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Work Hours

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In the waning hours of my last overnight call as a resident in the ICU, I watched one of my patients mount an improbable recovery. As dawn broke, he passed his spontaneous breathing trial, and my shift ended as the medical team prepared to extubate. Whether from a shared look with his wife, my surprise at arriving at that moment, or the emotional disinhibition that accompanies frank exhaustion, I found myself wiping away tears of joy while leaving the hospital. This had never happened before. Now, several years into independent practice, I can't say that it has happened again since—and not for lack of similarly impactful work experiences. Reflecting on the power of this particular moment, I started to wonder why others like it seemed to pass me by.

The ancient Greeks conceptualized time as two separate entities: *chronos*, time as a series of discrete moments and *kairos*, the transcendent quality of a single moment within the oceanic collective of deep time (Tippett, 2017). As healthcare providers, we accompany our patients through the *chronos*,

mutually swept along by this sublime stream that silently propels generations (Tippett, 2017). Along the way, we contribute and bear witness to our patients' best (though inevitably unsuccessful) efforts to combat it. From this vantage, an initial encounter throws in relief the longstanding relationships and formative years of health, illness, joy, and tragedy that have shaped the life of the patient in our examination room. *Kairos* is recognizing the monumental in these moments, then acting accordingly.

Using this lens, we can detect the “little daily miracles” of everyday life and realize their potential in real-time (Woolf, 1981). A *kairos* lens restores gravity to that which has become routine. A *kairos* lens crystallizes individual moments, effecting permanence in what is otherwise fleeting. A *kairos* lens is what has been missing since I sensed its immediacy in the ICU early that morning years ago. Pressured by the flow of *chronos*, I've stopped generating the questions required to unearth the “*kairotic*” from the quotidian within clinical practice: How did this encounter come to pass? Why is this particular patient's path intersecting with my own? Why now?

Faced with an apparent abundance of moments ripe for *kairos* in healthcare, why have they been so difficult to find? The ironic answer is that, as a profession, we simply lack the time. Discovering beauty in the seemingly mundane requires energy, reflection, and a spaciousness that many healthcare providers, already squeezed for every minute of the day, do not possess. Instead of dedi-

cating time to these high-stakes encounters, we spend it on hold with insurance companies, buried in electronic health records, or otherwise rushing to accommodate an ever-increasing volume of patients into our schedules. Creating the space for *kairos* requires reframing our current approach to medical practice on two fronts: the structural and the artistic.

Structurally, replenishing our capacity for *kairos* begins by establishing a healthier relationship with *chronos*. Engaging in a constant race against the clock to complete daily tasks limits our ability to bring full presence and attentiveness to a given encounter. Similarly, when clinical responsibilities overflow beyond the constraints of the traditional workday, fatigue may further dull our perceptiveness to the remarkable currents lying under the surface. If attempting to unleash the power of *kairos*, institutions can start by raising serious inquiries into optimizing provider workloads. What thoughtful measures will we take to leverage technological advances to reclaim lost time? How will we redesign modern medical practice so that practitioners identify *kairos* moments because of healthcare systems and not in spite of them? Bold answers to these questions will be needed to liberate us from *chronos* and allow for the curiosity and communion that often reveal *Kairos* (Block, 2018).

Shared exploration of the medical humanities, in simultaneous pursuit with structural change, serves as an additional avenue to rediscover *kairos* moments. Like works of art, these moments are expansive, preserved in time, and able to singularly

color their audience's worldview. The gifts of reflection, deliberate attention, and community-building promoted by the humanities prepare the way for us to receive these moments when they strike. Study of literature, music, and visual art also offers the chance to travel across time and outside of ourselves. By broadening our focus, these works afford the opportunity to step back into the deep rhythm, the *kairos*, of our lives. They transform time into an ally, treasured for the relationships and experiences it carries, rather than an adversary. They reinfuse creativity and encourage solidarity for humanity's ongoing struggle to band together in the face of an indifferent universe. Embracing this theme, manifested on a daily basis in healthcare, generates greater appreciation for the daily stakes of the human condition and makes us more likely to respond gracefully when *kairos* takes us by surprise.

When I returned to the ICU the following day, I learned that my patient's respiratory status had worsened again shortly after the end of my previous shift. He was not extubated. In fact, time revealed that he would never leave the ICU. In that one *kairos* moment, however, everything was possible—and that is the feeling I remember. I remain hopeful for a time when health systems are designed so that we are better able to find the meaning in these moments. In the meantime, deliberate practice of compassion and social connection through the medical humanities can prime us for when that time comes. That single moment in the ICU imprinted in me a message of hope and sur-

prise that I carry to this day. Reflecting on that experience instills confidence in me about our ability to create space for *kairos* through change and renews my sense of wonder about the good that will come once we do.

References

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