

Virtual Mentor

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FROM THE EDITOR

Doctor Saving Time

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Except for those of us living in Hawaii, American Samoa, Guam, Puerto Rico, the Virgin Islands, Arizona (excluding the Navajo Indian Reservation), and the eastern time zone portion of Indiana, the ritual of setting our clocks forward one hour on the first Sunday of April is observed in homes and communities across the US. Though it dates back to an idea of Benjamin Franklin, Daylight Saving Time (DST) was not firmly established until passage of the Uniform Time Act of 1966.

Many of us accept losing an hour of sleep on the first Sunday of each April for the benefit of enjoying more hours of daylight after work or school. According to the US Department of Transportation, which has jurisdiction over DST in the US, springing forward an hour every April results in some clear benefits, despite reservations of farmers, some foreign nations, and other DST critics. For example, DST saves lives and prevents traffic injuries because more people travel home from work or school in daylight. It has been estimated that approximately 900 fewer crashes would have occurred if DST had been retained year-round from 1987 to 1991¹. DST has also been shown to reduce crime because people complete their errands and are safe at home before darkness falls. Lastly, DST saves home energy consumption, which is directly correlated to the time that we go to bed. With more daylight into the later hours, we use less electricity lighting our homes, amounting to thousands of barrels of oil conserved each year.

The institutionalization of DST reflects in part the desire of individuals to use time to measure and define their successes and accomplishments and, thus, their failures and frustrations. For example, athletes often define success by whether they can run, swim, ski, or bike faster than their competitors. In everyday life, parents struggle to carve out more quality time with their families in a world where their daily work commute grows seemingly ever longer—leading to less-than-rational behavior such as speeding and, even worst, road rage. Finally, most of us will reach a point where the amount of time that we have to live on average will be less than the time that we have lived. This realization of the finiteness of individual time often promotes reflection and examination of our lifelong accomplishments and their meaning. Since most people spend more time at work than with family and friends, individuals who love their work and find it rewarding are fortunate in being able to reflect positively on their professional lives.

In medicine, time and how well we spend it are issues directly related to interactions between patients and their physicians. From the patients' perspective, time spent with their physicians is and will remain a key determinant of their satisfaction^{2, 3, 4, 5, 6}, and invariably of health outcomes. Patients expect their physicians to spend sufficient time answering their questions and addressing their medical concerns. Thus, improved patient-physician communication is critical to optimizing an office or bedside visit, because it is not simply the quantity of time but also the quality of time that shapes patients' perceptions of their care. From the physician's perspective, the increasing amount of time spent on administrative paperwork and other non-direct patient care activities is a source of growing professional frustration and dissatisfaction with medical practice. While physicians' responses may not border on road rage, they are struggling to spend as little as possible of their professional day stuck in administrative traffic jams.

In the spirit of DST, I propose the creation of Doctor Saving Time. Through more efficient work processes and administrative streamlining, an hour per day that otherwise would have been spent on less beneficial activities can be saved for more productive professional use. The concept of Doctor Saving Time may seem straightforward enough, but achieving it will require the cooperation and expertise of payers, health insurers, government, patients, and physicians. If it can be accomplished, Doctor Saving Time, like Daylight Saving Time, can lead to fewer fatalities, less crime, and more efficient energy use. Physicians will have more time to address patients' questions about prescribed treatments and medications. More time spent on making sure that patients are clear about their prescriptions will improve health literacy and undoubtedly reduce adverse effects including death. With more time, physicians can have discussions about violence and crime prevention that are germane to the health of our patients but have until recently been less of a priority in office visit discussions. Lastly, physicians can allocate a portion of that extra hour per day to rejuvenating their bioelectricity through other activities inside and outside the medical profession. Whether it is more quality time with family and friends or time spent mentoring a medical student or new physician, a physician who is happier will undoubtedly be a better doc to his or her patients.

Given the obvious benefits of Doctor Saving Time, I am confident that even Indiana, Hawaii, and Arizona will sign on.

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