

Bring out your dead

Paper medical files, now nearly obsolete, are the physical embodiment of our memories of patients past, and are often all we have left to remind us of them after they've passed on. Sometimes it's hard to let go.

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All across our physician nation we have heard the dread news: doctors are now required to keep records for 16 years. The looming deadline has sent us scurrying into our basements to pare down our stock. Finally having to face those piles of dust-encrusted, spider-infested bankers' boxes. Of course, if you have had an EMR for the last 10 years or so you are reading this and laughing—your records fit in a shoebox.

For the rest of us this task is a daunting prospect. Boxes have been alphabetized more than once as we have moved residences, files have been retrieved and then carelessly placed back on top of the boxes or tossed next to the dusty, long-forgotten kids' dollhouse.

My executive assistant (a.k.a., my wife) was pressed into action. The task was simple (if Herculean): throw out all files over 7 years old. Keep the kids' charts, probably forever (I'm glad I don't deliver babies anymore—that's a 35-year sentence).

And then on to the dead. The dead files had to be personally and lovingly

tended. Twenty years of good deaths, bad deaths, and lately too many deaths of long-term patients who became friends.

I think I began to slide into depression as I removed, moved, or discarded each file. The feelings were similar to sorting out my parents' effects after their deaths. The mundane and ordinary evoking the deepest connections and emotion. Now I had to go through the same process 400 times, sustaining a little emotional wound each time.

I'm ashamed to say that I simply couldn't bring to mind those who'd died in my first 3 years or so. Patients I'd inherited or took on as a favor, back in the days when there was room in my practice. But as I ascended the years, through the pictures, faces, and cases, the emotions came flooding back.

We all have them. The extraordinary cases, like the neurosyphilis in the retired banker. The tragic suicides you'll never forget as long as you have memory. The phlegmatic and cheerful patients, a joy to see in a busy day, sometimes bringing you a coffee from Starbucks. The bringers of treats and Christmas wine. One lady, a rare attendee of my clinic, whose husband was always ill—then it was her turn, a fatal illness. "I've never needed you before, but now I do," she said to me. We didn't let her down; she died as she wished, at home.

I lightened my load by finding one "not dead yet Fred" placed in deceased, but as of yesterday still happily demented and chatting to aerial spirits in a comfortable nursing home.

Then back to melancholy. Removing their names and ripping up the front sheets was a personal and respectful process—a necessary laying-out before the trip to the great shredder in the industrial park.

The dead, even the long dead, still have relatives who are my patients. Husbands and wives still speak of their loss even years later: my Joyce, my Ann, my David. They live daily with their loss.

I can't quite let them go. Is this madness? I wrote down their names to remind me, so now I have an electronic if ephemeral reminder. I can't share those names with you, but you have your own anyway.

We move to electronic records in July, partially prompted by my horror at the prospect of storing 35 years' worth of paper charts. I will have left my practice by then, if not the planet. When these electronic records expire in the future, will I or my heirs simply press a button and delete the time-expired dead with a stroke, like Dr No releasing Armageddon? Will we remember them as their records are extinguished in microseconds? Will we? **BCMJ**

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