Going slow

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I have been thinking about time. I've also been considering the need for instant gratification we all seem to have these days. How many times have I heard patients say "Well I just thought it would get better, but it hasn't – so now I need to do something before I go on holiday. Tomorrow". And having put up with my own stiff shoulder and a painful foot for far too long, I've been mastering my own tendency for neglect, countered eventually by a desire to 'sort' things out quickly.

My shoulder problem was eventually 'sorted out' – but only after I committed to getting some physiotherapy and doing the exercises. And it took a good few months. The ever hopeful one-off steroid injection I had had before the physical approach made no difference. My body responded to the slow steady pace of gentle regular exercise, not the quick fix. Ditto my foot – which I diagnosed as tendinitis brought on after driving a hire car for a week. I ignored the pain, developed an awkward gait and was at risk of putting my knee out, before I took myself in hand and eventually committed to applying a daily anti-inflammatory. It wasn't a quick fix, but I persisted for 2 weeks and it's all back to normal now. It was a slow gradual process.

So I'm struck by how important it is to offer realistic time scales to patients. The slow but gentle impact of antidepressants, the need to persist with steroid sprays and drops to help sinus congestion. Even the slow but gentle impact of counselling and therapy. As with all pain, we have a desire to make it go away, but sometimes being told that it will go away but it will take time, is just as important as offering the prescription or the referral. Recovery doesn't match the speed of the digital revolution. I've come to realise that managing expectations about time is probably more important than anything else.

I attended a multidisciplinary meeting recently with community nurses and social workers. I was struck by the

number of elderly patients we talked about, most of whom had some degree of cognitive impairment, and were isolated, but had somehow managed to keep going at home on their own before suddenly floundering and needing to be scooped up. They were mostly patients we are aware of in our peripheral vision, but who suddenly came to the attention of health and social services in a crisis. It's a sign of our chaotic under-resourced times that we're no longer keeping a watchful eye, offering prevention, but reacting to the inevitable car crash we can see heading slowly our way. We seem only able to fire-fight.

We discussed an elderly man with no memory who had been started on insulin by a specialist who didn't know him. The patient had walked into my consulting room confused and dizzy because, as it turned out, he could not recall how much insulin to inject or when to administer it. He was tipped into hospital because nothing could be done swiftly or safely for him in the community. He was tipped out again 24 hours later, none the wiser, and certainly no safer. As we talked I had a sense that many similar admissions could be prevented if we had the luxury of properly resourced time to see the bigger picture, to take stock and to take action earlier, in a more considered way.

And just as it is with the individuals we're trying to look after, so it is with our National Health Service. How did we watch the present crisis approaching in slow motion and not prepare for our ageing population and work out how to resource our health service in time? I call it neglect. And it's led to a mess that will take time to sort out.

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