S Afr Gen Pract. 2023;4(4):163-164
https://doi.org/10.36303/SAGP.0117
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S Afr Gen Pract
ISSN 2706-9613 EISSN 2706-9621
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REFLECTIONS

The Test of Time

Chris Ellis

Family Physician, South Africa
Corresponding author, email: *cristobalellis@gmail.com*

***"Time is the wisest of all things that are;
for it brings everything to light"***
Thales of Miletus (624–546 BC)

Chris Ellis

I like to believe that general practitioners are specialists or experts in several areas in the practice of medicine. We are experts in the management of mild-to-moderate asthma, mild-to-moderate eczema, mild-to-moderate depression and a whole range of lifestyle illnesses. We also deal in all forms of anxiety known to man. We are, in addition, experts in timing – when to refer, when to hang on and when to send the patient into the medical marketplace. We come to be authorities in the anticipation of both the causes, costs and consequences of medical care and treatment.

Along with this is the experience in the diagnosis, screening and negotiation of any emerging illness in its first 24 hours and any disease in its first few months. We are observers over short distances as well as long-distance runners.

A partner once mentioned to me that he had watched me "hang my heels" with patients. Apparently I used to wait a while and see how things developed over time before making my move. I thought it more appropriately came under the heading of 'dragging one's feet' although it is now known as "the test of time". In the Jurassic era when I started general practice, there was often the philosophy of 'let's wait a while and see how things turn out'. The natural history of an illness was observed over time as it evolved or reached its crisis and then got better on its own.

I am not allowed to do this anymore, as the patients want to know what is wrong with them straight away and they want to know the test results by yesterday. In half a century the pace of medicine has changed from a walk to a gallop. We now live in an age of "hurried time".

Nevertheless a pause or period of waiting sometimes lets things sort themselves out on their own.

In *The I Ching* (The Book of Changes) written in about the second century BC the authors say "when flowing water meets with obstacles on its path it pauses. It increases in volume and strength, filling up in front of the obstacle and eventually spilling past it. Emulate the example of the water: pause and build up your strength until the obstacle no longer represents a blockage."

It is often surprising how blockages have sorted themselves out after "the weekend test" and there has been an improvement in the condition by Monday morning.

Another argument for waiting a while was put forward by the physician Sir Thomas Moore in 1642 in his treatise *Religio Medici* when he stated "time, 'tis but five days elder than ourselves". His thesis was that time came into existence on the first day of creation whereas man was only made on the sixth day so we have five days grace in order to catch up.

A life situation that lends itself to the passage of time is grief. How long does grief last? This is an unanswerable question in the category of how long is a piece of string. It depends on many factors especially on the personality of the patient and the relationship that existed with the spouse or child or significant other who has died. That said I have observed, over many years and treating bereaved patients, that if one is pressed to give a deterministic answer I would say two years. Grief never goes away but the quality and intensity seems to lessen after two seasons, two Christmases, two birthdays, two autumns. This is, of course, a very broad generalisation. I give the same answer to the question: how long does it take to settle in this place to which we have come ? I tell patients who are emigrating to the United Kingdom, Canada or New Zealand that it takes three winters before they will feel settled.

Perhaps one of the greatest observations in the past and 'waiting to see if things got better' was with backache. In days now long gone we were taught that a back operation was only indicated if there was no improvement after the patient had been admitted to hospital on three occasions for traction lasting two weeks at a time. Can you imagine trying to persuade a patient now or her medical aid that a backache needs three admissions for traction of two weeks duration?

When I first went into general practice in the late 1960s I had not done any obstetric practice so I was only really able to handle normal deliveries, which I had done as a student. One night the very experienced local midwife phoned me to tell me that she had a patient with a delayed obstructed labour in a cottage on the

moor (Exmoor) and would I come to help. To calm myself down I dressed slowly and put on a suit and tie and slowly went out to the garage. I then meticulously checked my home obstetric bag (inherited from my father) with its forceps and Schimmelbusch mask. I then very slowly drove up, with increasing anticipation, onto the moor. I arrived as the baby was being born. My timing was just perfect and I was ready for the post-delivery cup of tea.

Another example of waiting a short while occurred early one morning when I was shaving in the bathroom. The house phone rang. One of the other areas of expertise of the male general practitioner is speaking on the phone with half one's face covered with shaving cream. One has to negotiate the phone onto the un-creamed side.

It was the sister from the ICU. This was in the days when GPs, believe it or not, still looked after patients in ICU. She informed me that my patient with Cor Pulmonale had just died.

I informed her I would phone the relatives to let them know that he had died and went back to my ablutions. I then got dressed and was about to contact the relatives when the phone rang again. It was the nurse from ICU to tell me that the patient was no longer dead but had started to breathe again. The patient was a "blue bloater" and the rising carbon dioxide from his apnoea had stimulated him to start breathing again. If I had immediately contacted the relatives I would have had the task of having to inform them of the second resurrection.

If one makes one's move too early there is also a risk of making a false diagnosis or treatment with what are called the *Great Mimics*. One of these is glandular fever (infectious mononucleosis) which can present slowly with a variety of symptoms that are generic for any infectious illness. Often urged on by the modern patient of the 21st Century the GP may prescribe a form of penicillin and then a rash appears and you don't know whether the patient is allergic to penicillin or if the rash is due to a viral infection. The test of time then reveals a positive blood test for infectious mononucleosis which may only become reactive after two or three weeks.

Obviously in many cases delaying or waiting is not appropriate when there is the possibility of missing early treatment of a serious illness or infection, especially now that we have many more scanning facilities and diagnostic tests available. We also now strive to detect cancer in its early stages especially those in the "silent areas" such as pancreas, lung and kidneys.

These are very fine judgements that general practitioners make daily with undifferentiated illness. We may not want to miss a diagnosis with the consequent possibility of increased morbidity or even litigation. On the other hand early investigations or treatments may be unnecessary and have cost implications. There is also the risk of false positives and negatives and incidentalomas with further investigations, anxiety and possible complications from the investigations themselves (*The Ulysses Syndrome*).

Voltaire putatively said that the art of medicine consisted of amusing the patient while nature cures the disease but then he did not have real-time multiple perfusion whole body scanners.

With the increase in patient expectations and the modern era of zero tolerance it looks like the days of dragging my feet and amusing the patient have timed out.