

Masterclasses

M12.2

**What Matters to Patients?
Insight from Patient Experience and Satisfaction Survey
Programmes and Way Forward**

13:15 Convention Hall C

Human Touch in Healthcare Delivery

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Our beloved teacher Dr SF Leung mentioned that the computer has now entered the doctor-patient dynamic as a "third mistress," stealing away the time and attention of the doctor. True, the computer is powerful and important, handling many aspects of patient care from scheduling appointment to documenting history, ordering test, checking for on-hand medication and allergy, and communicating with colleagues. Does the computer have to be worshipped that much?

As a matter of fact, a recent article from the Annals of Internal Medicine reports that for every hour spent with patients, physicians spent two hours on electronic health records and desk work.¹ Yes, you hear us right. Two times of that spent with patients. Can any "mistress" beat that record? Can we beat that temptation?

Stated another way, we want to give our patients well-deserved human touch. At the moment, human touch is vanishing rapidly in modern hospitals. So much so that Abraham Verghese has to coin the term "iPatient," referring to the problem of chart-as-surrogate-for-the-patient phenomenon.² Another term is "chartoma" – a malignant and metastasizing disease immortalised by being cut and pasted into every note by the sheer key strokes of "CTRL+C" on our computer keyboard.

As pointed out by William Osler a century ago, "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has." Solutions will not be easy. But we can start by moving back, bit by bit, to the bedside.

References:

Sinsky C, Colligan L, Li L, Prgomet M, Reynolds S, Goeders L, Westbrook J, Tutty M, Blike G. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. *Ann Intern Med* 2016; 165: 753-760

Verghese A. Culture shock – patient as icon, icon as patient. *N Engl J Med* 2008; 359:2748-2751