

## Distracted doctors



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**W**e are all aware of the potential dangers of distracted driving. The problem is so widespread that the chairman of the National Transportation Safety Board recently recommended a nationwide ban on cellphone use while driving.

But in what seems to be a largely undiscovered problem until recently — doctors and other medical professionals may be committing their professional equivalent: texting while operating.

In a recent *New York Times* story, reporter Matt Richtel coined the phrase “distracted doctoring” to describe the practice. Richtel cites a peer-reviewed survey of 439 medical professionals that found 55 percent of medical technicians who monitor bypass machines during cardiopulmonary bypass surgery admitted to using a cellphone during the surgery. Fifty percent of those said they texted while in surgery, a survey published in *Perfusion* reported. *The New York Times* story makes reference to a second study — presented at the 2011 meeting of the American Society of Anesthesiologists — that found nurse anesthetists and residents were distracted in 54 percent of their cases, mostly by cellphone use.

Imagine you’re a patient in a hospital dependent on doctors, nurses and technicians to monitor you and intervene when appropriate. The supervising attending entering the unit passes the unit secretary, who is updating her Facebook page. He passes your nurse and an LPN, who are both texting. He stops to talk to a resident, who is on the Web.

Dr. Peter Papadakos, an anesthesiologist at the University of Rochester (N.Y.) Medical Center, who recently published an article on distracted doctoring in *Anesthesiology News* said this “digital nightmare” is increasingly common in hospitals throughout the U.S. Papadakos

sounds the alarm on multitasking medical care providers. He cited a study presented at the 2011 annual meeting of the American Society of Anesthesiologists that found that nurse anesthetists and residents were distracted by something other than patient care in 54 percent of the cases — even when they knew they were being watched. Internet surfing caused most of the distractions.

The *New York Times* article, which has created a buzz about this topic, cites an article by Trevor Smith published in *Perfusion*, which reveals the results of a survey of perfusionists on their use of cellphones while monitoring patients on cardiopulmonary bypass.

The findings are alarming: 55 percent of the 439 respondents used cellphones while responsible for a patient on cardiopulmonary bypass. Of that 55 percent, about half made phone calls, half checked e-mails, 15 percent surfed the Web and 3 percent posted on social networking sites, all while responsible for monitoring a patient entirely dependent on cardiopulmonary bypass. Not surprisingly, younger caregivers were more likely to use their cellphones, the study concluded.

When asked about the effects of cellphone use while monitoring a patient, 92 percent believed they had never been distracted or negatively affected and 98 percent stated they had never made an error that could be attributed to cellphone distraction.

When asked about the conduct of other perfusionists, however, 34 percent of the respondents reported seeing co-workers distracted by use of a cellphone.

Research shows that talking on a cellphone, even without dialing or holding the phone, can impair the talker’s focus by reducing peripheral vision. Other researchers show that using a cellphone while driving leads to dis-

traction, from the change in focus from safe driving to the phone conversation, an effect they call inattention blindness. Smith said a perfusionist’s reduced visual field while performing cardiopulmonary bypass can endanger a patient by diverting attention away from the patient and perfusion machine, increasing the risk of unrecognized complications.

Papadakos cited an ever-growing body of evidence that computers and smartphones combined with e-mail and social media have an addictive effect. Because users never know when an important or even interesting e-mail, text or post will arrive, they feel the compulsion to constantly check their devices.

It was only a matter of time until this behavior became the subject of a medical negligence lawsuit. The *New York Times* cites one example of distracted doctoring that resulted in a profound injury and a malpractice claim. A Denver patient was partially paralyzed during neurosurgery. His surgeon used a wireless headset during surgery to make at least 10 personal phone calls, phone records show.

That case was settled before a lawsuit was filed and it is not clear how the patient or his lawyer learned of the surgeon’s distraction. The news that operating room personnel routinely conduct personal business on electronic devices when their attention should be focused on the patient, however, will likely lead to additional discovery in future medical negligence cases. This type of information will be most useful in surgical misadventure cases where the records are silent as to the cause of a complication. The defense in these cases is invariably that the injury is a known complication and can occur even when the surgeon does everything he’s supposed to do. ■

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