

Appointments: They give, I take

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“Doctor, I have to consult you regarding my baby around 10 pm, where would you be – at your clinic or residence?” Whether I was being given an appointment or being asked for the one, I am still not clear, but this seemingly innocuous call prompted me to delve a bit deeper into this issue. Why are some practitioners considered always available while the others are able to impose the strict prior appointment system? Appointment for consulting is something that my decorated and established colleagues give to patients, and lesser mortals like myself receive from the patients. Actually speaking, it might be a prerogative of only a few to be able to enforce an appointment system while it could be a compulsion for others to allow anyone in, at any time. I have devoted a quarter of my letter-head space to clinic timings, so as to fill its almost blank face (left blank because of lack of worth mentioning fancy weekend-long super-specialty training, fellowships or reciprocally granted visiting professorships) rather than directing patients when to visit. The pediatricians following the first come first serve system (actually hinting their availability anytime) versus those imposing the strict appointment system may be different with regards to age, experience, qualification, accent, fees, location, or size and decor of the place of practice. Therefore, I would just describe my tryst with the art and science of patient management systems in vogue and leave the analytical part and decision to choose from either of the systems to the readers.

“Doctor, I had gone to Mumbai to consult an endocrinologist about my daughter, for whose appointment I had to wait for three months. Sir was too

good, but since his junior was short of time, he skipped explaining the management plan formulated by sir. I must admit that I didn't have the courage to ask him again too. I get my daughter vaccinated at your clinic only, and I wonder if you would make me understand the advised tests and treatment plan in detail?” After a short breath, she continued – “I am already too tired and wouldn't be able to wait in queue, so I hope you would be kind enough to instruct your receptionist to let me in directly when I come.” First come first serve followers like me, do often make (rather than avoid) exceptions to the queue rule, because of fear of losing a regular client, and hence my acceptance was implied. When she came, it took me barely 2 minutes to go through and understand the management plan on front of prescription but 30 minutes to recover from the shock after reading the ink stamp pasted on the reverse of prescription which stated: No appointments are available for next three months; it is therefore in your own interest to change your doctor. Out there someone is obliging patients with appointment after 3 months wait and discouraging revisit and here, a pitiable one is being ‘humbly forced’ to maintain his one client, at the cost of facing wrath of a few others waiting in the small queue.

Whether the stamp means what it pretends to, could be anyone's guess, but it reminds me of an interesting telephonic chat between the seasoned receptionist of my friend pediatrician and a father wishing to get the newborn vaccinated. Having been told to portray before new clients as if he was too busy and getting to consult him was a herculean task, she offered him an appointment

after a week. “Madam, the due date for vaccination is tomorrow. Please try to fit in somewhere earlier.” “Sorry Sir, can’t squeeze anywhere earlier than five days’, was her smart reply. “Madam, please understand, it will delay the vaccination too much, but please adjust some more.” ‘Sorry sir,’ she said firmly, ‘not possible before five days. You see, the schedule is too tight, and no earlier appointment is available’. “OK, madam, I then shall have to try some other pediatrician.” Just before the phone would have been disconnected from the other side, sensing the emergency (of the doctor!), this wise lady made the award-winning statement – ‘Sir, you are too lucky! I just got a cancellation message from a patient, can you come in an hour’s time today itself?’

To take things further, it was another slightly busy clinic day for me when I heard some heated exchanges appearing to be coming from the patient waiting area. I could make out that one mother, who apparently had just arrived and was trying to sneak into my chamber out of turn, while others waiting for their turn for quite some time were not allowing her to do so. I had all the reasons to feel important and grandiose. Barely able to control my happiness, I stepped out as if to dictate who shall win. “Look, doctor, I have been able to get an appointment for my son with the pedodontist after ten days of wait, and I have to reach there by 6 pm. It is already 5, and these people are not letting me inside your chamber to get treatment for his running nose. If I don’t reach there before time, his secretary won’t allow meeting him today, and I would have to wait for ten more days. Kindly ask these people to let me consult first.” I could barely speak

but could feel the delusion of grandeur giving way to the delusion of persecution, that persists till date.

The first come first serve system following simpleton pediatricians (myself being the prototype) are the ones who are either mocked as the busiest person on the planet or poor time managers. After having their dinners, parents often realize that now should be the best time to catch the doctor without having to wait even for a minute. After all, the doctor would also have finished clinic by then, and they would find direct entry before he downs the shutter. A telephonic call is enough to make the doctor wait for the patient, believing or trying to believe that the caller actually started quite early but was unable to make it to clinic in time because of bad traffic jam, and it is his duty to wait for some more time. Reaching home late, missing weddings and dinner time CMEs are therefore a rule rather than the exception, and nobody suspects the first come first serve or a loose appointment system as the root cause rather than the extremely busy practice.

It is only 7 pm, and while I am writing this piece, I can hear my receptionist explaining the walk-in patient (who has found no one in waiting area) that there is no patient as the doctor is busy writing on some important policy and practice guidelines for doctors. She is further explaining to him that no appointments have been given today so that the doctor could concentrate on writing work. After a period of silence followed by footsteps’ sound denoting someone going out of the clinic, I can again hear her calling the patient back from the door: Doctor has just finished writing, you can come and consult him now!