



All my possessions for a moment of time

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We must use time as a tool, not as a crutch.
John F. Kennedy

Most issues of *Canadian Family Physician* feature a theme, with a number of related articles appearing in both the clinical and research sections of the journal. That the editorial staff are able to organize each issue by theme is a happy coincidence, rather than something planned. We think that readers of the journal like it that way. So when no overarching theme can easily be identified, such as in this month's issue of the journal, like tenacious diagnosticians we go looking for one.

Time, or the lack thereof, is a theme that dominates family physicians' lives everywhere.¹ The October issue of *Canadian Family Physician* features 2 interesting research studies about 2 different facets of time in a family practitioner's clinical life. What family physicians haven't found themselves giving a patient with possible bacterial tonsillitis or an uncomplicated urinary tract infection a postdated antibiotic prescription on a Friday afternoon with instructions to take the medicine only if symptoms persist through the weekend? What family physicians haven't found themselves wondering whether the patient filled the prescription when the negative throat or urine culture results come back on the Monday? Patients who go ahead and fill prescriptions and whose culture results are negative are not only exposing themselves to potential complications of unnecessary antibiotic use, but are also inadvertently contributing to the problem of antibiotic resistance in the community.

The first study (page 1032), by Graham Worrall and his colleagues, is grounded in the real-world practice of a small rural community in Newfoundland.² They examined whether postdating delayed antibiotic prescriptions by 48 hours results in a further decrease in inappropriate antibiotic use when compared with usual delayed prescriptions (ie, prescriptions dated the same day with instructions for delayed use if symptoms persist). They found, in keeping with previous work, that the use of delayed prescriptions results in a large drop in antibiotic use in adults with acute respiratory infection. Postdating the prescription adds no additional benefit.

Long wait times occur throughout the Canadian health care system, and timely access to family physicians is becoming an increasingly important problem.

In many communities long delays to see family physicians force patients to seek help in emergency departments. The second study (page e361), by John Hudec and colleagues, conducted in family practices in Cape Breton, NS, revealed that moving from traditional appointment booking to advanced access (ie, same-day appointments) booking resulted in many benefits, including reduced patient backlogs, fewer no-show appointments, improved patient satisfaction, stable office income, and improved satisfaction for office staff, practice nurses, and physicians themselves.³

Many times in our busy clinical lives, family physicians use time as a crutch to justify shortcomings in our practices. These 2 studies clearly show that time can be an efficient tool—working, for example, to substantially reduce unnecessary antibiotic prescribing as well as to maximize access to family doctors' offices—to the greater satisfaction of all involved. And further opportunities abound. Another research article this month (page e375), for example, takes steps toward relieving time pressures in primary care by beginning to define the role and unique competencies of the family practice registered nurse.⁴

There is much more of interest in this issue, including a hard-hitting debate over whether medical journals should rely on pharmaceutical company advertising (page 978)^{5,6} and practical articles on cross-cultural prenatal genetic counseling (page 993),⁷ fish consumption in pregnancy (page 1001),⁸ and anaphylaxis (page 1009).⁹ So take some time to have a look. 🌟

Competing interests

None declared

References

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Cet article se trouve aussi en français à la page 975.