EMR or: How I learned to stop worrying and love the computer

"Make sure you bring in your D-Link so I can configure your VPN to ensure you have remote private encrypted access."

—The computer guy

Like many of you I had been wondering if it was time to modernize and consider an electronic medical record, or EMR for short. I was growing tired of using an archaic implement to scratch barely legible words across our pulped forests. I was constantly impressed by my forward-thinking colleagues who had already adapted to this brave new world and spoke confidently, throwing around terms like gigabyte, megahertz, and snack bites. How difficult could this be? I am a man of the 2000s. I am adaptable and rapidly yet seamlessly adopt new technologies. Well, there could be a first time.

My colleagues and I carefully researched all the available medical software packages, and after an exhausting review chose the one that appeared to fulfill our needs most closely. "Carefully researched" is really a loose term which means we chose the first one we were presented with. In our minds we were now ready to proceed. Oh right, you need computers to run the software and apparently you need more than one. We contacted a computer company who came into the office and, after assessing our needs, produced a quote. Who knew that you also need printers, scanners, cords, and software to run the medical software you have just paid thousands for? I was assured that the quote wasn't for gold- and diamond-plated hardware despite the number of zeros along the bottom.

Oh well, we reasoned, sometimes you have to spend money to leave the old days behind. We were ready to begin. "Who is going to network the cable throughout your office?" the hardware guys asked out of the blue.

"What networking?" I asked. "Don't you guys do that?"

"No, we only set up the machines in the offices and make sure they work. Someone else has to run the cable through the office."

More money and a few days later three young guys show up and begin crawling through our ceiling and walls laying the requisite cable. Having someone in the ceiling is a little disconcerting when you are seeing patients and performing potentially sensitive exams. I tried to reassure patients by telling them we were experiencing a rat infestation but were working on the problem.

One major flaw in replacing our old handwritten records was the fact that I type 10 words a minute, apparently with my tongue hanging out the right side of my mouth.

Finally the cable network was complete. "Who is going to do your Internet hook-up?" the helpful hardware guys then asked.

"Let me guess, not you guys." So more money and a few days later a couple of new guys prolonged our rodent plague. It had now been a couple of weeks of ladders in the hallways and general mayhem in the office. The poor patients with mobility problems were tiring of doing obstacle training with their walkers. I told them it was a new exercise program and since it was a pilot project it was free.

Finally everything was in place and patients were visibly impressed. "Wow, look at your new computers. What do they do?"

"Well nothing yet, they pretty much sit here and look fancy because we haven't been trained on the software yet." After a number of small group training sessions on the program we commenced our technological foray. One major flaw in replacing our old handwritten records was the fact that I type 10 words a minute, apparently with my tongue hanging out the right side of my mouth.

My patients had variable responses to our computerization. Some quite enjoyed watching me curse and hit the backspace button repeatedly (why isn't the backspace a huge button in the middle of the keyboard?). Others were quite offended and commented that I spent the whole visit looking at the screen yelling obscenities avoiding eye contact. Little did they know I was playing computer games. Yet others were quite interested and wanted to see the program and how it functioned. One computer literate guy was impressed that the program timed out to protect privacy when I left the room. He said this was great as long as my password wasn't something stupid like "doctor." I have since changed my password from my initials (DR) to something else. Another young guy was impressed even though he admitted he only really used his computer for Facebook. I told him I would leave things like Facebook to the young crowd, to which he answered, "Actually, Dr Richardson, you'd be surprised; there are lot of old people on Facebook." I then checked his prostate even though he was only 22. A small minority of patients have been really suspicious. "Are you going to sell my information on the Internet?" Using my inside voice I answered, "Yes sir, we received big bucks for your info

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because there is a huge market for medical facts about obese grumpy seniors!"

There are some benefits, as one of my colleagues likes to "instant message" jokes while I'm seeing patients. "Oh, I'm sorry Bob, I wasn't laughing at you. No really, I am laughing and you are here and I was listening to your story about your bowel movement. However, I assure you my laughter was in response to a message I received on my computer. No, it wasn't a message about your bowel movements, Bob. I mean, how would the computer know about your waste products, as fascinating as they are?"

Invariably if you have computers they will cease to function and you will be faced with the blue screen of death. Of course you will be prepared and ask your staff, "Please call the tech support guy."

"We have to call his mother."

"What? Why?"

"He's only 12 and can only come to the office at recess, lunch hour, and after school. But the good news is that he works for cookies."

So was the transition worth the effort? They say you should wait at least 1 year before making up your mind, and we are at about 6 months, so I will defer judgment. Childbirth is painful, yet people are often happy with the end result (particularly after the teen period). I can already see some benefit in that our medical records are more interactive and legible. In addition, management of patients with chronic diseases will become more accessible as we progress. There is also certainly a push from the Ministry of Health and the BCMA to take this step through PITO, which by the way is not a group protecting animals. Lastly, there is the cool factor which for most of us is a relatively rare and foreign occurrence.

By the way, the opening sentence means bring in the thingy off your desk so that you can access your EMR from home. **—DRR**

Good people, good work

You may remember that some years ago there was talk of submerging *BCMJ* into the *BCMA News* to make a kind of BCMA Medical Post. Many of us, especially those on the *BCMJ* Editorial Board, were appalled, and said so in the loudest and bluntest tones possible. The proposition went away, and we like to think that we speeded up the process. I am glad that this regrettable idea has stayed away, because I have always felt that the *BCMJ* is a classy little reminder that we are good people doing good work.

This, as I'm sure you know, is the 50th year of publication of the *BCMJ*. For it to reach such a milestone is reason enough to be glad that the idea of shutting it down was put aside. Compared with much of Canada, British Columbia is full of new stuff; in fact, the only real history we have belongs to Mother Nature and to the First Nations, and the rest of us shamelessly appropriate much of this history to give ourselves a sense of depth and self-respect. So for any organism in this part of the country to reach a milestone such as a 50th anniversary is reason for celebration.

I have been a member of the *BCMJ* Editorial Board since 1993 (or so). The monthly meetings of the Board have always been the only committee meetings I have ever attended that I actually look forward to. Despite changes in the Board's makeup over the years, the meetings have always been full of wit, laughter, and a real sense of purpose.

The *BCMJ* editors I have known in that time, Alan Dodd and Jim Wilson, always seemed to be extraordinarily wise in the way they saw the issues of the day and commented upon them. Because of Alan and Jim, I have rekindled, but resisted, the idea of growing a beard. Some things should remain the editor's prerogative. Through exchanges with the members of the Editorial Board and with the contributors to *BCMJ,* I have had insight into just about every aspect of medical practice in this province and have been greatly reassured by such insight. These are indeed good people doing good work.

In my academic life I am acutely aware of the politics of medical publication. To maintain or advance academic standing, it is critical to publish regularly in scholarly publications. The prestige of the journal in which one's work appears reflects prestige on the author, and the 8% of authors who have their work accepted for publication in the *New England Journal of Medicine* make sure that everyone knows about it.

Publication in the *BCMJ* has a different motivation; although there is pleasure in seeing something you have written appear in print, publication in the *BCMJ* does not guarantee fame and fortune. What it does do, however, is connect you with your colleagues. And there is a warmth and sense of fellowship in doing so that is unbeatable.

The *BCMJ*'s theme issues provide valuable state-of-the-art summaries of areas of practice that are targeted at the physicians of British Columbia in particular, something that national and international publications are unlikely to do. And since the *BCMJ* is a journal produced *by* the doctors of BC *for* the doctors of BC, the lighter side of practice is reflected in whimsical Back Page articles and Good Guy tributes. Jerry Wong's cover art is always suitable for framing. These characteristics all help make *BCMJ* unique.

I am proud to have been associated with this journal. Happy 50th anniversary, *BCMJ*—and don't forget your mammogram and colonoscopy.

—TCR