

Caring in five minutes

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And you may ask yourself, well...how did I get here?

“Once in a Lifetime”—Talking Heads

It's five o'clock and my last patient, a woman with a new diagnosis of breast cancer, has just left the clinic with her family. On my desk in front of me stands a precariously balanced two and a half foot stack of charts, waiting to be dictated. Not only that, there are messages to return, labs to review, and two patients to see in the hospital two blocks away. If I'm lucky, I'll be home by eight.

And I think to myself, for the million and seventh time, how did I get here?

The quick response is that I have always spent a lot of time with my patients. I have never figured out how not to.

Our senior partner, a man I love and respect as much as any I have ever known, tells me he can care as much in 5 minutes, as I can in an hour. I believe him. He sees more patients than any in our group of 15 partners. None of his patients feels cheated. He is one of the most respected oncologists in the Twin Cities.

Okay, so could I have spent less time with my patients today? If so, which ones? I warily eye the stack of charts (why does it seem even larger than the last time I looked?), and the name Joni Larson stands out.

Now, how could I have spent less time with Joni? This 51-year-old mother of three drove 80 miles from her rural Minnesota town only to learn that her refractory multiple myeloma had continued to progress,

explode actually, despite the last in a series of salvage therapies. She was now in a wheelchair and had just started dialysis in a last ditch effort to be alive for her daughter's wedding in 4 weeks. We discussed end-of-life issues, code status, where she would like to die, how unfair it all was. Obviously, this took more than the 20 minutes for which she was scheduled. Even the hour we spent together (over the noon hour, since she was my last morning patient) probably wasn't enough.

There were others buried in that enlarging tower of charts, many of whom had similar issues, who I felt needed extra time. But, did these patients even want that? What do cancer patients really want, anyway?

Actually, much has been published regarding this. It's really quite simple. All I have to do is spend the time needed to engage patients in the decision-making process,¹ make sure there is adequate time to discuss both disease- and patient-focused outcomes,² be realistic but hopeful,³ go over every treatment option in detail,⁴ discuss their feelings about the disease,⁵ initiate conversations about advanced directives,⁶ give detailed information on prognosis but defer to them regarding the timing of hearing it,⁷ not burden their lives by forcing them to be overly upbeat,⁸ give them a taped copy of our visit,⁹ and even have them critique how I did with them after the visit.¹⁰

Oh, yeah. I should also let them

know that I know their test results.¹¹

Okay, so every oncologist could probably spend hours with any one of his or her patients to satisfy all of his or her needs. But what about the needs of the oncologist?

This thought resonates deeply. Like many of my colleagues, I went into oncology because I am compelled by the big questions. What is life about? Why are we here? Something within me tells me that the answers are here in the clinic every day. With cancer patients, there is always something going on that is big and important and life-altering, even for those with a great prognosis. Looking for answers, I listen. Hold a hand. Legitimize concerns. At least I can give patients my time. It seems to be something they need.

It seems to be something I need.

So that's how I got here. At some point I am going to have to figure out how to do everything that I feel needs to be done in less time than I do now. Maybe it is caring in 5 minutes. But then I glance over at the stack of undictated charts on my partner's desk next to mine. How did he do with his caring in 5 minutes today?

His stack is twice the size of mine.

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