



Managing "Clinic Waiting Room Crisis" - Attempting to Leap Over a Rising Obstacle to a High-Quality Oncologic Care

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Editorial

A growing body of evidence in recent years supports the alarming notion that oncologic practitioners are facing an increasing rate of emotional "burnout". Consequently this medical crisis has overtly jeopardized the success of ongoing efforts to promote the precision personalized cancer care, including the newly proposed "cancer moon shot" project.

Lately the analytic dissection of these observational studies has added further emerging dimension of burnout impacts on the depleting oncologic work force. The common denominators of the conclusion of these surveys have been a heightening dissatisfaction of practitioners with current growing trends of excessive struggles to balance documentation of the care delivery with the distressing distraction from the paramount goals of providing traditional care at bedsides or clinic rooms! The most recent published survey by Shanafelt TD, et al. [1] did reveal a strikingly low satisfaction of 6,375 practitioners with the extent of time that they are spending on clerical tasks, including electronic medical record documentation, electronic prescribing, electronic patient portals and computerized physician ordering. Beside the burden of these organizational factors leading to burnout, personal factors that are more unique to fabrics of oncology practices than any other specialty have dramatically increased the magnitude of this burnout momentum. The latter factors include: emotional grief arising from losing response to treatment, demise of patients, observing the painful burden of cancer care givers at home, and guilt feeling from shortened period of face-to-face patient interviews and examination. A high propensity for practitioners' for job-derived burnout has been further augmented by financial struggles, personal and social life disruptions by demanding clinical responsibilities as well as increasing practice expenses and decreasing revenues.

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What is strikingly missing from the landscape of literature on this rapidly growing medical crisis is that little or not all is known about how the immediate outcomes of modern electronic medical technologies have noticeably impacted the patients and their associates' satisfaction in the "waiting room" of the clinics and emergency departments. Currently the data to reflect opinion of patients, the ultimate beneficiary of care, on this important matter are very scarce or essentially overlooked. Anecdotal surveys in clinics, including ours, have demonstrated a rising concern and dissatisfaction of this determinant cohort with extended time staying in waiting room and shortened time left for them in examination rooms of the physician offices as well as hospital emergency rooms. Their overwhelming perceptions of blame by patients for causes of this qualitative and lost time in clinic settings has been overextended engagements of practitioners with "electronic record processing adventure". The patients have increasingly raised their concerns about the quality of visitation with health care professionals. A patient asked me recently to look for an alternative primary practitioner for her. She rationalized her demand on the ground that texting the medical records by practitioner while visiting a patient in an examination room, should be viewed as risky and as deadly as texting and driving, rightfully some of the diagnostic and therapeutic errors arising from these common practices can lead to immediate catastrophic outcomes. Therefore reliable analytic surveys, with special attention to parameters gauging the quality and quantity of time of spending in doctor's offices, by patients to reflect the extent of their immediate satisfaction with visiting health providers are desperately needed. Within the context of the commonly accepted concept of "patient-centered practice" as the core pillar of the care delivery, the ultimate strategic goal of medical reform should include avoiding the lengthy patients stay in "limbo" of waiting rooms and adding a reasonable duration of their visitation with health care professionals in examination and treatment areas. Beside all astonishing technical medical innovations, this honorable goal of reviving the traditional

respect for medical practitioners as true healers with highest advocacy for the humanity and the conventional guardians of the kingdom of Tender, Love and Care on earth.

References

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