


Short Examination Times and Potential Risks in Psychiatric Clinics: Example of Türkiye

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ABSTRACT

Dear Editor, the reason I am writing this letter is to address the risks that may arise for psychiatry regarding the short examination times in our country. Recently, the increase in the number of applications in psychiatry outpatient clinics and the decrease in the number of physicians have led to the pressure to examine many patients in a short time. First of all, psychiatrists have great difficulty making diagnoses due to this short time. In terms of patients who cannot receive adequate and effective treatment, the short examination period first harms the patients. Secondly, it may cause psychiatrists to make many wrong legal decisions. As a result, it is extremely important for the relevant authorities to review the examine periods in consultation with professional organizations due to possible risks.

Keywords: Psychiatric patient examination time, misdiagnosis, malpractice

Dear Editor, the reason I am writing this letter is to address the risks that may arise for psychiatry regarding the short examination times in our country. Recently, the increase in the number of applications in psychiatry outpatient clinics and the decrease in the number of physicians have led to the pressure to examine many patients in a short time. In literature, the general physical examination time for the patient has been recommended as 20 minutes (1). In correlation with the shortening of this time, it has been reported that the physician concerned is more likely to face malpractice lawsuits in the future (2). The ideal examination time for psychiatric patients is much longer than this. Although the initial psychiatric evaluation varies from patient to patient, it is known that it usually takes between 45 and 90 minutes (3). Currently, in public hospitals, the system gives an appointment every 10 minutes on average. When we include patients who are accepted without an appointment to avoid disruption of their treatment, the examination time per psychiatric patient is sometimes 5 minutes. The current situation brings many problems together. First of all,

psychiatrists have great difficulty making diagnoses due to this short time. While in complex cases it is necessary to deepen the history and ask open-ended questions, in order to avoid legal and conscientious responsibility, the first questions asked by the psychiatrist are closed-ended questions such as "Do you have suicidal thoughts? Do you have thoughts of harming someone else?". If the answer to these questions is yes, the physician can only spend time deepening the history of these patients. For this reason, patients who think that they are not listened enough because they are allocated less time leave the treatment before it starts. Or they seek healing by going from physician to physician. This situation also leads to a waste of public resources. In terms of patients who cannot receive adequate and effective treatment, the short examination period first harms the patients. Secondly, it may cause psychiatrists to make many wrong legal decisions. For example, physicians assigned as psychiatric experts are obliged to give an urgent answer about the file that the authorized persons in the courts have worked on for about a year. Due to overcrowding in hospitals, the time

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allocated to forensic cases is short because the physician who deals with forensic cases in hospitals is also obliged to perform disability/disability health boards, probation outpatient clinics, and sometimes examinations without an appointment. It can be stated that the short duration of the interviews may also create a deficiency in scientific terms. Structured interviews are important in terms of providing data for epidemiological studies and multicentre studies (4). The necessity to complete the interviews in a short time may cause incomplete collection of data on individuals. For this reason, epidemiological studies and multicenter clinical research cannot be conducted in our country, thus causing a scientific loss.

In other countries, the examination time allocated per patient is longer than in Turkey. In a survey conducted in the USA, it was reported that doctors spend an average of 20 minutes per patient and see 20 patients a day (5). In Australia, the average time allotted for a first psychiatric interview is 45 minutes (6). As a solution, I recommend that, the number of doctors should be increased and the workload should be reduced. For this purpose, first of all, encouraging initiatives should be initiated to reverse the brain drain that has increased significantly in recent times.

As a result, due to the possible risks of short examination times, the relevant authorities should review the examination times in consultation with professional organizations.

Best Regards

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