Episode: *Editorial Fellow Interview: "Promises and Perils of Electronic Health Records"*

Guest: David Oxman, MD, HEC-C
Host: Tim Hoff
Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Editorial Fellow Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides insight into how our editorial fellows help to curate issues of the Journal and highlights important takeaways for listeners. Joining me on this episode is Dr David Oxman, an intensive care physician at Thomas Jefferson University Hospital and an associate professor of medicine at Sidney Kimmel Medical College in Philadelphia, Pennsylvania. He's here to discuss the November 2025 issue of the Journal, *Electronic Health Record Evolution*. Dr Oxman, thank you so much for being here.

DR DAVID OXMAN: Thank you for having me. [music fades]

[00:00:44] HOFF: So, what is the main ethics point of this issue?

OXMAN: Well, I think my key point is that the electronic health record is not just some digitized version of a paper chart. I mean, yes, of course, it has many similarities with that sort of original version that has evolved over the years, but it actually is something fundamentally different. It has a lot of capabilities that we could never have imagined even a few years ago that can improve patient care. But it also has the capability—and I think it's already done—it has changed the patient-clinical, excuse me, the patient-clinician experience and the way that we do the work of providing health care, and not always for the better. And I think as the EHR evolves, we need to be aware of how the chart that we, the modern chart that we have created can continue to change the medical experience.

[00:01:49] HOFF: And so, what should health professions students and trainees in particular be taking from this issue?

OXMAN: Well, I would like them to be cognizant of the potential for the electronic health record in its current form to change the way that we view the patient experience, and I think, most problematically, potentially distance ourselves from the patient. Taking care of the chart is not the same thing as taking care of the patient. And I think I worry about the way it changes the way that we create and tell patients' stories, and I also worry a bit about the way it changes the way we think. I know personally that I don't really know what I think until I try to write it down, and sometimes the EHR has the capabilities of short circuiting that process through its templates, its cut-and-paste modalities. And I think we have to be cognizant of both the power of the EHR to change the patient

experience for the better, but also to change it into something that may not be as good as what we have.

[00:03:07] HOFF: And finally, if you could add something to the discourse in this issue that you feel like is perhaps underrepresented, or even just highlight something in particular, what would that be?

OXMAN: I think that health care professionals need to avoid being passive actors in the development of the EHR. Supporting the patient experience was never really the main purpose of the EHR. The main purpose was always to maximize efficiency and revenue generation, and sort of the patient experience part was secondary. So I think health care professionals need to remain vigilant to changes in the EHR, particularly now as we're confronting changes with artificial intelligence and need to be active players in how these things evolve and not just allow them to happen without any input. [theme music returns]

[00:04:05] HOFF: Dr Oxman, thank you so much for your time on the podcast today, and thanks for all the work in putting together this issue.

OXMAN: My pleasure.

HOFF: To read this month's full issue for free visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.