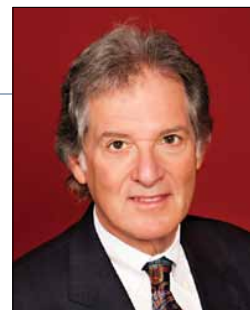


# LETTER FROM THE EDITOR



All human wisdom is summed up in two words—wait and hope.

—Alexander Dumas

The waiting is the hardest part.

—Tom Petty

For the past 10 years, no matter how hard I try, I cannot get my clinic properly organized. I have been through a number of secretaries, and some have gotten it right, but those are the ones who move on to graduate school. As soon as an Ally or a Kim leaves, the chaos takes over again. I show up on time for every clinic. The first few patients get seen promptly; however, by the end of the day, the wait is 2–3 hours. I don't take any breaks, no lunch, and move as quickly as I can from room to room. Thus, it was with interest that I read a rather condescending piece in the *New York Times* entitled “The Doctor Will See You . . . Eventually” (August 1, 2011, Lesley Alderman). I chuckled as I read the statistics: the average wait time to see a doctor in the United States was 23 minutes; the longest for a neurosurgeon (30 minutes), and the shortest for an optometrist (17 minutes). If my 11 AM patient waited 30 minutes, he or she would be overwhelmed with delight. Nearly half of patients in a national survey felt that they should receive a discount on their bill if they had to wait. One solution proposed was to seek a concierge (ie, cash only) physician, who can limit his or her practice because of the direct cash flow. But we are a Jesuit institution and provide care to all. The author also suggested that patients “speak up,” as if that would make any difference. Some of the old-timers smirk when I enter the room—later than listed, but as expected—and relate that someone is grouching in the waiting room. They say that “They'll just have to get used to it.” Sad but true. Followed by, “But, it is worth it!” When all else fails, Alderman recommends, “Find another doctor!” That is reasonable when you are going for a routine check-up or to see the dermatologist. But, when you have been referred to a specialist for a life-threatening illness, likely as not you will wait.

What is the problem? Well, some patients need to take a bit of the onus upon themselves or their peers. When the first ones show up late, the entire day starts off in low gear. Some who show up more than an hour late insist on being seen as soon as they arrive. One patient actually showed up 2½ hours late, after the clinic had closed for the day. Why? Because he had to wait more than an hour in the past. (Yes, I came down from my office and saw him.) But the major issue I have is with the schedulers who seem to live in a different time dimension,

one that would make Dr. Who proud. (Don't tell me you don't watch the BBC!!!) They have been known to assign up to 4 follow-up patients (each given a 30-minute slot) into a half hour. Now many don't require more than 10–15 minutes, but all it takes is one who is delayed in getting into a room, is ill or upset, or who just needs to talk and, by 9:30 I am more than a half hour behind time. I try to explain to the schedulers that it is difficult to see 27 patients, including 2–4 new ones, in the 4 hours they have allotted me. Yes, there is a computer template for the schedule, yet it is repeatedly overridden without my approval. I am also baffled as to why no patient is ever scheduled after 1:00 PM. If they were inserted into the always vacant 1:30, 2:00, and 2:30 slots, they would get seen at the same time as they are when they are scheduled at 11:00, but they wouldn't have to wait as long. The students, residents, fellows, and nurse practitioner scurry around as well, but it more than doubles the time each room is occupied because after they have seen a patient, the patient still wants to talk with me and feel the laying on of my hands. The fellows all find out really fast that, if lunch is eaten at all, it is during their case presentations.

The new patients take the wait the hardest. They cannot understand why it is not like it is with their other doctors. Fortunately, I have a wonderful NP who often takes the brunt of their frustration so, by the time I enter the room, it is like a yoga session. They gain a better understanding of the situation when they realize how much time I spent with them. By the second or third visit, even the new ones get it—they bring a friend (I actually have patients who have become such good friends over the years from being in the clinic at the same time, that they schedule themselves on the same day and use their wait as a social event), a long book, and, of course, laptops and iPads (I am not necessarily promoting Apple products, but iPads in my clinic outnumber other tablets 20:1).

So, my apologies to all of my patients who aren't able to get that first morning slot and consequently have to wait. It ain't my fault. I think that the schedulers should be required to sit in my waiting room and take the heat for what they created; things might just get a bit smoother in the future.

Until next month . . .

A handwritten signature in black ink that reads "Bruce D. Cheson". The signature is written in a cursive, flowing style.

Bruce D. Cheson, MD