I say, to the organ you ut to the heart—to the same organ you all know so well. Or, dare one oneness; a tribute to their separateness; a tribute to love; a tribute to their connection with words. The words are a tribute to their identity that only identical twins might understand, choosing to memorialize that connection with words. The words, “i carry your heart; i carry it in my heart.” I was struck by this. Two twins, connected to each other in that special way that only identical twins might understand, choosing to memorialize that connection with words. The words are a tribute to their oneness; a tribute to their separateness; a tribute to love; a tribute to the heart—to the same organ you all know so well. Or, dare to say, to the organ you think you know so well—because unless you’re a twin, you may never know it quite the same way that the two of them know the heart. It is fitting at this point to quote the poem in its entirety herein.

I’m always astonished by this poem, by the unabashed love it declares, by the lack of any self-consciousness. We have no doubt what a heart is to this poet. For him, it’s not a cliché. If you are standing on a stage and reading these words aloud, they might make you blush. And yet these are words that define exactly what the word “heart” means outside of a cardiology meeting like this. In the neighborhoods of this city, on the boardwalks outside, the word “heart” is best defined by the poem that I just read you. But then, if you think about it, words are really the glue that make a convention like this happen. There will be billions of words exchanged at this meeting over the next few days: words about new discoveries, words in the hallways, words to summarize data... and yet a poem like this one by e. e. cummings, I’d like to think, reminds us of the broader use of words, the deeply meaningful personal utility of words and how important such usage can be. The wonderful novelist Walker Percy (who was also a physician, author of The Moviegoer and many other great novels)2 said that to enter a professional education and to learn the specialized language of medicine was also to enter a “cowpath,” a deeply rutted path that sinks deeper as we accumulate years. Our increasingly technical language works beautifully the deeper the rut, the specialized language of medicine was also to enter a “cowpath,” a deeply rutted path that sinks deeper as we accumulate years. Our increasingly technical language works beautifully the deeper the rut, but the language departs further and further from capturing the degree of the patient’s suffering.

Let’s take the electronic medical record: in one sense it’s a record of what happens with the patient. But in another sense it’s a kind of tawdry fiction. I have the great privilege from time to time of visiting other medical institutions, where because of my interest in bedside medicine, I’m often asked to make rounds with students, residents, and chief residents. I delight in this. Sometimes, out of curiosity, I will throw in my own little litmus test. I ask the assembled residents, students, and chief residents to demonstrate to me the ankle reflex on the bedridden patient we’re examining. It’s amazing to me how very often no one in the group will have a reflex hammer. Mind you, if asked, they would know that the ankle reflex is S1, they would know where the center is, and they could tell you all about the gamma efferent and the alpha motor neuron and the muscle spindle. But nobody has a hammer. Yet, if you were to biopsy the electronic medical record that very moment, you would find that it reads, “ankle jerk 3+, knee jerk 3+, biceps 3+, triceps 3+, jaw jerk 3+.” An amazing disjunction between what’s in the record and what is happening in reality. I like fiction, I read fiction, I even write fiction—but I don’t think it has a place in the electronic medical record. Is it just me, or does the word “electronic” before medical record grate on you? It implies that if there is an electronic medical record, then there might be a hydraulic one, a dorian one, a mixolydian one and so on. Isn’t the medical record simply the medical record?
Now you might take exception to the example I just used of the reflex hammer. But I would argue that that tool is actually quite indispensable. Ask any neurologist: there is really no better way to diagnose a neuropathy than to find profoundly absent ankle reflexes in the presence of, say, brisk knee reflexes. You can’t send (or you shouldn’t send) a patient for a painful EMG; you would not want your loved one to be sent for a painful and costly EMG because someone did not have a hammer or did not know how to use one. In fact, I would argue that you could probably forgo a stethoscope before you could forgo a reflex hammer. You’ll be proud to know that as an infectious disease person, I carry a handheld ultrasound device and I’m getting competent at taking a quick look at the heart. But I will also tell you that (for reasons that I’m going to get to) you probably can’t get rid of the stethoscope. Not in our lifetime, I don’t think.

But to return to the electronic medical record for just a moment, my problem with it is not that it can be fictional, or that it reads so poorly, or that it’s repetitive and so full of cut-and-paste. My problem is what it does to the actual words we get to exchange with the patient. A study in the American Journal of Emergency Medicine in 2013 with the wonderful title “4000 Clicks” pointed out that the average emergency medical physician spent 46% of their time on the computer and only 26% or so in patient care. Four thousand clicks a day was the average. Ordering 325 mg of aspirin is 9 clicks; if you ordered half the dose, it would probably be 18 clicks. To document back pain was 27 clicks, to admit a patient with chest pain to the hospital was 197 clicks—this probably explains the delay in the door-to-balloon time. In an article published by my colleague, Jeff Chi, part of our group in the Program in Bedside Medicine at Stanford, he pointed out that when our students at Stanford rotate through internal medicine they are spending 6.9 hours logged into the computer. That is half or two-thirds of their day; that is time that they should be spending with the patient. And for all this, the “electronic medical record” is really about billing—it’s putting down words to justify billing—and too often it has nothing to do with your heart.

During your gatherings at professional meetings, you discuss the metaphorical heart. You discuss hearts collectively that have been randomized or not and that have been meta-analyzed. But the real heart awaits you the next time you see a patient. It will come, that heart, with another companion. It will come with the other heart for which you have tracings and images and all kinds of data, and when you recognize both hearts, when you listen and then you touch with skill, your own heart will be fulfilled. Your head and your heart will be fulfilled. You will have accomplished a kind of poetry. You will have said, both to yourself and to the other (and you will have said without words): “I carry your heart; i carry it in my heart.”
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REFERENCES