TIME IS INFLUENCED BY STATUS

When I was a junior doctor in 1991, I was very impressed by an article written by a consultant orthopaedic surgeon who had the courage to take a junior medical house officer locum to experience their working conditions.1

He wrote of the experience of time from both a consultant and junior doctor perspective, something which he had been unaware of before taking on the post. He described the ward round as ‘a pageant in slow motion, a ritual so dissociated from everything going on around as to be almost psychotic’ followed by the frenetic activity for the junior staff when the senior was not on the ward.

This experience of time as being influenced by our position within the medical hierarchy is common to many encounters. We become accustomed as GPs to time being broken up into 10-minute blocks, to the extent that it is often difficult to keep still or concentrate in long meetings.

THE PATIENT IS SHRIVEN BUT NOT HEALED

The time stolen from our clinics while we wait on the telephone trying to get through to an acute hospital feels almost physically painful, the knots tighten in our shoulder muscles as the clock ticks on. The stress and stigma of running late in clinic is very strong, although the clock ticks on. The stress and stigma of running late in clinic is very strong, although the stress and stigma of running late in clinic is very strong, although

In his masterly study of general practice, John Berger reminded us that ‘anguish has its own time scale. What separates the anguished person from the unanguished is the barrier of time: a barrier which intimidates the imagination of the latter’.6

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