Consultation length: author response to Dr Brian Goss

Thank you for your response. Consultation length was, as you suggest, observed rather than imposed. We were careful not to imply causality. As you rightly suggest, we cannot do so from observational data alone. We concluded that we found no correlational relationship between length of consultation and patient experience or patient satisfaction. In our closing remarks in the full article, we suggest that:

'Some consultations may be appropriately short, with both doctor’s and patient’s agenda effectively addressed, for example, where the doctor is dealing with a simple administrative issue or following up a problem with a patient whom they know well.'

This appears to be the conclusion you have also come to in your letter. We note in the full paper that a lack of evidence of an effect is not necessarily a lack of effect, and we do not want to suggest that consultation length should be made shorter or is not important for other areas of clinical practice.

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