

tients may deny that they suffer from these conditions, even when physicians ask about them, and that building trust with patients will facilitate more honest and open discussions about urination and defecation, which are taboo topics for many people.

In a previous qualitative study, we learned that patients find it difficult to initiate discussions about incontinence with medical providers because of the associated shame and embarrassment.¹ These patients prefer that their providers ask openly about possible urinary or fecal incontinence. Providers, on the other hand, say they prefer that patients volunteer this information. This predicament makes fecal incontinence a “hidden problem” in itself.

Your suggestion of initiating the discussion with less taboo topics such as diarrhea or constipation may be a successful approach that preserves patient comfort. Initiating discussion in a patient-centered manner, possibly with assistance of questionnaires or universal screening by allied health professionals, is crucial to bringing the problem of fecal incontinence out of hiding. Thankfully, a broad range of effective treatments is available to patients.

Thank you again for your input on this important topic.

Wen Guan, Nicholas B. Schmuhl, PhD, and
Heidi W. Brown, MD, MAS
Department of Obstetrics and Gynecology, University
of Wisconsin School of Medicine and Public Health,
Madison, WI

References

1. Brown HW, Rogers RG, Wise ME. Barriers to seeking care for accidental bowel leakage: A qualitative study. *Int Urogynecol J* 2017;28:543–551.

doi: 10.3122/jabfm.2019.01.180318

Re: Impact of Medical Scribes in Primary Care on Productivity, Face-to-Face Time, and Patient Comfort

To the Editor: In their article reporting the impact of medical scribes, Zallman et al.¹ reported greater physician productivity with scribes due to an increase in the mean number of patients seen per hour (from 1.82 to 1.98), while also reporting that visit length and visit cycle times were approximately 2 minutes longer, on average, when scribes were used. These results seem contradictory, calling into question the validity of their measures, but this issue was not addressed in the discussion.

David H. Thom, MD, MPH, PhD
Department of Medicine, Division of Primary
Care and Population Health,
Stanford University School of Medicine, Palo Alto, CA

Reference

1. Zallman L, Finnegan K, Roll D, Todaro M, Oneiz R, Sayah A. Impact of medical scribes in primary care on productivity, face-to-face time, and patient comfort. *J Am Board Fam Med* 2018;31:612–9.

doi: 10.3122/jabfm.2019.01.180283