

Social networking in the operating room

Although a growing problem, hospitals do little to stem tide

Two years ago, we discussed in this column the problem of “distracted doctoring.”

That phrase was coined by *New York Times* reporter Matt Richtel to describe reports that doctors, nurses and technicians were distracted by something other than patient care in over half of surgical procedures. Phone calls, texting and Internet surfing caused most of the distractions. Though the article in the *Times* sounded an alarm over this frightening phenomenon, it apparently had little effect on the practice — and at least one physician has upped the ante.

On June 5, the Washington State Department of Health summarily suspended the license of Seattle anesthesiologist Arthur K. Zilberstein. According to the order and a statement of charges, Zilberstein not only texted while he was supposed to be ensuring the safety of anesthetized patients, he often sent sexually explicit messages or photographs via cellphone.

The department has alleged that during a four-month period in 2013, during 23 surgical procedures for which Zilberstein was the responsible anesthesiologist, he exchanged at least 238 texts. Seventy-eight of those texts were “personal in nature,” and the remaining 160 were sexual.

Some of the highlights (or lowlights), according to the statement of charges:

- During surgery on a mandibular fracture, Zilberstein exchanged 15 sexual text messages.
- During another procedure, he exchanged 10 sexual messages, the last of which invited his girlfriend to come to the hospital and park in the doctors’ lot for free.
- During a three-hour gastrointestinal surgery, he exchanged 45 sexual messages.

In a sexting piece de resistance, Zilberstein also stands accused of “demonstrat[ing] moral turpitude” by sending “selfies” to a patient while wearing hospital scrubs and his hospital ID badge and “exposing his genitals.”

Though the department has also accused Zilberstein of having sex with a patient and with inappropriately prescribing controlled substances, it refers mostly to his sexting in its summary suspension order, an apparent first. The order states that Zilberstein “repeatedly failed to focus on his duties while providing anesthesia.” Apparently none of the patients suffered any harm, and it’s an open question whether the department would have even opened a file if Zilberstein’s texts had not



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involved a patient and if they hadn’t been so salacious.

In another apparent first, the issue of distracted doctoring that allegedly killed a patient will be argued before a Dallas jury in a medical-negligence trial set to start this month. The case involves the death of a 61-year-old woman 10 hours after an atrioventricular node ablation procedure. According to court docu-

ments, the case was originally filed against the surgeon and Medical City Dallas Hospital.

The surgeon testified in his deposition that the cause of the patient’s death was the inattention of the anesthesiologist “who was paying more attention to his mobile device than to (the patient’s) oxygen saturation levels.” Based upon the surgeon’s testimony, the plaintiff added the anesthesiologist, Christopher Spillers, as a defendant. Spillers denied in his deposition that he was surfing the Internet and admitted only to a “very few phone calls” and a few text messages.

A 2012 issue of *AAOS Now*, published by the American Association of Orthopedic Surgeons, states that the initial concern with smartphones and tablets was that doctors began taking their work home, to the detriment of their personal lives. Now, “the concern is that people are bringing home to work to the detriment of patient safety.” The solution is simple, according to the

AAOS: “Leave pagers and cellphones outside the OR (operating room) or turn them to silent mode,” and “No Web surfing, text messaging or cellphone conversations in the OR.”

Hospitals have been slow to address the issue. A 2011 survey by Dr. Jeffery Cain reported that of 34,000 health-care employers surveyed, only 25 percent had any kind of formal policy on social media at work, much less actual restrictions in the operating room.

The Pennsylvania Patient Safety Authority, an independent state agency, has advised hospitals they should engage their surgeons and not just their employees to draft policies and guidelines to address the issue of distraction in the perioperative setting. This drumbeat for change poses a particular risk for institutions that fail to promulgate and enforce policies to protect patients from distracted care providers — regardless of whether those providers are employees or not.

The details of the Dallas case beg the question: Why didn’t someone on the surgical team put a stop to the distractions? Increasingly, however, the question will certainly be: Why didn’t the hospital put a stop to this known threat to patient safety? ■

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