ON BEING UNHURRIED AND TAKING TIME

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What is wrong with medicine anyway? Surely the patient nowadays receives more complete medical attention than he has ever received before. With the advances of scientific medicine, patients can be accurately and efficiently diagnosed and can receive specific treatment that helps overcome the process of illness. Not only polio and tuberculosis, but a host of other illnesses have practically disappeared in large segments of the world. People in general do not die of pneumonia anymore, except as a way of exit at old age. The late sequelae of syphillis, so prevalent in many mental institutions in the past, are practically no longer to be seen in societies where the standards of medicine are high and where preventive and curative measures are applied. Nonetheless, the number of people going to physicians has not decreased, the complaints about the quality of medicine have increased by tremendous proportions, the prestige of the physician has fallen and continues to do so, and politicians and social reformers who want to get a great deal of mileage out of their proposals find it convenient to use the medical profession as their target. It might prove useful, both for the medical profession and for society at large, to first examine and then modify, if possible, the underlying causes that have created this somewhat strange situation.

The quality of life in the United States is directly influenced by the high degree of industrialization and professional super-specialization. Science, as it relates to the individual, is often computerized and complex, and so is Medicine. The individual frequently exists in a state of impersonal detachment from others. Time and motion studies, which were early manifestations of this revolution in our industrial methods, were hearlded at the time as true advances, maximizing man's efficiency and productivity. Few wondered then about the human cost of the fragmentation of the creative process of work. Amenities of pre-industrialized society such as small talk, time-consuming ceremonies of salutations, and other 'unnecessary' or 'wasteful' habits that allowed people to stop and chat with each other have practically disappeared from our culture.

Man's isolation is likewise reflected in our modes of transportation. We usually travel to work in single-occupant cars, hardly noticing those passing by in other vehicles. It would indeed be unusual and might even be regarded with suspicion if we addressed ourselves to a stranger on a bus or subway. We rush to our destinations and are, in fact, annoyed at the inconvenience of having to be with ourselves when traffic is delayed during so-called 'rush hours'. Instead of welcoming such an opportunity for self-reflection, it is common to have the radio turned on to a program that serves mostly the purpose of distracting the individual. A billboard in Detroit proclaims in huge letters: "Travel with a friend: Pick up Dick Purtan on WXYZ." All implications of the sad quality of such a one-sided ersatz 'friendship' are conveniently ignored. Beggars can't be choosers, and the lonely motorist, so hungry for friendhsip, apparently is willing to accept the statement as one of hope.

In many cultures it is understood that man needs time and opportunities for reflection and spontaneous human intercourse. In Hawaii, for instance, it is considered important to 'talk story', which means that one takes a little extra time when meeting another person, displaying some true interest in the other. The less rural and the more harassed Hawaiians become, the less they, too, seem to talk story, and the more they fall prey to the timetables of their mechanized society. The making of a phone call to a friend or neighbor requires a deliberate act, a decision. The casual quality of the exchange that develops naturally is lost.

Yet humans continue to yearn and to be hungry for unhurried contact with their fellows. Since the nature of society has so radically changed, other substitutes have been found that at least partially satisfy this need. Cocktail parties and lounging in bars are both attempts in this direction. They are so popular because they provide opportunities to meet another person in a setting where the anxiety often resulting as one extends himself to a stranger is numbed by alcohol. Encounter groups, rock concerts, dinner parties, as well as such political activities as marching on Washington are additional manifestations of this need. We are seeking opportunities to be unhurriedly with others.

Medicine, on the other hand, is being streamlined and becoming more efficient, more scientific and less humane. The science of medicine is being computerized. In the process of emphasizing its scientific aspects, the art of medicine is losing its soul.

The word 'medic' comes from 'mederi', to heal, and the root 'med' relates to meditate or think. Modern scientific medicine everywhere, and especially in the United States, emphasizes the first derivative but fails to stress the second strongly enough. Both physicians and patients need to meditate more, take more time, and allow more opportunities for thinking and feeling. We really need to do less. Although specific pharmaceutical compounds are available and the art of surgery has been developed to a high degree of perfection, it nonetheless seems that the wrong medicine is dispensed much of the time. The patient is not getting what he really needs and wants. What is missing in the impersonal and harassed life of so many people is some unhurried time with a sympathetic, understanding and wise human being. This is often how the ideal physician is perceived by patients, and the failure to meet these expectations may well be the main reason why Medicine is being criticized so much.

In order to increase productivity and handle the pressures of heavy patient-loads, doctors often rush from one examining room to another, seeing patients who have been 'prepared' by nurses and aides. The patient's medical history is frequently checked off by non-medical assistants, weight and other measurements taken, blood drawn, E. K. G. and X-rays obtained -- all before the patient is ever seen by the physician. Such aides are usually qualified to perform the tasks assigned to them, but they are hardly capable of addressing themselves to the listlessness, anxiety, and vague, but real, fears that patients commonly bring with them. In fact, these are sometimes even dismissed as interferences with the efficient and smooth operation of the practice. Patients usually wait for varying lengths of time, then spend more time in such 'preparations' before the

doctor actually sees them. Such 'seeing' is often cursory and brief and the physician's attention is focused on the pathological part or system, rather than on the patient himself.

Such brief encounters with the physician, to whom the frightened patient often ascribes magical powers, are generally perceived as not enough. Overt or covert dissatisfaction results from the experience. The impression is left that nobody was there for the patient, that nobody really cared, that nobody really bothered to stop for even one brief and unhurried moment to see the patient as a whole being.

Such patients are unhappy and want more. They may only sense that something went wrong, not knowing exactly what it was. But they frequently support those who advocate basic changes in methods of health care delivery, not realizing that the new system might well be worse, not better, in the areas from which such dissatisfaction springs and from which it is fed.

Patients need and deserve more of the physician's undivided attention. They need and deserve not only competent handling of their illnesses, but also of the irrational, but real, fears that are connected with them. They want the meaning and rationale of procedures, tests, and results explained to them, briefly perhaps, but not hurriedly. Whether they can express it or not, they need and deserve most of all to be treated respectfully as individuals in distress.

Not only the patient will gain from such a change. The physician, too, may well rediscover that practicing in a less hurried manner will greatly increase the satisfactions he, himself, derives from his work, even if it slightly lowers his

income. Medicine has always provided its practitioners with opportunities for making meaningful contacts with other human beings. It affords the doctor repeated chances to give of himself, a giving that enriches the giver as it helps the given. The restoration of such joy into the lives of physicians may well be a worthy reward in itself.

Dr. Robert Moser, the Editor of JAMA, has made the following comments after reading this paper:

"I think your manuscript, "On Being Unhurried and Taking Time" is worthy of publication, but I still feel it is a "pie in the sky", idealistic concept. Physicians will read it and say, "That's a great idea but how can I do it and not clutter up my office with paraprofessionals?" I don't know how you can do it, and I think it is unfair to dangle the carrot without offering any solutions. We are all in favor of truth and beauty, but we live in a real world."

Dr. Bar-Levav has responded with the following comments:

If the recommendations made in the previous article appear somewhat utopian and unrealistic it is because under the present conditions they really are. The article describes a situation that would not have existed had we lived in a rational world that allocated its resources in a sane way. This is not the case. The revolution of expectations that has occurred all over the world since World War II has encouraged people to expect more for less, and to be very impatient at not being given immediately what they want.

As a result of fantastic promises made by unrealistic dreamers, medical care is no longer considered a privilege but, instead, it is now looked upon as a basic right. Increased availability of third party payments is responsible for overcrowding public facilities and most doctors' offices. Some of the people seeking medical help would have come less frequently had they had to pay for their visits. As it is, they often come with relatively minor symptoms, and they come back and back again. Even if the supply of doctors were to increase dramatically and suddenly, the situation would not basically change for the better.

It has been shown repeatedly that patients tend to come more frequently and in increased numbers as services become available.

This is the atmosphere in which we practice, and it is indeed difficult to take more time with patients as the pressure upon us is increasing. But, in any event, we cannot take more time unless we make it free first. This can be achieved if we institute basic changes in our methods of practice. We must decide what the absolute minimum time is that must be spent with a patient to provide him with proper medical care. This is the time we would allocate for each patient, regardless of the number of people seeking our help. Some patients would have to wait weeks and even months for their appointment. Only emergency care would be available in the meantime.

The unit of charge would be Time. This is basically all we really have to offer and sell. Our skill and our human interest should be taken for granted and expected without attaching additional price tags to them.

Some physicians will charge more and some will charge less for their time, depending on their skill, experience, prestige, reputation and specialty. Still and all, only a limited number of hours is realistically available, and only a limited number of patients can realistically be taken care of properly. We must limit our practices not only to types of patients we see, but also to numbers of patients that we can treat without mistreating.

Patients come again and again with minor symptoms and with more serious problems not only for specific treatment but also in search of something else. What they seek is a meaningful contact with another person to reassure them

that in spite of their fears their continued existence is not in danger. Most patients suffer from much anxiety, either of a primary nature or secondary to physical symptoms. When such reassurance is not forthcoming from their own doctor, they go to another. When they do not get it on the first visit, they come for many more, especially if the cost of such visits is largely borne by someone other than the patients themselves.

It is possible to postulate that if we took a little extra time with patients, the need for repeated visits to doctors might be reduced enough to compensate for the additional time spent with each patient. By seeing a smaller number of patients per day and by taking a little extra time with each, we might in the long run decrease the total number of calls upon doctors everywhere.

But even if this does not turn out to be so, we still must be true to ourselves, to our patients and to the hallowed traditions of medicine. Do we live and practice each day in a way that allows us to face ourselves squarely and without apology? Our society has made so many promises to so many of its citizens that they are objectively and realistically unfulfillable. Irresponsible politicians seeking office have exploited the collective yearnings of a discontented society. A collective insanity prevails as impossible expectations repeatedly crash against hard reality.

Each physician must make a very difficult choice for himself: is he going to live his life and practice his medicine in a sane way that allows him not only to make a reasonable living, but also to live reasonably, or is he, too, going to be swept into the whirlpool of insanity that is threatening to engulf us all?

Seeing a smaller number of patients in a manner that allows for a short but meaningful human exchange means that other patients may be deprived of all but emergency care. The alternative is to rush patients through, giving hurried and impersonal care to all. As the pressure increases, the quality of care itself proportionately decreases. It is a hard choice. The decision affects not only the quality of medicine the physician is practicing but also the quality of life he is living.

This is not such a new choice for medicine, either. Physicians in battlefield conditions have had to make similar choices since the earliest days of Man. The triage system of sorting patients is cruel but necessary. It minimizes casualties. It is based on the principle that those who are beyond hope get only symptomatic relief for pain, and those who have only minor complaints are forced to shift for themselves. The limited available resources are given to those who would benefit most from our efforts. Such patients are given all the attention that is medically indicated.

The medical profession is being criticized anyhow and will continue to be criticized. We live in an age in which large segments of the population have a need to be iconoclastic and to delight at the sight of fallen heroes. The medical profession is one of the hallowed institutions of society that is being criticized and harassed by parts of the public, the media and government. We are envied and humiliated. We are not loved very much these days, regardless of what we do.

The time may finally be upon us to state clearly that our response to the ocean of demands will be dictated by rationality and reason and not by guilt.

We have not made the promises, and we cannot keep them. The complaints will have to be re-directed at those who deluded the public into thinking that more and better medical care can be provided by political fiat.

We need not be defensive nor has our profession as a whole anything to be ashamed of. If we are to practice good medicine, we must not allow ourselves to be dissuaded into seeing more patients than is realistically possible. Neither outside regulations and public outcry nor the profit motive should have the power to change our firm resolution on this basic and most important matter.

The medical profession will surely be criticized even more harshly than usual for allegedly being inflexible, inhuman, frivolous and unresponsive to the needs of society. Those criticizing us most loudly are often the very ones who have created the problem in the first place by raising expectations to unfulfillable heights. The underlying psychologic hunger of so many patients will remain unsatisfied and we will be blamed for it. But since we cannot satisfy it anyway, we might at least help by scrupulously refraining from making further false promises. Assembly-line medical care implies more than it can deliver. The patient is not seen at all, only his pathology. He leaves hungrier and angrier than he was before.

Patients who will not be shunted into emergency care will have the right to expect respectful attention from their doctors. For at least a few brief moments, they should be able to expect the full and exclusive attention of their physician in an unharassed and unrushed atmosphere. This is the only real meaning of the doctor-patient relationship. It takes the patient a few moments to overcome

his fears and mobilize his courage so that a minimum of trust in his doctor is developed. We should not rush him through before he has a fair chance to do so.

Machines and newer technologies can help the physician in evaluating the patient's situation more efficiently and in reaching an accurate diagnosis more quickly. They are of no direct help to the patient, himself, who will always need a sympathetic and understanding human being to stand by him at moments of stress. We really cannot satisfy all the demands made upon Medicine, not matter how hard we try. We might as well settle realistically for doing that which is right.