

## iPad For Doctors: Exciting Or Disappointing?

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The other day, as I pulled out my trusty paper-and-pencil planner to write in an appointment, my fiancé laughed at me. “Why don’t you just put everything into your Blackberry?,” he asked.

I admit it. I’m stuck in my ways. I’ve never warmed up to the idea of tracking my schedule in my Blackberry with this teeny-tiny screen and even teenier buttons. It works much better for me to hand-write my plans on my paper calendar. And, despite being bigger than my phone, the book fits perfectly in any purse or bag I have with me at the time, so convenience isn’t really a problem. It’s worked for me for years, so why change it now?

On numerous occasions, I’ve heard from surgical product manufacturers, and even physicians themselves, about how surgeons can also be stuck in their ways. Apparently, one of the challenges of introducing a new product to the market is that doctors often like to use what they’re used to, what they’re comfortable with and, often, what they have been using for years.

So, as I read the numerous columns and blogs hypothesizing about the effect the new Apple iPad will have on the medical industry, it didn’t surprise me to see mixed reviews.

For those of you unfamiliar with the product, the [iPad](#) [1] is Apple’s recently-launched tablet device. A 9.7”, LED-backlit IPS display with a multi-touch screen weighing 1.5 lbs. and measuring 0.5” thin - it runs nearly 140,000 Apps.

Various news sources and medical blogs have discussed the promise this new

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device holds in the healthcare industry. According to [Satish Misra on iMedicalApps](#) [2], it's rumored that Apple has already proposed the iPad to Los Angeles-area hospitals as a replacement for physicians' clipboard. Further, it is reported that MacPractice has promised an iPad interface in the near future for outpatient facilities already running on a Mac-based electronic medical record (EMR). This would allow patients to fill out registration, medical history and other forms on the iPad. The EMR would integrate with the iPad to manage schedules, look at patient records and enter clinical notes.

In terms of hospital information management, the trend toward mobile patient care and telemedicine capabilities, this does seem like an exciting development for the industry.

However, medical-specific issues surrounding this new device cause one to question its ability to be accepted by doctors and healthcare professionals. As Misra says, the iPad needs to be useful enough for doctors to be willing to carry it around. This means not only must the iPad have writing capabilities, but the capabilities need to be good enough to replace the way doctors enter records and take clinical notes.

Secondly, most hospitals' EMRs run on Windows. Only the success of developments to bridge current EMR systems with the iPad (like the recently-launched [partnership between Apple and Epic](#) [3]) will make it more feasible for iPads to become mainstays in hospitals.

According to Dr. Aka Gvakharia, a doctor at Stanford Hospital, there are other obstacles the iPad must overcome. In an [interview with Wireless Week editor Andrew Berg](#) [4], he explains the iPad is simply too cumbersome and too expensive to be adopted by physicians.

In terms of expense, Dr. Gvakharia doesn't think it's feasible for Apple to drop the price of the iPad to an acceptable level where hospitals could issue them to staff (it's currently priced starting at \$499). "Even if it dropped down to 200 bucks, I guarantee you that they would bolt it to the cot or a huge dolly," he says. "Even \$25 VCR players are bolted down in a hospital because they will walk away. And I guarantee you, I will forget and leave an iPad in a room somewhere."

Further, Dr. Gvakharia says if the iPad doesn't fit in a pocket, you can forget about doctors using it.

"I walk around with a coffee all the time. So what am I going to do? Keep a little man purse around my waist? Maybe, but then you end up leaving it in the car. What am I going to do when I have to go in at 3 a.m. to see someone in the ICU who is crashing with a laptop in my hand? No way," he says.

It seems in order for the iPad to stand a chance in healthcare, some changes need to be made to custom-fit its capabilities to the needs of doctors and hospital staff.

Maybe it comes back to the idea that surgeons and other practicing physicians—with the tremendous responsibility and hectic schedule surrounding

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their jobs—rely on the processes and tools they know and trust will work. Call it “stuck in their ways,” but it’s important that any doctor feels comfortable with the tools he/she is using to care for a patient, be it a scalpel or old-fashioned, paper patient record on a clipboard.

That said, advancements in technology will continue to be considered in the medical industry with one goal in mind: enhancing patient care. Only when the iPad proves it can offer doctors and hospital staff the ability to truly improve patient care will it be adopted into the healthcare sector. Until then, the question of the iPad’s exciting or disappointment future for physicians remains to be seen.

How do you think the iPad will perform in the medical arena? E-mail me at [amanda.hankel@advantagemedia.com](mailto:amanda.hankel@advantagemedia.com) [5]

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[2] <http://www.imedicalapps.com/2010/02/the-apple-ipad-and-electronic-medical-records-could-it-replace-the-physicians-clipboard/>

[3] <http://mobihealthnews.com/6030/epic-systems-launches-iphone-ehr-app-haiku/>

[4] <http://www.wirelessweek.com/www.wirelessweek.com/Articles/2010/02/iPad-less-perfect-for-medical-community/>

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