

Why Doctors Hate Their Computers

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On a sunny afternoon in May, 2015, I joined a dozen other surgeons at a downtown Boston office building to begin sixteen hours of mandatory computer training. We sat in three rows, each of us parked behind a desktop computer. In one month, our daily routines would come to depend upon mastery of Epic, the new medical software system on the screens in front of us. The upgrade from our home-built software would cost the hospital system where we worked, Partners HealthCare, a staggering \$1.6 billion, but it aimed to keep us technologically up to date.

More than ninety per cent of American hospitals have been computerized during the past decade, and more than half of Americans have their health information in the Epic system. Seventy thousand employees of Partners HealthCare—spread across twelve hospitals and hundreds of clinics in New England—were going to have to adopt the new software. I was in the first wave of implementation, along with eighteen thousand other doctors, nurses, pharmacists, lab techs, administrators, and the like.

The surgeons at the training session ranged in age from thirty to seventy, I estimated—about sixty per cent male, and one hundred per cent irritated at having to be there instead of seeing patients. Our trainer looked younger than any of us, maybe a few years out of college, with an early-Justin Bieber wave cut, a blue button-down shirt, and chinos. Gazing out at his sullen audience, he seemed unperturbed. I learned during the next few sessions that each instructor had developed his or her own way of dealing with the hostile rabble. One was encouraging and parental, another unsmiling and efficient. Justin Bieber took the driver's-ed approach: You don't want to be here; I don't want to be here; let's just make the best of it.

The Tar Pit has trapped a great many of us: clinicians, scientists, police, salespeople—all of us hunched over our screens, spending more time dealing with constraints on how we do our jobs and less time simply doing them. And the only choice we seem to have is to adapt to this reality or become crushed by it.

Many have been crushed. The Berkeley psychologist Christina Maslach has spent years studying the phenomenon of occupational burnout. She focussed on health care early on, drawn by the demanding nature of working with the sick. She defined burnout as a combination of three distinct feelings: emotional exhaustion, depersonalization (a cynical, instrumental attitude toward others), and a sense of personal ineffectiveness. The opposite, a feeling of deep engagement in one's work, came from a sense of energy, personal involvement, and efficacy. She and her colleagues developed a twenty-two-question survey known as the Maslach Burnout Inventory, which, for nearly four decades, has been used to track the well-being of workers across a vast range of occupations, from prison guards to teachers.