



The art of medicine

A matter of time

One autumn afternoon many years ago I arrived at the emergency room of a hospital near my home and told the triage staff that I was having the worst headache of my life. I said this for two reasons: first, because it was true and second because as a physician I knew that saying this would set off alarm bells, given the possibility of an aneurysm, and would get me seen quickly. It did. I was rushed past a waiting room full of patients and soon had a CT scan of my brain. It showed no aneurysm, no abnormality at all. The emergency room doctor (and I) concluded I was having a migraine. I was sent home with a prescription for a non-steroidal anti-inflammatory medication, which I did not fill, and instructions to take a day off from work, which I ignored.

Afterwards, I recounted the episode to an old friend who said, "That's the kind of scare that makes you stop and smell the roses, isn't it?" She paused and added, "But, then again, you've always been someone who stops and smells the roses." I thanked her for the compliment but wondered if it was accurate. As a child, surely, I had been a noticer. I noticed the way the crows cawed in the bare trees on winter mornings as I waited for the school bus; I noticed that in spring the days were cool and smelled of dirt and in summer they were warm and smelled of meat grilling in the neighbours' backyards.

But as I grew older, and especially during my medical training, I noticed less. Working sunless days that blurred into endless nights, my life carved up into month-long rotations rather than seasons, I became disconnected from time as it exists in nature. I acquired the skill of clinical observation but lost some of my ability to observe the world, just as I became less aware of the needs of my own body as I learned to care for the bodies of others. I did not realise how much my sense of time had changed until one early July day, shortly after I had finally finished 8 years of medical school and residency. As I browsed the produce at a farm stand a few miles from the city where I would soon start my career as a primary care physician two older women, clearly long-time residents of the area, approached and asked the farmer "What's out this week?" I did not understand this question until the answer came: "Last of the strawberries, first of the blueberries." I felt that I had moved not to New England but to a new planet, a planet on which people ask farmers, "What's out this week?"

I regained my sense of the seasons somewhat during the years my children were young—back-to-school-clothes, snowmen, puddle jumping, sandcastles. But I spent less time as a physician—mother jumping in puddles than running: running late in the clinic, running late to pick up the kids. I measured my time at work in ever smaller increments as the number of minutes allotted per patient decreased and administrative tasks increased. When I fell behind or brought paperwork home I blamed myself for my poor time management. I was not dissuaded from self-blame by the growing absurdity of my schedule, an absurdity highlighted by a study published last year showing that to do all that is expected of a primary care physician in the USA they would have to work 27 hours a day.

Then, about a decade ago, I fell and fractured my right shoulder while rushing to work on a rainy late spring morning. I had surgery and recuperated at home, partly immobilised, for several weeks. I received many get well wishes during this period but the one that struck me most was from a woman I barely knew, not a medical colleague but someone I had met in a writing programme. "Don't fight it", she advised about my confinement. "Just watch the grass grow." I took my acquaintance's comment as permission to do something I had rarely done since childhood: nothing. I sat on my porch and observed hour after hour a robin's nest tucked into a climbing hydrangea wrapped around the porch rail a couple of feet from my lounge chair. I marked my recovery by my improving upper extremity function but also by the progress of the nest: empty, then filled with four tiny blue eggs, then with four pale, yearning beaks, and then, at last, empty again.



Photo © Fitzwilliam Museum/Bridgeman Images

Gwen John, *The Convalescent* (c 1923–24)

When I went back to work, I felt calm, as if I had spent the summer at a retreat. For a short while this calm lingered, because the occupational health nurse I had been required to see before returning to my clinic ordered me to work, temporarily, at half my usual speed. 15-minute clinic visits with patients now lasted half an hour. A new patient might take half an afternoon. In this unaccustomed rhythm I found I listened more closely to my patients. I felt less anxious, which seemed to make them less anxious. I ordered fewer tests and consultations and realised I had often resorted to these manoeuvres simply to conclude the visit. I had always enjoyed my medical practice but I found this leisurely version of it blissful.

It did not last. I soon fell back into the old routine. Then, 4 days before I was set to retire from practice, I had another injury, this time a fractured wrist I sustained while rushing down the stairs at home. (My risk factor for fractures is rushing). I had looked forward to a busy post-clinical life of writing and teaching, so busy that a friend speculated that I may have subconsciously injured myself as a way of slowing down once and for all. I resisted this suggestion but had to admit that the one bright spot in my otherwise miserable recovery from wrist surgery was how my perception of time changed. A shower, which took much longer than usual and needed to be broken down into small steps, became a meditation. I even had to admit that pain, awful as it was, made me more present—a state to which I had long aspired. I spent hours waiting for my next dose of pain medication, contemplating every twinge and ache with intense concentration. I became a noticer again. The leaves on the maple tree outside my bedroom window had never turned such a brilliant yellow as they did that fall—or had they? I followed their turning and their falling as I had followed the robin's nest years earlier. Lyrics from Joni Mitchell's song *Chelsea Morning*—the sun poured in like butterscotch and stuck to all my senses—went round and round in my head and I made no effort to chase them away.

With my right arm in a splint I gravitated, in my reading, to books I might comfortably hold in my non-dominant left hand. One was Charlotte Perkins Gilman's short story, *The Yellow Wallpaper*, written in 1892. Based on Gilman's own life, the story is narrated by an unnamed woman whose doctor-husband prescribes what was then called "the rest cure" for her presumed post-partum depression. This cure was promoted by Philadelphia physician Silas Weir Mitchell mostly to women suffering from "nervous disorders", including Gilman herself. Mitchell's therapy, which seemed aimed less at relieving women of their suffering than controlling and isolating them, involved confinement at home, prohibition against intellectual stimulation or creative pursuits, and a high fat diet. Rather than healing the narrator of *The Yellow Wallpaper*, the rest cure drives her mad.

In my twenties, when I first read Gilman's story, I took from it the message that the author intended: subjugation and

infantilisation of women by men—their husbands, their doctors—is harmful, often devastatingly so. Re-reading *The Yellow Wallpaper* 40 years later I again felt horrified by how cruelly the narrator is treated. And yet, I had another reaction, too. Removed from work and the world not by force but by injury, staring contentedly not at yellow wallpaper but at yellow leaves, lying in bed craving the rich, monochromatic foods of my childhood—macaroni and cheese, egg custard, mashed potatoes—I thought: maybe a rest cure is exactly what I need.

Over the past several decades doctors have been pressed—by staffing shortages, by the demands of the electronic medical record, by the economics of health care, and also by advances in diagnostic and treatment approaches—to work faster and faster. And yet the time it takes to practise medicine well, and the pace at which most patients recover, has not accelerated nearly as much. Patients are generally discharged from hospital much more quickly than in the past after the delivery of a baby, a bout of pneumonia, or a mental health crisis. And while shorter admissions to hospital often benefit patients—for example, the incidence of postpartum thrombosis has plummeted since the era when new mothers were kept in bed on maternity wards for several days—the brevity of hospital stays can cause both doctors and patients to lose sight of the fact that wounded bodies and minds may still take weeks, months, or even years to heal. Similarly, the shorter duration of clinical visits has not curtailed the number of things that patients and doctors need to say to one another. Sadly, the fact that both patients and doctors feel frustrated by time constraints has all too often pitted us against each other. "Why does she keep interrupting me?" thinks the patient. "Why is he asking so many questions?" thinks the doctor.

I emerged from my convalescence with a renewed appreciation for how long it can take to heal, even from uncomplicated surgery. This is not an insight I can bring back to my practice, as I no longer take care of patients. I do still work at my hospital, though, primarily mentoring medical colleagues who are interested in narrative writing. I think one reason so many health professionals are drawn to writing is that our busy schedules allow fewer and fewer opportunities to reflect on the emotionally and ethically complex issues that arise in our work; the pen and the keyboard offer means to tell the stories for which there is now so little room in the clinic and at the bedside. Still, I notice that some of my mentees feel they need to draft and revise their writing with the same alacrity and efficiency that their medical work demands. Slow down, I tell them. Take your time.

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Further reading

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