

I won't take up any more of your time, doctor

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The phrase sounds in the doctor's office, perhaps as a friendly formula to indicate that something has been consumed. Time. The comment often happens once the main topics of the consultation have been completed, that meeting between patient and doctor that strings together a succession of questions ordered by each professional in their own way. The moment of greeting has passed, and therefore the first words about how the family is doing, work, occasionally some current issue, the football of the week, the heat or the cold have passed. The specific ailment has also been addressed, and recent news or symptoms have been discussed. The physical exam has been performed, and the laboratory tests or imaging studies have been evaluated. A plan for the next actions has been outlined, and prescriptions and orders for follow-up studies have been written. Suddenly, the body language indicates something that is ending. It could be some movement of the patient or the professional themselves. It is perceived that the farewell will soon come, a handshake, or an affectionate hug. In each of the described instances, there was a precise entry, a performance where each actor played their role, and it is also necessary the moment when the expression is suddenly heard that, in confidence, resorts to informal language and says, "... I won't take up any more of your time, doc."

The setting up of the consultation has a duration and depends on a valuable element, time, even more valuable for patients if the meeting has been slow and conversational. If so, sometimes it feels like there was more than expected, an excess. It is known that there is a bloody recorder that regulates and standardizes the functioning of modern medicine. It no longer mat-

ters whether it is a state or private system. We are talking about the time meter, the element on which the patient believes there has been a snatch. "I won't take any more of your time, doc." The "more" is emphasized, as from that perspective, it is understood that time has already been taken. Perhaps that is where the essence of the problem lies.

Medical consultations have an average duration that is heterogeneous, even in the same regions of the globe¹, with counted minutes that never exceed twenty and even reaching five or less². Time is limited, and when the bell rings, the carriage turns into a pumpkin. There are numerous examples in narrative and poetry in which a character is given a certain time in which to achieve everything possible before time runs out, as fulfilling what is stipulated results in an ominous ending. A probable allusion to life itself or the finiteness of the thin thread of life since time runs out. But in the medical consultation, talking a little longer, staying a little longer in the doctor's chair means a gift, or a theft of time, nothing less. The most valuable thing one has and that cannot be acquired at a certain price unless one makes a pact with the devil. The instant is only traversed in continuous loss because at each moment, there is less time, and the future shortens. In our everyday language, many articulations account for this impossibility, such as "buying time, killing time, making time." It has also been found that by prolonging the average time of the medical consultation, levels of stress in patients decrease, diagnoses of burnout syndrome in doctor's decrease, and there is a general perception of an improvement in the quality of care³.

For patients, the issue of time constitutes an element of mistreatment and rudeness that ignites the most bellicose attitudes. Waiting produces an indomitable negative energy, and if the delay grows, discomfort grows exponentially. Some professionals perceive the growing negative energy behind the consultation room door as they fall behind their assigned time. Excessive waiting time for the consultation appointment, excessive time in the so-called Waiting Room, and finally, insufficient time in the consultation itself. The issue of time, in this way, infiltrates as an additional source of discomfort in the relationship between patient and doctor.

The medical consultation also represents a particular form of conversation. There are two people who know each other or are going to know each other and who, based on the messages they receive from each other, can generate a bond that helps some kind of healing in the person who has lost their health balance. The time allocated by the medical system indicates that this process should take place over fifteen or twenty minutes. A gift from medical schedules that must be convincingly accepted since medical time is given an immoral economic value.

In that context, there is no possible relationship, and that is why patients, when they find themselves in consultations where suddenly time flows like the river of Heraclitus, calm and steady, cannot help but say the phrase "I won't take up any more of your time, doc." It is known that time has certain possibilities of distortion, a mechanism that since Einstein demonstrated and only few can explain. Texts and fiction productions have introduced the notion that, subjected to interstellar travel at the light speed, the traveler's time would begin to have a different speed than those who stay on the planet. But we are pointing to subjective perceptions when waiting time becomes eternal and slowness increases exasperation. Making someone wait is the prerogative of all power, a notion masterfully rescued in words by Roland Barthes⁴. Waiting itself has been a literary motif, especially when the wait is eternal and useless, as in Samuel Beckett's *Waiting for Godot* or, in the context of

Argentine literature, *Zama* by Antonio Di Benedetto, perhaps the best local novel of the 20th century, which is structured on this issue and where the author dedicates "to the victims of waiting"⁵. In this way, patients and their families feel like victims of this eternal waiting, frustrated by the usual brevity of the consultation. By the lack of time.

Today, we know about the existence of discomfort in the relationship between patients and healthcare professionals, but within this framework, there are interferences in communication, and these difficulties are due to various factors. A fundamental element in the genesis of these short circuits is the lack of time. If "talking is how people understand to people," time is required to talk and establishes a necessary material to repair the connections broken by the disease. The damage caused by illness, even more if it is life-threatening, becomes a fragmentation of patient's identity. The action of the doctor, from J. Berger's perspective, allows these connections to be re-established through an intimacy in the consultation generated by conversation, something requires time⁶.

It seems simple to determine that a medical consultation should last longer than the minimum stipulated. Similarly, waiting times should be shortened, something that those who analyze "quality indicators", so relevant today, tend to measure. It seems simple, but it is not, while improving this situation would require compensation for the time invested, a compensation that would escape the immorality that healthcare funders currently practice. A restitution, something that naturally belongs to both parties involved in the relationship - patient and doctor - would be required. Time would thus be valued, and its value recognized. Perhaps, in that idyllic moment, it will be unlikely that one would perceive a robbery, and there will no longer be a need to hear that common phrase "I won't take up any more of your time, doc," since its prolongation has been normalized. The consumption (of time) would be legalized, and therefore its use would not constitute a crime. However, time flies.

References

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