The Busy Doctor Stereotype

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Today most physicians are faced with increasing demands upon their time. While the number of people seeking medical care continues to spiral upwards, the recruitment of physicians into the primary care fields has not kept pace with this rise. One product of this increase in the number of patients per physician has been the stereotype of the "busy doctor." That is, the physician who appears as if there were always something more urgent than the immediate situation to attend to. The unfortunate results of this type of image have been increasingly apparent. A study conducted by the California Medical Association (1960) found that a majority of adult urban patients were critical of their physicians' attitudes towards them, particularly in a lack of demonstrated human warmth and in the failure to demonstrate "real" concern for their patients' well-being. It is apparent that the "busy doctor" stereotype has hurt the medical profession's image, but more importantly it has created a communications gap between the physician and his patient.

The importance of well developed physician-patient relationships cannot be understated. The patient who feels that his physician is genuinely interested, not only in his physical well-being, but also in him as a person, is more likely to communicate openly and honestly. This patient undoubtedly would also be much more cooperative during treatment. This type of relationship would tend to increase the efficiency and effectiveness of the physician's interactions with his patients. A prime example of this would be in the treatment of psychogenic illness. Moreover, a physician who is in tune with his patient's personality and life situation would be better able to differentiate between psychosomatic symptoms and the often subtle symptoms seen during the early course of physical disease.

The physician would also benefit from improved physician-patient relationships. Ferber (1968) interviewed physicians who had incorporated a concern for their patient's psychological well-being into their practices and found that the actual overall amount of time spent with patients decreased in most cases. Presumably this effect was due to the fact that patients who had an opportunity for a complete, psychologically satisfying office visit made fewer requests for return visits, house calls, and other services. Moreover these physicians clearly indicated that their satisfaction with their practices increased and that emotional strain decreased. As one physician put it, "I'm increasing my patient's comfort and self-awareness, and I'm expanding my own." It is also interesting to note that, in general, the physician's earnings were not affected.

It's time for physicians to cast-off the "busy doctor" stereotype. With the probable benefits that both the physician and patient could reap, the physician must direct the style of his practice and not let the demands of practice determine his style. Clearly, the physician who functions best is the one who sets his own limits and paces his practice in relation to his available time, his emotional tolerance, and the physical and psychological needs of his patients.

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