



**Editors' Note:** Sethi and Bernat further discuss the advantages and problems concerning electronic health records (EHR). Will we ultimately reach the ideal of having interoperability between different EHR software types? Rothman brings up the misconception that a response to methylphenidate in pediatric patients with different neurodevelopmental disorders is diagnostic of attention deficit disorder (ADD). This was not what Graf et al. discussed in their article relating to neuroenhancement in healthy subjects. Nonetheless, Graf et al. agree with Rothman and encourage the dissemination of information about the misuse and abuse of prescription stimulants.

—*Chafic Karam, MD, and Robert C. Griggs, MD*

#### ETHICAL AND QUALITY PITFALLS IN ELECTRONIC HEALTH RECORDS

**Nitin K. Sethi, New York:** Dr. Bernat should be commended for his article on the ethical and quality issues regarding EHR.<sup>1</sup> The benefits are clear: history, preexisting problems, current medications, and other physicians' plans are accessible and evident in the electronic file. There are problems, however.

First, the physician must be in the same hospital system and using the same EHR. If the patient has consulted a physician outside the system, the patient's memory is the only aid in updating the medication list. Another downside is that it takes longer to complete and close the patient encounter. A 1-hour patient visit frequently becomes 1.5 hours because information must be entered. Some of my colleagues use templates to expedite the process but when others read the notes it is difficult to determine the decision-making process.

Dr. Bernat provides useful recommendations to mitigate some of the associated problems. I would add one more solution: EHR software should be compatible to allow transmission of information among physicians using different EHR systems without compromising patient confidentiality.

**Author Response: James L. Bernat, Lebanon, NH:** I thank Dr. Sethi for his thoughtful letter about my article.<sup>1</sup> I agree that it would be desirable for all EHRs to be compatible as he suggests. This defect is only one of the

many shortcomings of commercially available EHRs. Although I only briefly mentioned it in my essay, I believe that there is no ideal EHR currently available, which is unfortunate given their enormous expense.

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1. Bernat JL. Ethical and quality pitfalls in electronic health records. *Neurology* 2013;80:1057–1061.

#### PEDIATRIC NEUROENHANCEMENT: ETHICAL, LEGAL, SOCIAL, AND NEURODEVELOPMENTAL IMPLICATIONS

**Steven M. Rothman, St. Louis:** The recent article on pediatric neuroenhancement is an excellent review of the ethical aspects of stimulant drug use.<sup>1</sup> However, the authors may be off point. Most children initially receive stimulant medications from general pediatricians and family physicians who believe that they are treating attention deficit disorder (ADD). These physicians do not believe that they are prescribing drugs for neuroenhancement. It is rare for children taking these drugs to have received psychometric testing and these drugs are frequently started in elementary school with initial success.

A large segment of the medical establishment still believes that a positive response to stimulants is diagnostic of ADD, so this success is viewed as a validation of the diagnosis. After several years, when the drugs begin to fail, children are referred for a dose adjustment—or a new drug. At that point, a previously ignored learning disability is often identified. In pediatric neurology, we would do better by educating our colleagues in primary care that stimulant medications initially help almost every child do better in school, at the price of neglecting many important learning disabilities that merit early attention. If Graf et al. provoke us to do this, they will have provided an invaluable service to hundreds of thousands of children.

**Author Response: William D. Graf, New Haven, CT; Saskia K. Nagel, Osnabruck, Germany; Leon G. Epstein, Chicago; Geoffrey Miller, New Haven, CT; Dan Larriviere, New Orleans:** In our recent ethics position paper, we defined neuroenhancement as “the use of prescription medication by healthy persons for the purpose of augmenting normal cognitive or affective function.”<sup>1</sup> Thus, neuroenhancement should not be confused with the potential beneficial effects of

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## Ethical and quality pitfalls in electronic health records

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