Patient/Physician E-mails: A Blessing or a Curse?

by James A. Stewart, M.D.

Over the past year I have been using e-mail more often with my patients. In fact, my e-mail address is readily available via the clinic directory. I believe that for some patients access to my e-mail address can alleviate the emotional burden of actually having to talk to me. Many patients will say in print what they won't say to me in person.

Some physicians embrace e-mail correspondence. They even use their laptops to reply to e-mails during clinic instead of talking to residents, nurses, or fellows. (This approach can be a barrier to clinic education.) Others, however, cannot deal with the new technology and routinely delete patient e-mails. I talked to a surgeon colleague about his thoughts on the use of patient/physician e-mails. He told me: "I don't answer them. I delete them. That way the patient doesn't know that I got the e-mail."

Despite such holdbacks, e-mails have become the next step in the evolution of information exchange.

Physicians who choose to use e-mail to respond to patient inquiries are often uncertain about how best to answer or how much information to include. They are also concerned about confidentiality and the time required to read and send e-mails. Perhaps the following examples of how I have replied to my patient e-mails can address some of these concerns.

E-mail from the daughter of a patient I have known for five years and who is probably reaching her last year of life. The caregiver daughter wrote: "Please don't reply to me at this e-mail address." The well-written, lengthy e-mail included questions, answers, and information about the patient's personal finances, medication, and more. "I have to ask you a question I know she never will," she noted. "I look forward to hearing from you soon and seeing you on Thursday."

Reply. I wrote, "Thank you for your note. There's a lot to discuss. We'll get started on Thursday." Because I received the e-mail message in advance of her clinic visit, I could bring up the topics mentioned, resulting in a better dialogue.

E-mail from the mother of an unknown patient. "Please help me. Dr. X referred me to you because my son is receiving chemotherapy for the large tumor in his chest. I can be reached at this phone number or on my friend's e-mail address."

Reply. "We would be happy to provide an opinion. Someone will call you." I asked myself: Why didn't the doctor call me? Did the doctor indirectly refer the family to me because the treatment was not going well? Was the doctor reluctant to get a second opinion? I don't generally like to circumvent the physician treating the patient.

I sent a copy of the patient's e-mail and my response to the staff at Cancer Connect at the University of Wisconsin Hospital and Clinics, who responded that same day. Cancer Connect directs patients to services available at the university's cancer center. The services they provide include education for patients and physicians, help in interpreting medical information, facilitating appointments, and clinical trials information. In effect, they are ombudsmen. The staff is small but experienced in nursing and clinical trials activities.

E-mail from a patient requesting information. "I would appreciate it if you would read the attached abstracts (no hyperlinks). Please look this over and let me know what you think."

Reply. I referred the patient to Cancer Connect who responded quickly.

E-mail from a 45-year-old patient in a clinical melanoma trial who requested specific information.

Reply. I forwarded a copy of the e-mail and response to Cancer Connect. Staff helped the patient review the literature, collected information from pharmaceutical companies, and served as a liaison with the patient's physician.

Although some physicians may *never* want to know how to use e-mail effectively, I strongly believe that physicians must learn how to communicate electronically with their patients. E-mail, however, should not replace talking on the phone or visiting with the patient. In some cases, e-mails should go straight to nursing.

The great number of health care web sites on the Internet has resulted in an "explosion of information." Some patients may not always know how to sort out the volumes of information they collect.

One of the biggest problems I have experienced with e-mails from patients and their families are requests to review lengthy medical journal articles. These requests can be overwhelming. In such instances the e-mails are directed to Cancer Connect.

On some days e-mails have been a blessing. On other days they are a curse, forcing me to struggle to define my role. Am I a caregiver, counselor, or information broker? I'm sometimes not sure anymore, even after 20 years of medical practice.

James A. Stewart, M.D., is professor of medicine in the Medical Oncology Section at the University of Wisconsin Hospital and Clinics. He is actively involved in both research and clinical care activities of the breast cancer program.