When Will Docs Learn to Love Computers?

There are many theories why physicians are technophobes. None of them make much sense anymore.

For about 30 years now, people have been alternately amazed, aghast and anguished by the seeming reluctance of physicians to use computers. And now that computers are unumbically linked to networks, including the Internet, things don’t appear to be getting a whole lot better.

"A Benchmark Study of Physicians’ Use of the World Wide Web," conducted in late 1997 by the American Medical Association showed that nearly 80 percent of physicians said they had never personally used the Web. A startling 58 percent said they were not computer users at all.

Before all the computer vendors go out and commit hara-kiri, let’s look at the brighter side. Physicians that are using computers and the Web are demanding more applications that are capable of managing pharmacy information, medical records, insurance and managed care data, as well as communicating test results to patients. But frankly it is still clearly an uphill battle.

Sociologists, informaticians, psychologists—just about everybody and their brother—has proffered a theory as to why it is so darn difficult to convince docs that computers, and now the Internet, won’t bite, and might actually help them. Many a computer vendor has gone broke trying to figure this out.

So what gives here? Are we working with an incorrigible bunch who simply prefer to work in the Dark Ages? Let’s take a look at some of the prevailing theories and see if they make sense.

THE "SURROGATE" THEORY
My British friends always have a chuckle when trying to figure out just who determines what Her Majesty stuffs in her ever-present handbag. No one assumes that she herself decides. That would be un-royal. Presumably she has a valet whose job it is to make that weighty decision.

In jolly old medicine, there are surrogates galore—to hunt down a lab result, to phone a consultant’s office for a referral, to soothe the frayed nerves of a patient who has waited interminably for an appointment. These surrogates—whether nurses or support staff—shield clinicians from having to learn and utilize information systems.

Yet surrogate-ism’s, if there is such a word, days are numbered. And rightly so. The difficulty in using surrogates for looking up lab results, for example, is that enormous opportunities to digest information are lost. Hunting down a lab single is one thing, but being able to analyze lab results, graphically display them, and interrelate them to medications taken, all are best done interactively. And the only way that can happen is if the chief or chiefest is sitting smack dab in front of the monitor, using the machine as integrally as the stethoscope is hooked into the ear while listening to chest sounds.

THE "TECHNOPHOBIA" THEORY
This theory argues that physicians have an innate, uncontrollable, overwhelming phobia when it comes to technology. "Don’t understand it. Don’t want to." is the mantra here.

Well, this theory just doesn’t hold water. When it comes to high-tech equipment, such as MRIs, lasers and the like, physicians are technophiles. Only, it seems, when it comes to business applications—workflow, claims adjudication, information retrieval—do physicians appear Neanderthal.

THE "I DON’T HAVE TIME TO LEARN" THEORY
Admittedly, as much as I like to poke fun at my physician colleagues, these folks are a pretty busy lot. In addition to clinical practice, they have to circumnavigate all those insurance and contracting obstacles, then figure out how to divide the pie at the end of the year so as not to cause rebellion among the troops. All these obligations cut into their available time, and make it all the more difficult to sit down at a computer and learn how to double-click a little blue underline on the Web.

THE "THERE IS NO GOOD REASON" THEORY
Ah, now we are getting closer to pay dirt. Maybe physicians are computer-resistant because all of us software geeks never provide them anything worth a grain of salt. A physician’s job, after all, is clinical decision-making. Not claims filling-out. Not eligibility checking. It’s about deciding on a course of treatment and executing it.

But if you look around, it seems obvious that, if you figure out how to come up with applications that make sense to physicians, maybe just maybe they will discover an incentive to buckle down and finally learn the value of information technology.

One such example, taken from ancient history, has to be the "Technicon" experiment piloted at Mountain View’s El Camino Hospital in the 1960s. This clinical information system has had doctors beating a path to El Camino’s doors ever since.

Yes, there are plenty of theories out there as to why physicians have been slow to warm to computers. But one thing is clear, the increasing value of information technology in clinical settings will make it more and more difficult for physicians to find valid reasons to resist getting in front of a computer screen.