

# SMA NEWS



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## Rushing Doctors, Rushed Patients



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## **The rushing mover**

Moving house is never easy. Besides having to pack and then unpack, it is actually quite an experience to deal with the movers.

Four weeks before our scheduled move, Mr J, the boss of a moving company, came to my place to survey my furniture and give a quotation. He knew our place well, as he did our last move two years prior. We were pleased with his services and charges then, so we requested his services again. Surprisingly, his price had increased by quite a bit. He explained that he would be giving us new boxes and promised to wrap the furniture thoroughly, and we settled on the pricing. The empty boxes came, but contradictory to what he had claimed, about 20% were recycled boxes instead of new ones.

On the day of the move, Mr J came with six other movers at 9 am. We noticed that Mr J did not bring any cloth or cardboard to wrap our furniture as expected. Most of the furniture was only wrapped with cellophane paper. Quickly, we supplied old clothes, curtains and floor mats for the wrapping. The movers were hardworking and professional at first, but by about 11 am, Mr J started to look unfriendly, anxious and stressed. The furniture was not wrapped as thoroughly as those done in the early morning.

I had to ask, "Mr J, at our last move two years back, you wrapped all the sides of the piano with cardboard. This time, you only wrapped one side." We were paying him the professional piano mover price for moving the piano. I remembered that our last two movers before him had also used cloth to protect all the sides of the piano.

Mr J replied, "It is like that, Mr Wai."

I asked, "What if the piano gets scratched and dented during the move?"

Mr J replied, "Mr Wai, it is never 100% guaranteed that your furniture won't get scratched during the move."

And when they were wrapping the glass tabletop and pictures, again I intervened, and asked if the corners should be wrapped with cardboard or cloth, rather than just cellophane sheets. Mr J then reluctantly added some cloth during the wrapping.

Finally, I got really upset when Mr J asked if he could just dump my spoilt fridge at the void deck. I knew that was improper and had to insist on him disposing it at a proper disposal site, as agreed four weeks ago.

It did look like their professionalism had deteriorated over time. I bought the movers some drinks and lunch, and asked Mr J if there were any problems. Mr J replied, "Mr Wai, you have so much stuff to wrap and move, and I have another job in the afternoon. The other client has been calling me many times and he is upset about my delay."

## **The rushing doctor**

My experience with Mr J made me wonder if I myself have been unprofessional as a doctor, just because I had too many patients for the day. My wife runs my clinic as a clinic manager, and sits in during my patient consults regularly. Once in a while, she would inform me that I sounded rushed during consults, and it seemed as if I was chasing the patients out of the consultation room. She often reminds me to give my fair attention and time to the patients.

## **Why do doctors rush?**

During our training, we did not learn enough about time management. Many times, we double-book patients' clinic slots, thinking some patients may not turn up. In addition, we often misallocate time for each consult. Lastly, there are often unexpected events that crop up and require our immediate attention, like code blue, patients calling you for an adverse drug reaction, and so on.

Two patients with the same disease may require different amounts of time and attention. A follow-up patient with inactive hepatitis B may require just a short consult. But a new patient with HBeAg-negative chronic hepatitis B may require a lot more attention, as I would have to explain the pros and cons of initiating anti-viral treatment, as well as the efficacy and adverse effects of each of the eight approved medical treatments for chronic hepatitis B.

And two patients undergoing the same procedure may require different amounts of time. A simple screening colonoscopy may take ten to 15 minutes. But it may take longer if the patient has previous pelvic surgery or many polyps to remove.

Of course, there are also walk-in patients and last minute referrals by our colleagues, whom we may find hard to reject.

### **The rushed patient**

Patients often get an unfair deal when they are rushed by the doctors. The quality of medical care may drop when the doctors are rushing. Rushing doctors may not take adequate histories and physical examinations, and they may not have sufficient time to think about the cases before ordering investigations and treatments.

Medical standard of rushing doctors may be substandard. In the field of Gastroenterology, the colonoscopy withdrawal time (ie, from caecum back to anus) has been consistently found to be related to the detection rate of colorectal polyps. Endoscopists who withdraw too fast risk missing colon polyps. A minimum withdrawal time of six minutes has been proposed by many leading gastroenterologists. And several large-scale clinical studies have confirmed that recommendation.

Even if rushing doctors can maintain the medical standards, the service standards may drop. Today's patients often want to know how we doctors make the diagnoses and how we decide on treatments. Many patients with serious illnesses also want to feel empathy and sympathy from their doctors. All these non-medical services need time and patience.

No one wants to go to a restaurant which serves good food, but then be chased out of it because the restaurant is expecting other new customers.

### **Adverse effects on the rushing doctor**

If patients do not feel satisfied, they may change doctors. Worse still, if doctors miss diagnoses or misdiagnose conditions because they were rushing, the



patients suffer and the doctors get bad reputations (or even suffer litigation).

### How can we help a rushing doctor?

I don't have good solutions as I myself am also rushing sometimes. But I can think of a few suggestions:

1. **Be realistic about how many patients one can see.** For most digestive disorders, up to 30 minutes is required for a new case, and a minimum duration of 15 minutes is needed for a repeat case. I am being dishonest to myself if I list more than 12 patients in a two-hour block.
2. **Start early and be prepared to finish late.** In private practice, we have both busy days and slow days. And the schedule is usually unpredictable till the patients turn up. There could be days that many patients turn up without prior bookings. Yet we must not short-change patients by cutting short their consult duration. I know of some popular specialists who have extended clinic hours with two shifts of nurses: 7 am to 3 pm, and 2 pm to 8 pm. Their aim is to accommodate a higher number of patients without compromising on patient care and consult time.
3. **Let them complain outside.** Unless it's an emergency, our sole attention should be on the patients in the consultation room. I find it very difficult to focus on the current patient if I am worried about the next patient complaining about the long wait, so I have learned to ignore the noise at the waiting area.
4. **Apologise for their long wait.** Of course, when the agitated patient comes in, I often apologise for their long wait. Most patients accept reasons like having to attend to an ill inpatient in the ward, or having to break bad news to an emotional family.
5. **"Is there anything else?"** This is my concluding sentence for all my patient interactions. This helps patients bring up any issues that I did not elaborate on during the consult. No matter how rushed we are, we ought to attend to all of our patients' issues.
6. **Review all patients' records before closing the clinic.** This is especially important for doctors in private practice. Unlike being in an institution whereby patients are managed by a team of doctors, doctors in private practice often work alone, and double review of patients is important, especially for busy doctors, to plug any hole in management.

7. **Get feedback from the clinic staff.** I am lucky to have a clinic manager who gives me honest feedback. Being a bystander, she observes and gives feedback on my patient consults. I also try to gather feedback about patients' level of satisfaction from my clinic assistant at the end of the day.
8. **Learn to say NO.** Our problem is we were not taught how to say no in our training. We are used to squeezing patients into the schedule as long as our patients or colleagues need us to. Sometimes, saying no to seeing new patients, rather than giving them truncated consults, is a better option for them. We can ask other colleagues who are available to give undivided attention to the new patients.

### What happened to my mover?

Mr J finally completed the move by 2.45 pm. Indeed, some of my furniture did not arrive 100% unharmed. The frames of the large pictures were chipped (as they insisted that the top of the frames need not be wrapped). We paid him, nevertheless, but were disappointed with his services. Mr J was very courteous and professional two years back, but his service standard and attitude had dropped. I think one of the reasons could be that he had overloaded himself with too many jobs. I will never engage his services again, neither will I recommend his services to anybody else.

### Concluding remarks

My experience with Mr J came as a timely reminder that patients come to us because of recommendations from others or past experience. And we, as doctors, ought to give a fair deal to the patients. As Mr J's client, I was only concerned about Mr J moving my furniture in a professional manner, and I did not really care how many appointments he had after mine. Similarly, the patients we are seeing are only concerned about us giving them 100% attention.

We owe our patients the time and full, undivided attention they deserve. **SMA**



*Desmond started his solo private gastroenterology practice in March 2012. He has learnt that workload varies greatly from day to day. There are days that the clinic is very busy and there are days that the clinic is empty. And he is still learning how best to balance his unpredictable workload with personal and family life.*