

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 to 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 syphilis, 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 de-

tachment from others. Time and motion studies, which were early manifestations of this revolution in our industrial methods, were heralded 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 friendship, 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 consid-

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ered 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, by contrast, 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 nonmedical 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 various 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 one given. The restoration of such joy into the lives of physicians may well be a worthy reward in itself.

COMMENTS ON THE REPORT ENTITLED "On Being Unhurried and Taking Time," by Reuven Bar-Levav, M.D.

Old-time family medicine is a thing of the past. Medicine, like everything else, has become more mechanized and impersonal. We now speak of a "health industry" rather than a family doctor.

It is true that many doctors need to be more interested in their patients as persons, and indeed some could find some extra time to spend with patients. But many physicians are extremely pressed for time because there are so many patients to look after, and making health care more readily available merely makes this pressure on the physician's time more acute. Unless more and more tasks are assigned to "physicians' assistants" or other paraprofessionals, many people given a "ticket to ride" by National Health Insurance will not be able to find a doctor to see them at all.

The personal needs of the patient for a sympathetic ear to tell one's troubles to, or a word of reassurance from the physician when the patient is worried about what ails him, are, of course, real. One approach gaining acceptance in England is the assignment of social workers to general practitioner clinics. This type of collaborative effort also has been tried, on a small scale, in the United States. Physicians, patients, and social workers all seem to report favorably on the collaboration. Perhaps such experiments should be made on a wider scale to find ways of rehumanizing patient care while medical practice is becoming industrialized.

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