

Physicians Interrupting Patients

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We read with interest the article by Singh Ospina and colleagues on issues with clinician interruptions during clinical encounters with patients.¹ We commend the authors' effort in the research, but find their data interpretation self-contradictory. They commented that uninterrupted patients took a median of 6 s to state their concern and early interruption is unlikely to be beneficial at such early stage in the encounter. However, the clinicians interrupted the patient after a median of 11 s. It means at least half of the patients should have already elicited their concerns by then. Despite that, the patients' agenda were elicited in only 36% of these encounters.

We understand that clinician interruptions can be interpreted as rude behavior. However, clinicians being late in their patient appointments can also be interpreted as rude. Some primary care clinics have only 10 min per patient and easily run overtime when clinicians choose not to interrupt.²³ The current study showed visit encounters required a median of 30 min, and significantly more time to elicit patients' agenda.¹

We understand that medical paternalism is strongly discouraged nowadays. We should not simply blame our patients for talking too much. Nevertheless, no clinicians would like to receive negative feedback about their work efficiency and time management when they are simply trying to be good listeners to patients. We believe the main issue in real clinical settings is

the amount of time allocated for each clinical encounter, rather than clinicians' communication skills. But if we allocate more time for each clinical encounter, the wait time would be elongated that can generate even more patient dissatisfaction. One possible solution is to ensure adequate clinical services available for patients, so that clinicians are not pressed for time. Patients should also be gently reminded about their given time in a clinical encounter to help them better prioritize their concerns.⁴ Alternately, if clinicians can charge per minute like lawyers do, perhaps clinicians may have a different approach in their communication.

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Compliance with Ethical Standards:

Conflict of Interest: The authors work as physicians but are not paid for writing the current letter as a physician but are not paid for writing this letter

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