

Medical e-mail: use with care

Only hard core Luddites harbouring nostalgia for a PC-free past would fail to acknowledge the benefits that e-mail has brought to medical practice. E-mails provide an instant, cheap, accessible and reliable means of worldwide communication which allows the rapid sharing of patient information between clinical teams, international collaboration in clinical research and the immediate sharing of data. The benefits are obvious but the use of e-mail in medical practice is not without drawbacks and the volume of e-mails arriving in the inboxes of busy doctors has increased substantially.

A consultant oncologist (DD, who is easily put in a bad mood) counted the number of e-mails and attachments that he received over the course of a week in 2007, 2010 and 2012 (Figure 1). The number of e-mails increased from 148 per week in 2007, to 241 in 2010, and to 276 a week in 2012.

This means on an average week day in 2012 he would have to spend 6 hours reading 52 e-mails and 229 pages of attachments (one e-mail from infection control contained 9 PDFs = 104 pages = 2.5 hours). This represents a near doubling of potential reading time since 2007 and does not include the time taken to reply to e-mails requiring a response. An audit at Birmingham Children's Hospital showed that 50% of the consultants were spending more than 1 hour per day dealing with e-mail (with 28% of them spending more than 2 hours) (Dhillon and Shaw, 2010).

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'The time wasted in sorting, reading and dealing with unwanted and unnecessary e-mail... does need to be considered and minimized as far as possible.'

It is not possible for clinicians to spend many hours each day reading e-mails so rapid sorting and sifting is required. This will not be an error-free process and if e-mail is in use to support clinical practice, could compromise patient care.

As a means of communication e-mail is attractive because of speed, convenience, environmental credentials and (apparent) low cost. However, the time (and there-

fore money) wasted in sorting, reading and dealing with unwanted and unnecessary e-mail, as well as the negative effects on other clinical activities, does need to be considered and minimized as far as possible.

We have some suggestions regarding appropriate use of e-mail for consideration by all those working in hospitals:

- Limit the use of the 'reply to all' function
- Use departmental or trust-wide bulletin boards to provide links to information in preference to an e-mail to all staff

- Limit the use of 'groups' that consist of more than a pre-specified number of participants (or at least provide a prompt to dissuade the estate department from informing 700+ consultants that the weekly bin collection may be a day late)

- Encourage a culture of e-mail discipline and consideration (but do not send an e-mail to do this)

- Limit the use of 'auto-reply' or 'auto-forward' (apparently it is of little comfort in a clinic running 2 hours late to know that one's colleague

is enjoying the snow in Les Arcs)

- Advise appropriate use of the 'urgent' symbol to aid in the sifting process.

We should all aspire to long productive careers in medicine without repetitive strain injuries caused by hitting the 'delete' button. **BJHM**

Conflict of interest: none.

Dhillon N, Shaw N (2010) You've got mail – An audit of consultants email practice. Young Persons Health Special Interest Group/British Association of General Paediatrics. *Arch Dis Child* 95: A72

Figure 1. Number of e-mails received over a 1-week period in 2007, 2010 and 2012 by one consultant oncologist.

