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ORIGINAL ARTICLE

"You've got mail!": The role of e-mail in clinical breast surgical practice

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KEYWORDS

Patient communication; E-mail; Internet; Breast disease **Summary** Easy Internet access is changing the practice of medicine in the US. At least 137 million Americans have access to the World Wide Web, and up to one-half would like to communicate with their physicians by e-mail.

The membership of the American Society of Breast Surgeons was surveyed to evaluate the current role of e-mail in patient-doctor relationships. Due to the extensive discussions often involved in the evaluation of breast disease, and the elective nature of most surgical procedures, this specialty may be particularly well-suited to using e-mail communication as an extension of discussions during traditional office visits.

A questionnaire was e-mailed to all members of the ASBS who had provided an e-mail address. About 1236 questionnaires were sent, and 285 surgeons responded, a 23% response rate. About 130 (46%) responders were female; 209 responders (73%) did not use e-mail to communicate with patients (76% of responding females, 70% of males).

The oldest and youngest surgeons were least likely to use e-mail to communicate with patients. There was no gender-related difference in e-mail use. There was no difference in e-mail use between surgeons who limit their practice to breast disease and those who do not. Urban and university-based surgeons were more likely to use e-mail.

Medical-legal liability concerns and confidentiality issues were the most common reasons for not using e-mail. Among those surgeons who did use e-mail, ability to answer at one's own discretion, and the ability to provide an organized response were the major reasons for using e-mail. Overall, the membership expressed a preference for personal interaction over electronic communication.

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714 A.A. Guth, T. Diflo

Introduction

Easy Internet access to medical information is rapidly changing the face of American medicine. More than 137 million Americans now use the Internet, and according to a recent Harris poll, up to one-half of Internet users would like to communicate with their doctor on-line.¹

However, e-mail communication between patient and physician remains the exception rather than the norm. Lacher et al.² reported in 2000 that less than 7% of internists utilized e-mail communication with their patients. By 2003, it was estimated that 10-12% of physicians were using e-mail with their patients.³ In a survey of pediatricians, 79% of respondents did not want to use electronic communication for the discussion of medical issues.4 In 2004, Hussain et al. published their survey of attitudes toward e-mail communication among internal medicine and pediatric housestaff and faculty, and their patients. 5 They found that onethird of the faculty used e-mail with their patients, and only one of the other 36 responding physicians expressed interest in using e-mail in the future.

The reasons for physician reluctance to use e-mail communication with their patients include confidentiality issues and lack of reimbursement. However, as emphasized by Spielberg, 6 e-mail may be an easier way for patients to raise sensitive issues, which they may find difficult to discuss in person, and may be an attractive alternative to the often unsuccessful attempts to reach a physician directly by telephone.

Due to the elective nature of most breast surgical procedures, there are often multiple one-on-one discussions between patient and surgeon. With the idea that this surgical specialty in particular lends itself readily to the use of electronic communication, the membership of the American Society of Breast Surgeons was surveyed to identify how frequently the Society's members use e-mail to communicate with their patients, and the reasons for using, or not using, electronic communication.

Materials and methods

With the approval of the Board of Directors, the membership of the American Society of Breast Surgeons was polled. A questionnaire was e-mailed to all members who had provided an e-mail address to the Society (Table 1). The responses were deidentified, tabulated on an Excel spread sheet, and analyzed using the Student's *t*-test.

Results

A total of 1236 questionnaires were sent and 285 surgeons replied, a response rate of 23%. One hundred and fifty-five (54%) of responders were male. Two hundred and nine responders (73%), did not use e-mail to communicate with their patients; 76% of females and 70% males did not use e-mail(P = n.s.). The reasons for this are summarized in Table 2. The minority of responders used e-mail, and their responses are tabulated in Table 3.

A significant difference in e-mail use was found among the different age groups (Table 4), with the oldest and youngest surgeons least likely to use e-mail to communicate with their patients (P < 0.001). There was not a statistically significant difference in e-mail use between surgeons who limit their practice to breast disease, and those who do not. Urban surgeons were more likely to use e-mail than their suburban or rural counterparts (P < 0.025). University-based surgeons used e-mail more frequently than community- or hospital-based surgeons (P < 0.001).

Discussion

In 1998, Spielberg⁶ was among the first to discuss the evolving role of e-mail in the patient-physician relationship, and she identified many of the controversies surrounding its use, including confidentiality, authenticity of authorship, patient consent, and the role of e-mail in the permanent record. She also discussed the concern among physicians of a possible depersonalization of the patient-physician relationship.

More recently, Delbanco and Sands⁷ discussed issues raised by the use of e-mail in clinical practice. Potential problems include the security of conventional e-mail, lack of reimbursement for time and effort spent by the physician, and the possibility that urgent messages may not be answered in a timely fashion. Some advantages of electronic communication include time for patients to formulate questions and physicians to prepare answers, and that unlike telephone conversations, e-mail is self-documenting. Their conclusion was that "electronic communication will move medicine inexorably toward transparency, enabling doctors and physicians to share knowledge, responsibility, and decision making more equally".

While the articles discussed above demonstrated that the majority of physicians did not use e-mail, this may be changing. A recent front page article in

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