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Wait for gastro consults vexing when cancer a concern

By David Hodges

BANFF, ALTA. | One-third of Canadians with digestive problems are not satisfied with their wait time for gastroenterology consultation, a survey presented at the Canadian Digestive Disease Week meeting suggests.

Moreover, many of these patients report they are experiencing significant impairment in their quality of life (QOL) while waiting to see a gastroenterologist.

"It's quite concerning because some of those patients will have cancer, (but) they're sitting around for two to three months," said Dr. William Patterson, president-elect of the Canadian Association of Gastroenterologists (CAG). "Even if they don't have anything serious, they're scared as hell that they do. It's interfering in their life."

Also, he said, patient-reported wait times for consultation vary widely across the country.

As part of the CAG's Human Resource initiative, a questionnaire was developed to survey patients concerning wait time for initial gastroenterology consultation and its impact. More than 900 subjects referred to gastroenterologists answered the 16-item survey, which assessed self-reported wait time, maximal acceptable wait time and QOL. Among the patients who took part in the nation-wide survey, which included six cities across Canada (Victoria, Edmonton, Kingston, Ont., Montreal, Quebec City and Halifax), 59% were female, 26% were francophone and 88% came from urban areas.

Responses to the questionnaire showed that self-reported wait times varied widely:

- 26.8% reported waiting less than two weeks;
- 52.4% less than one month;
- 77.1% less than three months;
- 12.5% more than six months; and
- 3.6% more than one year.

According to the survey, one-third of these patients felt their wait time was "too long," while 10% rated their wait time as "far too long." Virtually all survey

participants (96.4%) felt maximum wait times should be less than three months, and 78.9% and 40.3% of respondents felt it should be less than one month and two weeks, respectively.

The fact that about one-quarter of patients reported waiting more than three months for a consultation, Dr. Patterson said, shows that "obviously, we're not doing our jobs very well."

Absenteeism

In terms of QOL, 22.6% of respondents reported missing at least one day of work or school because of their symptoms in the month before the appointment, while 9% reported missing five or more days in the preceding month.

Furthermore, 20.2% reported being very worried about having a serious disease (i.e., scored six or more on a seven-point Likert scale—"a fairly high degree of worry or concern," Dr. Patterson said), and 17.6% and 14.8%, respectively, reported that their symptoms caused major impairment of social functioning and activities of daily living.

"So these patients are having fairly incapacitating symptoms while they're waiting for us to see them," Dr. Patterson said.

There were also marked variations in responses between the six sites. For instance, the proportion of patients seen in less than two weeks varied from 41.4% to 5.4%, and the proportion waiting more than six months varied from 0.7% to 29.2%.

This finding, Dr. Patterson said, partly relates to variations in reasons for referral, which suggests that some sites (like Halifax) are weighting their practice to deal primarily with more urgent cases.

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