014; Kugler and Verghese, 2010). For example, Kugler and Verghese have asserted that there is a high degree of variability in the way that trainees elicit physical signs and that residency programs have not done enough to evaluate and improve physical exam techniques. Physicians at Stanford have developed the "Stanford 25," a list of physical diagnostic maneuvers that are veridical and time-dependent (Verghese and Horwitz, 2009). Educators observe students

RED TAPE



Consequences :

1. Patient dissatisfaction
2. Health Professional Wellness
3. Medical Error
4. Loss of Ritual

Big data is like teenage sex:
everyone talks about it,
nobody really knows how to do it,
everyone thinks everyone else is
doing it, so everyone claims they
are doing it...

(Dan Ariely)



Personal Omics Profiling Reveals Dynamic Molecular and Medical Phenotypes

Rui Chen, George I. Mias, Jennifer Li-Pook-Tham, Lihua Jiang, Hugo Y.K. Lam, Rong Chen, Elana Miriami, Konrad J. Karczewski, Manoj Hariharan, Frederick E. Dewey, Yong Cheng, Michael J. Clark, Hogune Im, Lukas Habegger, Suganthi Balasubramanian, Maeve O'Huallachain, Joel T. Dudley, Sara Hillenmeyer, Rajini Haraksingh, Donald Sharon, Ghia Euskirchen, Phil Lacroute, Keith Bettinger, Alan P. Boyle, Maya Kasowski, Fabian Grubert, Scott Seki, Marco Garcia, Michelle Whirl-Carrillo, Mercedes Gallardo, Maria A. Blasco, Peter L. Greenberg, Phyllis Snyder, Teri E. Klein, Russ B. Altman, Atul J. Butte, Euan A. Ashley, Mark Gerstein, Kari C. Nadeau, Hua Tang, Michael Snyder

Cell

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P R E S S

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