

## The Ten Most Annoying Things That Happen During My Work Day—and Perhaps in Yours as Well

Last month I enumerated 10 things that I enjoy most during my work day. In this issue I will list the 10 most annoying items that can occur during my daily routine. However, let me say from the outset that despite these unpleasant events, the positive features of the day far outweigh the negative ones. As always, I look forward to receiving comments from readers on our blog at <http://amjmed.blogspot.com>.

**Irritation Number 1:** Form letters from insurance companies suggesting alternative medications for me to prescribe for my patients. I cannot imagine that a functionary sitting at a desk in an insurance company office, someone who has had no contact with my patient, could possibly have anything interesting or valuable to say to me concerning the carefully considered therapeutic program that I have ordered for my patients. I have never found even one of these letters useful. They are a waste of paper and postage. And what is more, they never add to a fund of useful knowledge about the product. I am always open to learning more, but these letters fail to accomplish even the most basic rule of communication.

**Irritation Number 2:** Direct-to-consumer advertisements on television for various drugs that the announcer suggests should be “discussed with your doctor.” These ads are frequently misleading in their implications, and physicians have too little time now to spend with patients. Conversations about drug advertisements on television only shorten the really important time that needs to be spent discussing the patient’s clinical condition and therapeutic options. Not once in the many years that these commercial messages have been advertised have I written a prescription as a result of these conversations. Patients are invariably taking similar agents already or the drug is contraindicated.

**Irritation Number 3:** The need to remember or, at least, maintain a constantly changing list of passwords to gain access to various clinical and nonclinical websites. Our hospital and university are constantly requesting changes in these passwords. Although I understand the need for security, there seems to be very little thought behind how to manage this process so that the busy clinician can get to the

most important function they fulfill: taking care of patients. I look forward to the day when retinal or fingerprint scans will become the norm for these security measures.

**Irritation Number 4:** Requiring multiple signatures on various hospital and practice documents. Many of you must also be asked to sign the many orders, statements, and communications that pass across our desks. I have found that electronic signing takes even longer than doing this activity manually. All we can do, I guess, is to hope that some technical advance will obviate the need to sign my name continuously.

**Irritation Number 5:** Patients who lie to me. These lies often involve the use of illegal street drugs. Of course, the lie becomes immediately evident when we run urine or blood toxicology screening tests. Perhaps I should tell patients up front that we always discover when such agents have been used, and so the best policy is to be truthful right from the beginning of our interaction. These lies, whether based on drug use or not, often prevent me from giving the best medical care as quickly as possible.

**Irritation Number 6:** Interrupted Internet service. I am not a superstitious person (what scientist can be?), but it seems to me that some wicked sense of humor in the universe interrupts the Internet when I am answering an important e-mail communication or in the midst of writing a manuscript. These service failures break my train of thought and delay my work. I often wonder if what I had been writing only moments before would have been better phrased if not for the Internet interruption!

**Irritation Number 7:** Cancelled flights and no information. I often travel on business and squeeze my travel in between clinical responsibilities at my hospital. When flights are cancelled, I must scramble to find alternative connections so that I can still be at work the next morning. The lack of clear information from the airlines and inefficiencies in managing the many delayed passengers can turn a small event into a major problem.

**Irritation Number 8:** The tremendous waste in our current medical system in the United States. I have written previously on the excessive testing and therapy in our healthcare system that are the result of defensive medicine.<sup>1</sup> I am convinced that our country has a better chance of covering the cost of universal healthcare insurance coverage

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for all Americans if we could eliminate the existing huge volume of unnecessary testing and therapy.

Irritation Number 9: "I did not work this patient up." Because of the newly imposed resident duty hours, it is not uncommon that residents reporting on inpatients during morning rounds have only a modest knowledge of specific patients because a different resident performed the admission history and physical examination. The original resident frequently has the day off, and so the information that I receive about this patient may be incomplete. This is not the fault of the resident presenting the data to me. More often than not, the presenting resident has done his/her best to extract the important clinical information on this particular patient despite the lack of time. With a patient dependent on us for the best care, no physician wants to hear excuses. Our job at that point is to solve the problem of a lack of information and poor hand-over.

Irritation Number 10: Irritation is not the right word here; it is what we all feel when we learn that a family member, friend, or valuable colleague is seriously ill, has died, or has retired prematurely because of poor health. This event needs no explanation to those who, like my wife and I, are at an

age when almost every week brings us bad news about someone we care about. The sense of loss we feel at these times serves as a reminder to be grateful for what we have and for the people in our lives, past and present.

These are the small irritations that can occur during the working day. Of course, these events are dwarfed by the many daily pleasant and positive occurrences. I would welcome any suggestion about how to eliminate or better manage these bumps in my daily routine. If they disappeared, my wonderful life would become practically perfect! Post your comments or suggestions at [www.amjmed.blogspot.com](http://www.amjmed.blogspot.com).

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## Reference

1. Alpert JS. The 800 pound gorilla in the medical living room. *Am J Med.* 2011;124:187-188.