

## Short Communication

# Spinner Mania: A Welcomed Challenge or Imposed Nuisance

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Received: April 04, 2018; Accepted: April 17, 2018;

Published: April 24, 2018

## Abstract

The current era of an abundance of gadgets and use of electronic media overwhelm the individual and lead to distraction and fragmentation of one's attention. Both patients and their physician's should remain cognizant of the deleterious impact of such devices on the intimacy of the doctor-patient encounter. This essay presents an incident demonstrating a clash between patient autonomy or convenience and the physician's agenda triggered by the renowned fidget spinner.

The repercussions of unnecessary interference can be prevented if all members of the interaction make extra efforts to safeguard the unperturbed sanctity of the precious moments of the consultation. Keywords: Distraction; Interference; Doctor-patient encounter; Fidget spinner

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I was never an enthusiast of fads, and at first confrontation with the symmetrical immaculately balanced rotating gadget I was flabbergasted. Hey! Déjà vu, this reminds me of the old yoyos of the sixties that we used to spend hours practicing mastering the intricacies of tricks and maneuvers. When my kids first demonstrated all of the fidget spinner's attributes, its ingenious design, and the physics of its deceptively simple-appearing motion, I was difficult to convince. After the first tap you become completely passive. That's it. Oh well, one of my schoolteacher's famous sayings was always "small things amuse small minds" I muse. At least the job will divert my thoughts to more constructive mental exercises.

On my way to work I ponder over the plummeting level I perceive of interpersonal interaction and the alienation brought about by technology of the modern generation. The human is today overwhelmed by pumping marketing drives with irresistible media pressures; this is what models 'new' society.

The day at the clinic began with a line of routine visits until then, it happened! The dreaded moment arrived. The mother entered the clinic and sat her child on the chair right next to her. We are calmly discussing the aspects of whether junior may be suffering from an organic disorder at the root of his longstanding complaints of abdominal pain and on and on he goes with this annoying disturbance. Spinning and spinning, repeatedly. The noise, the monotony, the futility and tedium is just about to tip my patience. I gradually sense rising contempt to this. If the mother fails to exercise authority and discipline at this juncture, why should I care? What caught me in surprise was the failure to comprehend, how it is, that an experienced clinician as myself, after so many years of tolerance towards all kinds and sorts of behaviors I am about to surrender to a popularized gadget. After all, what's the alternative? The altruistic personality that I've learned to identify with and in time, fully adopt, has led me to complacently with stand odours, moods, any sort of dress, or the lack of, accusations, requests, demands and even commands all in good form. I have never regretted my career choice since the vigor, renewal,

fulfillment and satisfaction I derive from each day at the job, has no second. However, I've eventually accepted the brunt of impossible timetables and salary cuts, bureaucracy and even conformation to the despicable 'quality measures'. Will I surrender to this little kid's behavior and have it ruin this whole empire of unconditional devotion and lifestyle of unlimited subservience? I try to recall, has it actually been established that this device genuinely increases concentration or is this premise just another of numerous misleading facts manufacturers brainwash us with in order to increase sales?

I try to complete the history and initiate verbal communication with the 7- year-old boy, but he is too engrossed in his activity. Isn't it pertinent during counseling to maintain an atmosphere whereby the therapist remains cool, calm and collected and retains at least passion if not overt affection towards the help seeker? Who should be the one to dictate the terms of the interaction at the office, myself or the subject requesting my service? Should I simply dismiss thoughts aroused by this unintended intimidation or should this issue cultivate deliberation? I am not sure there is a definite answer to these questions.

Alas! The child parts from his toy as I initiate the physical examination. (Perhaps I should have thought of this earlier on). How soothing are the rhythmic heart sounds and amplified borborygmi detected while auscultating peristalsis. Redemption from my inner conflicts was the sweetest experience.

We now live in era of distracted driving, distracted walking and even distracted conversation. Once upon a time, at the job, the only interference of the rapport we were accustomed to be the rare intruder at the door, or the occasional receptionist in distress, the nurse's urgent question, or the patients' knocking contemplating whether their appointment had arrived unnoticed. The interruptions we condoned were either by the message from the laboratory delivering the deviant test result or by the telephone call from the long sought consultant. Then, the computer entered our lives with jumping banners and rubrics vital to fill. The last of all crimes, the smartphones entered with incessant calls, messages and notices from individual parties or

groups, all so important. Now on the brink of dissemination of digital eyeglasses that may once become ubiquitous, who is to safeguard the sanctity of the intimate doctor-patient encounter?

That little spinner may just be the last straw. Nevertheless, the adage: "There are no breakdowns, these are opportunities for creativity" applies here perfectly. Thus, any fresh conflict, even if slight and confined solely to the emotional domain should be adequately resolved until equilibrium is accomplished. Tempting the patient through story- telling, humor and complaint related pre-prepared multimedia of my own, may achieve focused attention to our needs. Allocating resources to engage youngsters as an active part of the visit will reduce behaviors that may seem disturbing and mitigate their

feelings of detachment. I reconcile that the onus is on me to assure that the prevailing atmosphere throughout the visit comfortably suits all members of the consultation. The human chameleon behavior pattern we have assumed throughout our vocational lives as family doctors is precisely what can contribute to cope with this novel challenge.

As we observe the speeded dynamics of communication and it's barriers within the human race, frontiers that lie ahead will yet challenge physicians' wit and stamina. I feel that everything possible should be done in order to adapt and introduce changes to provide optimal care while guaranteeing that the sacred consultation remains discrete and unperturbed.