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VIEWPOINT

The Desirability of Zero Tolerance for Procrastination

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In a recent speech to the European Central Bank, Ben Bernanke, former chairman of the United States Federal Reserve Bank, described how recent political events had cast a bright light 'on disturbing economic and social trends in the US.'

'Unfortunately, policymakers in recent decades have been slow to address or even to recognize these trends, an error of omission that has helped fuel the voters' backlash. If the populist urge we are seeing today has an upside, it is to focus attention on both the moral necessity and practical benefits of helping people cope with the economic disruptions that accompany growth.' [1]

What Bernanke is describing is a mixture of deliberate indifference and procrastination.

I choose the desirability of zero tolerance for procrastination as my topic because I have seen so many opportunities lost in health and medicine because of delays in taking action. Procrastination ranks alongside shortage of cash as an explanation of things not being done. It is, quintessentially, bad management.

Procrastination has been described as the avoidance of doing a task that needs to be accomplished. Instead of discussing an impending financial crisis, the board of a corporation discusses parking arrangements for its members.

The word starts with *pro* meaning forward and ends with *crastinate* that comes from the Latin for 'tomorrow' – pushing things forward from today into tomorrow. The word dates from 1540, coincidentally around the time of the invention of the wristwatch. Any word enduring since the sixteenth century must have preserved its usefulness, otherwise it would have disappeared.

Procrastination is the subject of jokes:

- 'One of these days I'm going to get help for my procrastination problem.'
- 'I like work. It fascinates me. I can sit and look at it for hours.'
- 'The worst form of procrastination is reading a procrastination quote, feeling the guilt and not doing anything about it.'
- Or this superb quote from Homer Simpson: 'If something's hard to do, then what's the point?'

That procrastination is, indeed, a problem is reflected in the shelves of self-help books, supportive psychotherapy, invitations to join Procrastinators Anonymous and gurus who will free you of its grip – fee-for-service. You pay today, they free you tomorrow – perhaps. Even saints suffer from procrastination or from a variant. Saint Paul writes, in his letter to Roman Christians, 'the good that I would I do not: but the evil which I would not, that I do.' Paul is identifying a deeper problem than that found in the common-or-garden variety of procrastination, but there are common elements.

Chris Selby Smith was the embodiment of non-procrastination. He had enviable energy and promptly did what obviously needed doing. I knew him slightly between 1980 and 1984, after he became First Assistant Secretary in the Commonwealth Department of Health. He had a reputation that will surprise none of you who knew him – for a rare combination of brilliance, experience, good sense, warmth, humour and energy. My interactions with him over matters of research and research policy were a pleasure.

He would have approved of a recent *BMJ* editorial by John Potter, professor of epidemiology in New Zealand. He wrote about the accumulating evidence that eating red meat is bad for your health.

The research community collectively understands the problem – overconsumption of meat is bad for our health and for the health of our planet; research even provides clear underpinnings for evidence based policy that could limit harm to both, but these underpinnings are not linked to action. As

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with many contemporary problems of resource overuse and misdistribution, we need to decide whether to act now to reduce human meat consumption or wait until the decay of sufficient parts of the global system tip us into much poorer planetary, societal, and human health [2]

The editor of the *British Medical Journal*, Fiona Godlee, recognised the problem and suggested one way forward – readers of the journal should change their own behaviours and reduce their consumption of red meat. [3] She based her recommendation on the history of doctors in the United Kingdom reducing their smoking, on the basis of the evidence of its injurious effects, in the mid-1950s. This contributed to the action on tobacco taken eventually in the United Kingdom, the United States, Canada and Australia.

It took a long time! Even now, 2,000,000 Australians smoke. It is unlikely that they do not know the hazards. Many wish to quit. Helpful quit strategies, together with taxation, advertising bans and changing social attitudes have reduced smoking to about 14% of our population. But many put it off.

When I was a respiratory physician, one of my saddest tasks was telling a patient that he (generally) had lung cancer. Procrastination kills.

I do not wish to posit, because procrastination is a health hazard, that the answer lies in rushing into decisions. That is not my intention. Indeed, Amartya Sen, a Nobel Prize-winning economist, who is also a magnificent social philosopher, has observed that one of the biggest traps in developing policy is to skimp on time that should be spent on thought experiments designed to anticipate unintended side effects. We should always ask 'What will spin off from this new policy proposal?' Fools rush in.

I spent 1968 working in a small mission hospital in the western highlands of PNG – at Baiyer River. I was a 'can do' man – and there was a lot to do. After six weeks, the pharmacist, a local man named Trangipu, presented me with a ten-page order for our three-month supply of pharmaceuticals to come by Cessna 180 from Port Moresby. I flicked through the list, removing several items for which I could see no need, including many litres of chloroxylenol. I had no idea what this was – so put the red pen through it. When Trangipu was checking the delivery, he asked, in some distress, where the Dettol was. You guessed it. Dettol is choloroxylenol. I can't remember how he overcame my error, but he was a phlegmatic, practical man used to dealing with stuff-ups.

Months later, when a chicken-pox epidemic was raging, I noticed that the patients no longer had pink patches from the anti-itch calamine lotion. The patches had turned white, stark against the dark skin of the Enga people. Having run out of calamine lotion, Trangipu had substituted the antidiarrheal medicine, Kaomagma, which seemed to be working just as well.

Not all rash and impetuous decision-making has such innocent endings. Take the decision to pay Medicare rebates for psychologists to work in association with general practitioners. When first suggested, I thought that this made great sense. But neither I, nor anyone else, expected the exodus of psychologists from the public hospitals and community health services – especially rural and regional health services – as they migrated to city general practices.

So, in formulating policy, we need to steer between taking way too long and deferring action because, in Homer Simpson's words, 'it's too hard, so what's the point?' and rushing in, because of a sense of time, urgency, omnipotence or in the case of the Dettol, youthful hubris.

It is by no means easy to accurately identify procrastination, because other things can delay action and they are quite possibly culpable. The registration of medical practitioners is a complex task and, at its best, is a sensitive and thoughtful process. But here again procrastination causes problems, as when action is delayed in resolving what to do with an impaired practitioner. After the failure of the agencies of medical and criminal investigation to tackle complaints about sometimes fatal 'Deep Sleep' therapy at Chelmsford Hospital, a series of articles in the early 1980s in the *Sydney Morning Herald* and television coverage on *60 Minutes* exposed the abuses at the hospital, including 24 deaths from the treatment. That forced the authorities to take action.

Let's consider our obligations as managers, clinicians and citizens in handling procrastination in the healthcare system.

First, there is no harm in self-reflection. 'The unexamined life is not worth living' is a dictum attributed to Socrates at his trial for impiety and corrupting youth, for which he was subsequently sentenced to death, as described in Plato's *Apology*. So, to avoid Socrates's fate, we should check ourselves out, or, at the very least, ask colleagues whether they perceive us as unaware procrastinators. They might, if so, suggest how to get help.

Second, it is worth considering procrastination when, after things have gone wrong, we undertake root-cause analyses. It is easy to be transfixed by technical, structural

and personality factors, as I have seen many times in clinical quality reviews. We readily miss the simple realisation that, if action had been taken ten, twenty or even sixty minutes earlier, the patient would not have died. How and why was there this unacceptable delay?

Third, we need to keep in mind Nobelist Daniel Kahneman's explanation of much mistaken behaviour. [4] We tend to substitute simpler questions for the difficult ones we are trying to answer or solve. Such 'fast thinking' satisfies the urgent need for a response, but is usually wrong, leading us down the wrong path.

Fourth, and this, in my view, is most important in eradicating procrastination – we should, as organised groups of professionals, discuss where, in the contemporary healthcare environment, we appear to have paused, when we should, instead, be up and at it. As John Ralston Saul, a Canadian social philosopher, writes, there is nothing that beats the apparently inefficient process of discussion and debate in achieving progress.

To take one powerful example, our lack of engagement with the sectors which determine the health of our populations can be explained partly by ignorance about what should be done and partly because the task is large and outside our professional comfort zone. We procrastinate and find something less critical to occupy us. But consider this – if you reflected on the life expectancy of the locals as you drove from the Hills District in western Sydney to Mt Druitt, you would appreciate that it decreases by one year for every kilometre. This analogy, developed by Michael Marmot, draws our attention to the importance of the social determinants on health. The World Health Organization speaks of four dimensions of these determinants – economic, political, educational, and cultural – each enough to make us anxious. But Marmot has proposed how we health professionals could contribute evidence-based to help. To cite one example, he writes about progress in Brazil. [5]

Brazil has made spectacular progress in recent years in reducing social inequality and, of course, the associated unfair variations in health status. Enlightened leadership by President Lula brought about the Bolsa Familia conditional cash transfer system. Jonathan Tepperman, managing editor of *Foreign Affairs* has praised this arrangement: 'Bolsa Familia' was revolutionary in that it gave the poor cash. [6] That had been a very controversial idea in Brazil and the international development community for many years, because the assumption was that if you gave the poor money, they would squander it on alcohol, cigarettes and cheap baubles.

'Lula who had grown up poor and was very proud of his heritage thought that was ridiculous and was very attracted to the idea that maybe it would work well if you gave money to the poor directly. And in fact, multiple studies have since borne out that such programs do work very well because it turns out the best people to know what the poor need are the poor.' [6]

The lesson to be learned from Lula is 'if you feel like procrastinating, think laterally'. In that way, an array of solutions might emerge as from nowhere, presenting themselves for trial.

I do not wish to ascribe imaginary words or ideas to our late hero. But from what I know of him, directly and through others, Chris Selby Smith was a man of energy and vision. He was active and not a person to sit back. He did not live to grow old. We need to take our lead from him in promptly applying our best energies to the improvement of the health of the nation. There is not a moment to lose.

Competing Interests

The author declares that he has no competing interests.

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