

QUERY



The exodus of two physicians from our small community has had many effects. The first is communal hysteria: a host of citizens are afraid that the rest of their doctors will leave, and I'm regularly asked if I'm going to go, too. Some ask out of friendly concern; others make me feel I'm undergoing a late-night, under-the-lights interrogation, and that I should beat my breast and pledge allegiance to our tiny burg. Other citizens bring cookies, cakes, thank-you cards, cute stationery and coffee mugs as part of a charm offensive meant to make me feel appreciated. I must admit it's working. Perhaps too well.

The loss of those two physicians has meant that our community now has orphan patients. The physicians who remained tried to absorb them, but there were too many, and everyone closed their practices to new patients, lest they be overrun.

Everyone, that is, except me.

For some reason, I feel guilty that members of my community have no family doctor. So I decided to keep taking new patients. As a result, I have a wait list of over a month and I'm seeing up to fifty patients a day.

When I write this out, it seems like a joke. A wait list of over a month? By that time, most conditions will resolve on their own; either that, or the patient ends up in hospital. And fifty patients a day? Even I'm amazed when I look at my combined morning and afternoon lists. I know this can't be good medicine: it means I spend barely five minutes with each

patient. For some, that's hardly enough time to undress. Yet I tell myself that if I didn't work this hard or this quickly, patients would languish with unfilled scripts and untended conditions. But worst of all is that sinking feeling when I ruminate about the very real possibility of missing something important, of one of my quickie flock having a serious problem that I miss or dismiss because of time constraints.

Is some medicine better than no medicine?

The other part of this equation is the toll this workload takes on me. I get little satisfaction in shutting people down, in dealing with only one problem at a time, in hurrying my patients as if they're on an assembly line and I have only so much time to tighten their bolts and screws. In the battle between Educate and Prescribe, prescribe wins every time, being faster; yet I get little satisfaction in writing script after script. And always there is the thought: *I'm behind, I'm behind, I'm behind.*

I've asked my colleagues about what to do, and each has told me that demand will, for the foreseeable future, always be high and that it's too much for a single doctor to tackle; that one should do what one can, within reason, but not feel responsible for a situation for which one is not to blame; that I'm simply seeing too many people, and that by doing so I'm making myself the physician most likely to leave due to burnout or dissatisfaction.

Then they lovingly ask me to cover their call, but that's another story.

— *Dr. Ursus*