

A Mere Fifteen Minutes

William A. Hensel, MD

Firstword I glide through some days of my family practice with an effortless grace. I am on time for my appointments. I address patients' concerns and mine in unrushed, friendly visits. There is rhythm and joy in what I do. Then, there are days when I seem to be mired in wet concrete. I am neither fast nor efficient, and many patient encounters end with the feeling that nothing was accomplished. On those days, I leave feeling inept.

George Whitacker was one of my last patients on a wet-cement day, and I was an hour behind schedule. Pulling his chart from the door rack, my frustration edged higher when I realized that it had been more than 1 year since I had seen George. He needed a complete physical examination but had been scheduled for only a 15-minute visit. I was distracted and wrapped in self-pity as I entered the room to greet George and his wife, Helga.

The Whitackers had been my patients for 15 years. They had been together much longer. Both had been mostly healthy, seeing me once or twice a year. Even at 70 years old, George had a muscular physique sculpted by his years of labor in heavy manufacturing. The machinery noise had left him partially deaf. His only other problems were well-controlled hypertension and prostate cancer, which had been diagnosed at an early stage 3 years ago. We were both optimistic that he had been cured. Helga, who was 4 years George's junior, had also been fortunate with her health. Having finally conquered her stubborn hot flashes, I treated her for mild hypertension and insomnia. They were salt-of-the-earth folks who took care of themselves and each other.

Feeling rushed, I eschewed my normal open-ended greeting and tried to be directive. "So, George, you're here for a recheck of your blood pressure, and you're overdue for a physical."

George peered at me from behind his thick, black-rimmed glasses and responded slowly, "Well, yes."

Helga, forthright as always, chimed in. "We are really worried about his memory. He is too forgetful, and the problem seems to be getting worse." I looked at Helga and George. Real concern was etched on their faces. This visit would not be quick; no easy answers here. Trying purposefully to forget my frustrations, I scooted my stool against the wall, leaned back, and listened.

The tale was all too familiar. For at least a year, George had been having a problem with his memory. At first they had written it off to age and stress. Of late, George and Helga could no longer deny the possibility of dementia.

Having heard their concerns, I tried to negotiate a compassionate conclusion to the visit. George's story and affect made it clear that he did not have the pseudodementia of depression. We agreed that I would order the tests to rule out the reversible causes of dementia and see them again in 10 days. Then we could review the test results together, and I could administer a Folstein Mini-Mental Status Examination. We shook hands, and I turned George and Helga over to my nurse. I felt guilty as I rushed off to see my next patient. I had spent the day feeling sorry for myself. George's visit had provided me with a better perspective.

The Whitackers returned late in the afternoon, exactly 10 days later. Although this day had not flowed gracefully, I was only 10 minutes behind when I plucked George's chart from the door. I kicked myself for not being more careful in filling out his previous encounter form. Once again, he was only scheduled for a 15-minute visit.

I sensed their fear as soon as I entered the room. I tried to break the ice by telling them that George's tests were normal. I had not found any

Submitted 23 January 2001.

From the Department of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, the Greensboro Area Health Education Center, Greensboro, and the Moses Cone Health System Family Medicine Residency Program in Greensboro, NC. Address reprint requests to William A. Hensel, MD, Moses Cone Family Practice Center, 1125 N Church St, Greensboro, NC 27401-1007.

medical illness that would explain his forgetfulness. As expected, their response was ambivalent. They were relieved that George was physically healthy, but they also knew that dementia was now the likely culprit.

After a brief explanation, I began to administer the Folstein Mini-Mental Status Examination. Clearly anxious, George struggled through the test. Helga, George, and I winced each time a question was missed. One of the final items was, "Write a sentence."

With a twinkle in his eye, George wrote a few words and handed me the paper. On it was carefully printed, "I love you."

I thought; subject, verb, object. Bingo, full credit.

George began to speak, jerking me out of my test-administering fog. "Doc, I mean it. I love you. We've been through a lot over the years. You found that prostate cancer and helped me beat it. You've always been there for my wife and me. I know that you'll help us through this problem. I really do love you." George's eyes firmly held mine throughout his soliloquy. After he had finished speaking, I turned to Helga, who nodded and smiled. I looked back at George and thanked him, clumsily and inadequately.

George scored only 20 out of a possible 30 points on his Folstein examination. I had to admit to them that dementia, such as Alzheimer's type, was a real possibility. Time would tell. We talked of books and support groups for Helga. They had

their legal affairs in order, but neither had completed a living will. I gave them blank copies to review and scheduled another follow-up visit. That way I could answer any questions they might have about advanced directives and discuss the possibility of a trial of medication. Our 15 minutes long spent, I moved on to my next patient.

Normally I am saddened by the diagnosis of dementia. Still, when my last patient had been seen that day, I couldn't help but smile as my thoughts returned to the Whitackers. Yes, George's expression on goodwill could be interpreted as a distortion of his true feelings caused by dementia. But to reach such a conclusion would be to belie his twinkling eyes. I believe that his dementia allowed George to speak with a bluntness usually reserved for children. I choose this interpretation because, like George, I am an optimist in love.

So, on those days that I am mired down, oppressed by the unrelenting clock, my optimism might temporarily fail me. I might ruminate that 15 minutes is not enough time to accomplish anything important. At such moments I am invariably reminded that those 15 minutes should not be viewed in isolation. Continuity is a crucial element of the physician-patient relationship. The past binds me to my patients in a caring relationship and provides the perspective for the present. On my best days, I can put all my distractions aside and cherish the present as a gift. I have learned from George and others like him that 15 minutes is plenty of time when I am able to be in the moment.