

# Physicians Interrupting Patients

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**D**rs. Mohammed and Yeung bring to light the immense challenge of balancing extremely constrained visit times and the importance of giving patients time to voice their agenda and tell their story during a clinical encounter. It is, in many situations, unrealistic for clinicians to complete an acute complaint visit much less a thorough wellness examination (annual physical) in the short timeframes often allotted and accepted for these visits—with or without uninterrupted listening. We recognize with empathy this ever-present tension and the reality that, in most contexts, clinicians have little power to control visit times. Despite this, we believe it is our calling to improve the quality of care by allowing patients to feel heard and to respond to them with the care that advances their particular situation. Moreover, the notion of accepting as adequate a system that makes well intentioned clinicians feel ineffective or poor at time management for taking time to listen and care for their patients should be at least questioned, if not vigorously challenged.<sup>1</sup>

Our study did find that physicians interrupted patients after a median of only 11 seconds, and that patients who were not interrupted only spoke for a median of six seconds.<sup>2</sup> Our opinion is this suggests more about physician patience (and as suggested by Drs. Mohammed and Yueng, time constraints) than about the time required for patients to relay their agenda and story. Many patients who spoke only briefly had no concerns and thus had minimal opportunity for interruption. If they in fact did have a concern or more prolonged story behind their chief complaint, they were interrupted only a few seconds into their story. Moreover, our small sample size (as only a subgroup of patients was asked about their agenda) can

influence our results. As mentioned by Mauksch in 2017,<sup>3</sup> some interruptions can be helpful in guiding the clinical encounter in a productive direction to achieve the goal of both patient and clinician—accurate diagnosis and treatment. However, we continue to purport that seconds into the initial elicitation of the patient's concerns is not the appropriate time for interjection.<sup>4</sup> Rather this pivotal part of the medical encounter should allow the patient to relay their story and experience their physician's engaged, empathetic listening rather than a question-answer driven conversation. More importantly, the main finding of our study is that the time to interruption of the patient's agenda continues to be measured in seconds.

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#### Compliance with Ethical Standards:

**Conflict of Interest:** The authors declare that they do not have a conflict of interest.

## REFERENCES

1. **Montori V.** *Why We Revolt: A patient revolution for careful and kind care.* The Patient Revolution. Rochester, MN, 2017
2. **Singh Ospina N, Phillips KA, Rodriguez-Gutierrez R,** et al. Eliciting the Patient's Agenda- Secondary Analysis of Recorded Clinical Encounters. *J Gen Intern Med.* 2018;<https://doi.org/10.1007/s11606-018-4540-5>.
3. **Mauksch LB.** Questioning a Taboo: Physicians' Interruptions During Interactions With Patients. *JAMA.* 2017;317(10):1021–1022. <https://doi.org/10.1001/jama.2016.16068>
4. **Phillips KA, Ospina NS.** Physicians Interrupting Patients. *JAMA.* 2017;318(1):93–94. <https://doi.org/10.1001/jama.2017.6493>

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