Patients Prefer Doctors Not Use Computers in Exam Room

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Expert Perspective

“The rapid uptake of electronic health records in oncology has given us a large set of data we can use to improve care. Based on this study, however, we clearly need to be mindful about using computers during exam time, especially for patients with advanced cancer, and consider what they value in their interactions with doctors,” said ASCO Expert Andrew S. Epstein, MD, moderator of today’s presscast.

ALEXANDRIA, Va. – A new study suggests that people with advanced cancer prefer doctors communicate with them face-to-face with just a notepad in hand rather than repeatedly using a computer. These findings will be presented at the upcoming 2017 Palliative and Supportive Care in Oncology Symposium in San Diego, California.

“To our knowledge, this is the only study that compares exam room interactions between people with advanced cancer and their physicians, with or without a computer present,” said lead study author Ali Haider, MD, an Assistant Professor at the University of Texas MD Anderson Cancer Center in the Department of Palliative, Rehabilitation, and Integrative Medicine, which also funded the study.

Many doctors now use a computer software program for managing electronic health records. The researchers were concerned that it might impair communication with patients and also knew from earlier research that people with chronic health concerns, and often
accompanying emotional issues, want their doctors to talk to them directly.

About the Study

The researchers filmed four approximately 2-minute videos that featured actors who were carefully scripted and used the same gestures, expressions, and other nonverbal communication in each video to minimize bias:

- Video 1: Doctor A in a face-to-face consultation with just a notepad in hand
- Video 2: Doctor A in a consultation using a computer
- Video 3: Doctor B in a face-to-face consultation with just a notepad in hand
- Video 4: Doctor B in a consultation using a computer

The patients in the study had either localized, recurrent, or metastatic disease. Ninety percent were fully physically functional, and all were English speakers. To further standardize and control their assessment, the researchers captured patient information on psychosocial factors, age, and level of education upon enrollment.

The researchers randomly assigned 120 patients to four equal-sized groups. After viewing their first video, the patients completed a validated questionnaire rating the doctor’s communication skills, professionalism, and compassion. Subsequently, each group was assigned to a video topic (face-to-face or computer) they had not viewed previously featuring an actor-doctor they had not viewed in the first video. A follow-up questionnaire was given after this round of viewing, and the patients were also asked to rate their overall physician preference.

Key Findings

After the first round of viewing, the patients rated doctors in the face-to-face video as having more compassion and better communication skills and professionalism than the doctors who used the computer in the exam room. After having watched both videos, 72% of participants favored the face-to-face interaction.

“We know that having a good rapport with patients can be extremely beneficial for their health,” said Dr. Haider. “Patients with advanced disease need the cues that come with direct interaction to help them along with their care.”

The researchers note that their study answers questions about patients’ perceptions, but not
how to address the issue of computer use in an exam room.

Next Steps

“Our study was done at an outpatient clinic, so it is probably more pertinent in that setting compared to a hospital where patient-doctor interactions are more frequent and rigorous,” said Dr. Haider. “We are pretty certain that people will permit another entity in the exam room, but our study shows that if the third entity is a computer, the computer is not preferred.”

The researchers believe that they would probably find the same results if the study was conducted with people with early-stage cancer. However, they weren't so sure about a younger population with higher computer literacy and said that population might be the subject of a future study.

View the full abstract.

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2017 Palliative and Supportive Care in Oncology Symposium News Planning Team:

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Click here to view the disclosures for the News Planning Team.

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About the American Society for Radiation Oncology:
The American Society for Radiation Oncology (ASTRO) is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologist, physicists, radiation therapists, dosimetrists and other health care professionals that specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, the Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research, and advocacy. ASTRO publishes three medical journals, International Journal of Radiation Oncology, Biology, Physics, Practical Radiation Oncology, and Advances in Radiation Oncology, developed and maintains an extensive patient website; and created the Radiation Oncology Institute, a non-profit foundation to support research and education efforts around the world that enhance and confirm the critical role of radiation therapy in improving cancer treatment.

About the Multinational Association of Supportive Care in Cancer:
The Multinational Association of Supportive Care in Cancer (MASCC) is an international,
multidisciplinary organization with members from six continents and nearly 70 countries. It operates in collaboration with the International Society of Oral Oncology (ISOO). Founded in 1990, MASCC is dedicated to research and education in all areas of supportive care for patients with cancer, regardless of the stage of the disease. MASCC promotes professional expertise in supportive care through research and the scientific exchange of ideas. A focus on supportive care leads to better treatment outcomes and greater quality of life for people with cancer.