"Time is a resource we need as GPs, and is the resource our patients need to stay healthy, but, like other resources, time, and especially control over calls on your time, is distributed unevenly."

On not being a Time Lord

The irony of being a *Doctor Who* fan, is that the fantasy of travelling through time in a TARDIS shows me how much we are controlled by time in real life. It's obvious that each of us only gets a specific allocation of hours, minutes, and seconds each day, and no amount of advocacy can increase this. In this way, time is a uniquely allocated resource. Yes, we try to fool ourselves that we have some control over this flow — from time management courses to stories about time travel — but somehow we've never held back the arrival of 6 o'clock.

It affects our consultations. We all know that longer consultations allow us to deal with complex multimorbidity and mental health issues. But we still get extra patients squeezed in, as if the clock can be paused to manage their problems.

The limited time we have in our consultations clearly affects our effectiveness at managing the health of our patients. Of course, the time that patients have available in their day-to-day lives also has an impact on their health. Despite this, time is often under-recognised as a determinant of health. Time is a resource we need as GPs, and is the resource our patients need to stay healthy, but, like other resources, time, and especially control over calls on your time, is distributed unevenly.

It's hard work having a chronic disease. It's not just that the conditions themselves make everyday life more difficult, it's adding in the medical appointments, the blood tests, the X-rays, the trips to the pharmacy, and the additional overall worry that all take up time.

But then there's the preventive health advice, too — eat healthily (often food that needs preparing), exercise for 30 minutes a day, do cancer screening. For many people, these recommendations become a battle for competing time priorities, which will always lose out to the obligations of caring for family, the threat of losing precarious employment, or the need to do laundry and take the bins out. Our understandable desire is to shift these priorities by increasing the sense of urgency for preventive health, so that it out-competes other calls on our patients' time, but this may just increase

the pressure on people, and make them feel we are minimising the importance of a crucial aspect of their lives.

In discussing with our patients the way they manage or prioritise time, once again, we come up against the same constraints as when we advise patients with constraints on their money. In our consultations we work with individuals and families, but the pressures and influences come from social and political forces.

How much time needs to be given toward work that keeps a roof over your head and a family fed? What expectations are there, and for whom, about time spent on domestic tasks and caring for others? How much control does someone really have about how they spend the finite minutes they have? Are they managing emergencies, carrying out mundane necessities, or doing things that maintain health and wellbeing? What has to be given up to go dancing or get time to go for walks in the mountains?

I have no easy answers to these questions. We could choose to spend time discussing this with our patients, if there's not something more pressing. There are bigger forces at work that need to be tackled to allow ourselves time for more effective consultations, let alone to allow patients time to improve their health.

In the end, unlike the TARDIS, this problem is bigger on the outside.

Tim Senior,

GP, Tharawal Aboriginal Corporation, Airds.
Tharawal Aboriginal Corporation, Airds,
PO Box 290, 187 Riverside Drive, Airds, NSW 2560,
Australia.

Email: drtimsenior@gmail.com
@timsenior

DOI: <https://doi.org/10.3399/bjgp22X718481>