



The time of the day

Most of us find it difficult to follow our quality of care throughout a day of consultations. Understandably, the first two or three consultations of the morning go well. At 8 am, I have had my Weetabix®, cracked my knuckles, and am ready to go.

This probably lasts until the fourth or fifth consultation, by which time I have taken a couple of phone calls and had some interruptions. These have raised background distractions about a house call to be made, and some blood test results to be chased.

The short break for mid-morning tea gives me a caffeine and glucose boost, so I suggest you come and see me at about 11am for the after-tea appointment. I tend to peak around this time, and I respond well to most challenges. After this, there is a slow deterioration before lunch, when my shoulders start to sag a bit, and food is required to fuel all major organs.

I am never sure where the time goes during a normal day of appointments. Chronologically, it ticks away, but I have never found out where it actually goes to, while I am chatting away. The philosopher, Emmanuel Kant, felt that time was not a thing in itself, but an unavoidable framework of the human mind. Nevertheless, time has to be managed, even if time management is all in the mind. In 1964, this was eloquently described by Eric Berne, who wrote a book called *Games people play*. In this book, there is a game called “harried”, in which he describes a doctor. He takes on everything that

comes his way, fits in patients, and even asks for more. He accepts all the demands of the day, but when he finds that they are too great, and that there is no more time, he becomes “harried” (to put it politely). It involves a mixture of recognition need and altruism, and I have taken some years to come to terms with it.

After lunch, my 2 pm consultation has a slow post-prandial start. My blood supply is still diverted from my cerebral cortex to help digest the last lingerings of my lunch box, but then I tend to peak again, around 3 pm. This is a good time to see me, if you’re thinking of getting me to listen. Interestingly, the last consultation of the day can be the worst, or the best. Often, everyone else has left the rooms. It is ten minutes to six, and I can hear the last receptionist standing by the front door, jangling the keys.

It can also be the best time to see me. The pressures of the day have dissolved, and the ever-present worry of seeing more waiting patients has gone. Usually, it is also the quietest time, so I find that a social problem, or a patient with depression, can receive my full attention. Then I enjoy one of the greatest pleasures of general practice - completing an unrushed consultation.

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