

Exploring the Temporalities of the Patient-Doctor Relationship Throughout the Lifespan Using
an Anthropological Lens

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that my thesis may be made electronically available to the public.

Abstract

This thesis explores the temporalities of patient-doctor relationships. Existing studies of patient-doctor relations have been largely made by non-anthropologists who assess patient-doctor encounters and relations at shorter timespans. How longer timespans matter to these social relations has been analyzed less. This thesis proposes a qualitative approach that uses interviews and diaries by participants to document their experiences with their doctors and the healthcare system in Ontario. Adopting this approach for an exploratory study of 19 participants suggests that age, gender, ethnicity, and educational status affect how patients experience the temporalities of their interactions with medical doctors.

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Thank you to my family for supporting me throughout my graduate studies and over the years at the University of Waterloo. Thanks for providing the assurance and enthusiasm and helping me in finding a way.

The University of Waterloo is situated on the Haldimand Tract, which is land that was promised to the Haudenosaunee of the Six Nations of the Grand River, and is within the territory of the Neutral, Anishinaabe and Haudenosaunee peoples. I study and live on the land that was supposed to be allocated to these assemblies on October 25th, 1784. Recognizing the unjust removal from their land and the inequities in health and experiences with the healthcare system stemming from this, I strive towards seeking the rights of Indigenous peoples to self-governance, practicing their methods of managing health, and the flourishing of their livelihoods.

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Chapter 1

Introduction to Patient-Doctor Relations and Temporality

1.1 Introduction

I aim to do an exploratory study on patient-doctor relations and temporality. I approach this topic broader from an anthropological viewpoint that acknowledges a plurality of relations and temporalities of these relations, from brief encounters to long-lasting familiarity. The literature undertaken to understand patient-doctor relations demonstrates the encounter between the patient and the doctor during the appointment, however, the longer timescales are more unknown. I aim to help fix the literature gap through interviews and by letting participants keep diaries for documenting, and reflecting on, their experiences. My work can provide insight on a personal and biographical scale that aims to be mindful of social and cultural influences. By doing so, I aim to identify how the patient-doctor relationship develops and how the social relations are revealed within its different timescales. I seek to add an anthropological perspective to patient-doctor relations and link anthropology to temporality.

1.2 Author's Background and Initial Exploration into Patient-Doctor Relations

My background in academics is my undergraduate degree in Health Studies. During my program, I learned about the biological aspects and the social determinants that can impact a person's health such as age, income, ethnicity, gender, and others. The research that was studied in my program often involved assessing larger numbers of people so that the results could be more generalized for populations and provide a larger picture of their health. For my master's program, Public Issues Anthropology, I have had the opportunity to analyze more at the

individual person level participants' experiences. This has assisted me in understanding people's stories in greater depth and connecting how other respondents' stories may be similar.

In my initial study of the patient-doctor relationship for my thesis, I explored how trust and care impact the patient-doctor relationship. I noticed how patients can be affected by the care they receive beyond the appointment with the physician. Moreover, I observed how different factors such as race, geographic location, age, and others seemed to impact patients in the long term including their lifetime, before and after the relationship, and in different temporalities. This resulted in my inquiry into how social relations between patients and doctors unfold within different temporalities, how people's social factors impact those relations within the time spans, and how different crises such as the COVID-19 pandemic or the family physician shortage impact the social interactions in the different temporalities. In addition, I also realize how their experiences with and perceptions of their care and treatment by doctors and the healthcare system might have been overlooked or considered less valuable at times. The patients may not always have the opportunity to speak out about healthcare policies that may affect them and formulate the policies as they are people who do not often provide healthcare or enact the legislation. Additionally, with the privatization of the Ontario healthcare system, the possibility of the offloading of its costs by the government to the private sector through the sector offering health services and out-of-pocket payment, and the provincial healthcare insurance decreasing coverage, patients may feel that their perceptions matter less compared to increasing revenue. This understanding has further developed my interest in determining how social relations between patients and doctors happen in different time frames, learning and drawing larger attention to other people's stories happening in the different time frames of their relationships

with their physicians, and assessing how privatization in the healthcare system impact patients in Ontario post COVID-19 pandemic.

1.3 Overview of the Ontario Healthcare System

This section will explore an overview of the Ontario Healthcare System in which the study takes place. Relationships between patients and doctors in Ontario happen within a healthcare system that is publicly funded (Martin et al. 2018, P1718-1735). The organization utilizes a repayment method called fee-for-service model for reimbursing healthcare providers for their services which is undertaken by the government (Ontario 2024). This means that physicians bill the government for every service provided and visit. The Ontario healthcare system also utilizes capitation which the government is moving towards in which doctors are paid a fixed amount per patient, per year despite the frequency of how many times the patient visits them (Ontario 2024). Patients attain coverage for healthcare expenses through the Ontario Health Insurance Program (OHIP) (Ontario 2024).

1.4 Debates about the Provision of the Ontario Healthcare System

There have been debates regarding the operation of the Ontario healthcare system such as whether to remain publicly funded. Reasons for the healthcare system maintaining being public is that people do not have to pay for their healthcare, more equal access to healthcare, a hierarchy of the quality of treatment could occur due to the possible differences in the provision of care, and doctors may turn away patients that do not fit their clientele and others (Martin et al. 2018, P1718-1735). Moreover, arguments for the healthcare system to remain publicly funded are that if there were to be another pandemic, people might be left out of receiving care because they are unable to afford it, they live in more rural areas where there may be less doctors available to treat

them, patients may be refused due to not desiring to contract the disease (Rabeneck et al. 2023, 1-10).

There has been advocacy for healthcare services to remain public. For example, there is an association called the Ontario Health Coalition that is made up of organizations representing patients, unions, medical practitioners, ethnic groups, student organizations, community associations, and other bodies (Ontario Health Coalition 2010). The organization advocates for the Ontario healthcare system to remain public. In May 2023, they conducted a referendum in Ontario to determine whether the general public desired privatizing public hospital services in Ontario with people overwhelmingly voting that they did not (Ontario Health Coalition 2023). In May 2024, the Ontario Health Coalition marched to protest the expansion of the treatment and surgeries offered by for-profit and private medical clinics (CBC 2024). A reason to enact privatization in the healthcare system is that wait times may be cut down more because people can pay to receive faster or more tailored treatment (Bodner et al 2022, 65-80). Another reason is more incentive for doctors to offer higher quality treatment because patients can visit elsewhere if the treatment does not meet their standards (Bodner et al. 2022, 65-80). Attempts to provide health services that are privately covered or out-of-pocket that are already covered by provincial healthcare insurance have been contended in provincial and federal courts in Canada. For example, in British Columbia, a doctor from a private surgical clinic has continued to challenge the only being permitted to not accept private insurance for surgery that is covered by the provincial healthcare system insurance which has been denied in Supreme Court of Canada (Little 2023).

1.5 Canadian Healthcare Systems During the COVID-19 Pandemic

The Canadian healthcare system was able to provide the care that patients required and keep patients safe during the COVID-19 pandemic in some cases. For instance, several medical centres utilized more virtual care such as over-the-phone and Zoom which helped patients to not have to wait at the clinics for longer periods of time to have their appointments (Chan-Nguyen et al. 2022). Moreover, using virtual potentially becoming more exposed to COVID-19 which is a practice that has continued into post-pandemic care. In addition, several clinics had social distancing restrictions (Chan-Nguyen et al. 2022). The virtual care enabled patients to remain at home potentially safer, work or other activities while waiting to meet with the doctor. However, in other cases, the healthcare system had increased difficulty providing care. This was because there was an increased risk of infection due to patients with the illness getting diagnosed or treated. Moreover, there was an increased delay in performing subspecialty care and longer wait times to see doctors due to resources allocated to contending with the pandemic (Rabeneck et al. 2023, 1-10). The pandemic placed further strain on a system already experiencing longer wait times to see doctors and several Canadians being unable to find family doctors they could visit sooner instead of the emergency room (Rabeneck et al. 2023, 1-10). In addition, post-COVID-19 pandemic, there have been experiences where care that is not ideal has occurred. For instance, the deaths in Nova Scotia emergency departments have been at a high for the last six years due to numerous patients visiting for non-emergency problems (Smellie 2024). Many do not have family doctors and possibly wait until the last minute to go to the emergency room due to potentially knowing that they would have to wait for a long time and not be in a hospital bed (Smellie 2024).

1.6 How to Capture the Temporalities of the Patient-Doctor Relationship?

Some questions about the social relations and the care that patients and doctors experience that occur in the temporalities are how to capture those throughout the longer timescales of their relationship? Can we delve into how engaged doctors are with their patients using temporality? Moreover, how does temporality affect the healthcare system in a time of crisis? This is important because good, sustainable healthcare during times of crisis or not is needed. I argue temporality is central to understanding what adequate care is and that temporality in its multiple forms, scales, spans, and rhythms matters for being aware of the patients' perspectives of the patient-doctor relationship and their needs for their health. I argue that analyzing multiple time spans using various methods including interviews and diary writing is imperative. I argue that in endeavouring for reforms in the healthcare system, paying focus to time is significant.

The analysis of the relationship between the patient and doctor is a part of Public Issues Anthropology which involves practicing anthropology in a way that engages the public. This is through carrying out collaborative research and initiatives and being attentive to their interests and concerns. Public Issues Anthropology aims to provide citizens with a voice in circumstances that impact their well-being, such as their physical and societal conditions and their ability to live with fewer limitations (Borosky and Lauri 2019) This can be achieved by describing people's lived experiences with circumstances within society, such as their encounters with doctors and the healthcare system in Ontario (Borosky and Lauri 2019). Public Issues Anthropology can enable determining how people's relationships are shaped by experiences with doctors and the healthcare system. In addition, Public Issues Anthropology may enable determining how to improve the relationship between the patient and the doctor. Issues that affect patients' relationships with their doctors, social factors that affect the patient-doctor relationship and

temporality, how patients and doctors respond in times of crisis, and the functioning of the healthcare system impact their health resulting in issues such as long wait times are issues that impact the public. Those factors are what anthropology can be utilized to assist populations having encounters with doctors and the healthcare system.

1.5 Venues for Publication

I would submit my thesis to *Social Analysis* because the journal focuses on understanding the human experience through social, political, and cultural processes. The fact that my work focuses on patient and doctor interactions throughout the lifespan within an altering healthcare system makes this journal a potential choice to publish in.

Chapter 2

Patient-Doctor Relationships and Temporality

2.1 Introduction

This chapter explores the temporality of the patient-doctor relationship from the shorter time spans to the longer ones. The chapter displays the social interactions among patients and doctors and provides a closer look into the healthcare experiences of the participants over a two-to three-month period. The experiences and the factors unique to the individual participants such as their age, race, previous experience with the healthcare system and COVID-19, and other factors are assessed. This assists in a greater understanding of the participants' lives, their journeys to reach their health objectives, and their current relationships with their doctors. The chapter features the literature review, methods section, analysis, and conclusion to evaluating patient doctor relations and temporality.

2.2 Anthropologizing Patient-Doctor Relations

The section will review the literature regarding social relations between patients, doctors, and other individuals within society, and the different concepts used to explore social interactions. A method for examining patient-doctor relationships is a research technique called conversation analysis. It involves analyzing the conversations and non-verbal gestures such as nodding a head and taking turns speaking between people. Conversation analysis has been applied to observing the interactions between the patient and doctor in spaces such as medical appointments, in the waiting room, and just after the consultation (Teas Gill and Roberts 2013, 575-592). Teas Gill and Roberts (2013, 572-595) assisted me in understanding how the different timeframes in the relationship between patients and doctors unfold. The authors' assessment also

helped me understand how patients and doctors perceive each other's perceptions and opinions about health through analyzing the words and non-verbal gestures they perform.

In Barnes' (2019, 300-315) analysis of using conversation analysis to evaluate the patient-doctor relationship, she discusses how the consultation is crucial to the practice of medicine. It involves the meeting between an unwell person or one who perceives this and a trusted doctor in the close environment of the appointment or sick area. The conversations and happenings in the field of medicine result from the consultation which is relational and social (Barnes 2019, 300-315). Barnes (2019, 300-315) mentions further that interactions in medical practice are significant for patient and healthcare professional relations and clinical interventions. Inadequate contact has implications for the proliferation of appointments and relationships. Barnes (2019, 300-315) demonstrates to me the importance of the consultation time frame for the patient-doctor relationship because it is a space where the patient and doctor can create the meaning of the patient's health by drawing from their cultures including as the patient, doctor, or cultural backgrounds (Aucoin 2017, 395-412). The consultation being a space where the patient and the doctor can construct the meaning of the patient's health can mean that the trust between them could develop within that timeframe. A common trend in examining the relationship between patients and doctors is assessing the impact of trust. For instance, Shapin (1994) argues that trust can determine whether interpersonal relationships can be established or maintained. He points out that trust can assist in achieving or maintaining social order because it is essential for reducing and contending with complexity among individuals in society (Shapin 1994). Shapin demonstrates to me how trust can have an important role in shaping the relationships within society and how trust can change throughout the different timespans within patient-doctor relationships.

Contributing more to the literature on trust, Onora O'Neill has developed an influential philosophical approach to trust. She takes a Kantian approach to analyze it by evaluating people's rights and duties. She states that the basis of rights and justice are duties and that people have equal rights. However, they also have equivalent duties. When people fulfill their duties to each other, trust can develop. Moreover, O'Neill (2004) states that trust involves individuals being vulnerable enough to trust that the other person will do what they expect them to do and the same way around (O'Neill 2004). For instance, patients may trust their doctors to provide them with treatment in the way they would expect. O'Neill (2004) mentions that it can be challenging to determine whether people trust in circumstances where patients cannot opt out of visiting the doctor due to the inability to access other treatment methods. O'Neill has assisted me in realizing how the trust between a patient and a doctor involves the performing of duties by their doctors and trusting that the care that they receive is what they would expect which could result in longer relationships with their doctors.

A trend in the literature in examining the relationship between patients and doctors is evaluating the role of care. Buch (2015, 277-293) describes care as expressing concern and demonstrating action toward others Kleinman (2012) describes care as a moral practice for patients experiencing scarcity that involves duty, togetherness, viewing with empathy, and witnessing in Buch (2015, 277-293). The practice of care causes people to become more active, resulting in humane practice (Buch 2015). Buch (2015, 277-293) and Kleinman (2012) demonstrate to me how the expression of concern and duty influence the provision of care to patients, the relationship between the patient and the doctor, and trust in which O'Neill (2004) discusses how people act towards each other in relationships. In addition, the authors assist my study in learning how the care that the doctor provides, the patient's interactions with their

healthcare system and their health over the patient's lifespan. Mol (2008) mentions various approaches to how carers provide attention to delicate human bodies in Buch (2015, 277-293). Morse et al. (1991, 119-26) discuss what care is in nursing through talking about the five conceptualizations within it and how that the concept of care requires further development to encapsulate the different specialities within it. Moreover, Morse et al. (1991, 119-26) discuss whether caring is unique to nursing and how the motivation for caring varies among nurses. Morse et al. (1991, 119-26) enables me to understand how patients experience care, the ways and situations in which healthcare workers provide it, and some of the time constraints in allocating it.

There have been explorations in the literature regarding how the COVID-19 pandemic impacted the care that patients received. Badone (2021, 389-403) discusses the long-term care system in Ontario since the COVID-19 pandemic and how its flaws impacted healthcare workers' ability to provide care to communicate with and address the needs of the residents living in the system. Badone's (2021, 389-403) article assists me in understanding how caring for patients has changed since the COVID-19 pandemic, the impact on the healthcare system, people who require higher amounts of care.

A trend in the literature in evaluating the relationships between people in society is assessing how in tune the individuals are with each other. A concept that has been applied to assess how people are on the same page with each other is attunement which is the attempt of human and non-human beings to create a common ground or world with each other (Zigon 2014). Attunement between a patient and a doctor occurs in their interactions and is shaped by the length of time that they spend together. It can be seen among a patient and doctor through their similar understandings regarding the goals and the perceptions of the patient's health. The

concept of attunement assists me in realizing how patients and doctors can have similar understandings and the different conditions that enable attunement to increase.

Furthermore, Gell (1998) discusses social relations over people's lifespans. He argues that social relations throughout the lifetime of people are the proper topic of anthropology. This is because the social relations over people's lifetimes reveal how their interactions shape how people are. The interactions between people and the individuals in their lives that they encounter for different reasons, such as being related to them or requiring a service from them, such as for health, can influence how people select others to be part of their lives. For instance, the interactions between a patient and a doctor can determine how a patient selects a doctor in the future. In addition, the interactions or relationships between a patient and a doctor can provide insight into their experiences with communicating with them and dealing with illnesses.

Many accounts in the literature on trust, care and attunement consider their temporal dimension but they do so in limited and selective ways. They often assess how those factors happen in the patient-doctor relationships in the short term. There are limitations to applying conversation analysis as a method to understand patient-doctor relationships. Capturing the social relations in longer timescales outside of consultations within patient-doctor relationships through Conversation Analysis studies is not a simple endeavour. One challenge is that the research only assesses the encounter between the patient and the doctor during the appointment and less of the longer timescales within the relationship. This may cause difficulty in observing how social relations manifest in extended timespans.

Methodologically, this circumstance may raise an interesting query: how to capture the social relations between patients and doctors throughout the longer timescales of the patient-doctor relationship? Another question is how to assess social interactions during times of crisis

such as the COVID-19 pandemic and the changes in the social relations since then? Moreover, how do we capture the voices of individuals who may not always have a say in the policy changes to the healthcare system in Ontario that can impact them? In addition, what is the effect of long-term and institutional factors such as waiting for appointments on the patients' interactions with their doctors?

In this article, I propose a methodology for analyzing the experiences of patients encountering the healthcare system during times of crisis, and the social relations with doctors across longer timespans through the application of an empirical example. Drawing on work from conversation analysis studies and research on trust, care and attunement in society, I develop the idea of diary entries and interviews providing information into how social relations between patients and doctors occur over longer timespans.

2.3 Methods

With the aim of examining the temporal nature of patient-doctor relationships, my study combines interviews and participants' diaries in Southern Ontario post-COVID-19 pandemic between June 2023-July 2024. Interviews for participants' reflection and diaries as an independent record for gaining insights into the temporality of doctor-patient relations.

My study received ethics review clearance which was a protracted process because the matters investigated were sensitive, such as about the patients' medical conditions and experiences with the healthcare system.

Posters were also handed out to potential participants in a local park and public libraries were contacted to install the signs. The posters were published with permission from the buildings the posters were placed in, handed out to potential participants in a local park, and

public libraries were contacted to install the signs. Some avenues to try recruiting were unsuccessful. Thus, I tried to contact a local walk-in, community centre, and a farmer's market to place posters and a booth at the market. Inclusion factors for the respondents included being 18 years of age or older, having a health condition, and the ability to consent to participate in research.

My participants were recruited based on their experiences with the healthcare system in Ontario. The participants ranged from a wide demographic of people. They were individuals who were middle-aged, students, and retired. The participants were from several ethnicities and various family incomes. The participants were compiled through poster recruitment, people contacting me after they found out I was conducting the study, and my radius of individuals around me. The following displays a table of the participants. The completion of the diaries or interviews is denoted by an X.

Table 1, Participants in the Study

Participant	Ethnicity/Race	Age	Gender	Diary	Interview
Roshni	Iranian	28	Female		X
Allan	Korean	21	Male	X	X
Anthony	Korean	20	Male	X	X
Sadie	Indigenous/South Asian/White	19	Female		X, one
Tara	Black Canadian	58	Female	X	X
Jane	Jamaican	79	Female	X	X
Hailey	St. Lucian	24	Female		X

Emma	German	22	Female		X
Jason	Korean	23	Male	X	X
Marian	Black Canadian	56	Female	X	X
Taylor	Chinese	22	Female		X, one
Shawn	Black/ Multiracial	30	Male		X
Adisa	Nigerian	23	Female		X
Jenny	Jamaican	22	Female	X	X
Hannah	Indian	22	Female		X
Anabella	Jamaican/Italian	27	Female		X, one
Daisy	White	23	Female		X
Mark	Jamaican	57	Male	X	X
Maetri	Indian	20	Female	X	X

In the end, my sample consists of 6 male and 13 female participants ages between 19 and 79 years. Most of the participants were born and raised in Canada. Some participants moved to the country for their post-secondary education, one immigrated to Canada later in adulthood, one was born in the country and raised outside and one was born outside of Canada and raised in a province outside of Ontario. Most of the participants held family incomes that were over \$50,000 with two participants having family incomes that were less than \$50,000 and a few participants unsure of their family incomes.

The participants mostly gave two interviews over two-three months and several wrote diaries with multiple entries that contained at least two or three paragraphs. The participants

wrote in a diary in between the two interviews and the experiences that happened since the first interview and before the last interview.

I interviewed participants in person on campus and via Zoom. The interviews were semi-structured and inquired about participants' experiences with the healthcare system in Ontario and their trust in doctors and the system. Appendix 1 includes my interview guide.

Using the interview questions, I probed into the nature of participants' relationships with their healthcare professionals and the participants' perceptions of doctors and the healthcare system. Moreover, the questions helped me to explore how cultural and family influences impact participants' perceptions of doctors and the healthcare system. The questions also inquired about participants' experiences with the changing nature of the Ontario healthcare system with its privatization, participants' perceptions of it and how they feel privatization will impact the experience of obtaining care in the future.

My interviews were transcribed manually and using transcription software Zoom and Grain. The interviews were selected for transcription based on the extent of personal information that was disclosed by the participants such as names of cities, medical conditions mentioned etc. The themes in the interviews and diaries were identified, and NVivo was used to categorize and organize them. All the names in the study are pseudonyms and all information that can be identifiable was removed.

2.3.1 Diary Writings and Interviews

In between the interviews, some of my participants wrote diary entries that contained at least two or three paragraphs each about their experiences with the healthcare system during that time period and their perceptions and experiences in general. The diaries were used in my study

to capture the experiences the participants had and the temporalities that happened within them. The diaries were used to provide updates on the participants' feelings and experiences with their doctors, treatment and duration, and transferring through the healthcare system between the two interviews. The diaries were used to showcase the time between the points when the interviews took place. Examples of diary entries of the participants' experiences are depicted in the following and analyzed later in the thesis.

Sept 23

This is my first entry for my journal. Here I will be recording my thoughts and interactions with healthcare systems. I think when I think about what I value in a healthcare practitioner is someone who seems to be actively listening to my concerns. To me, this means not having to feel like I have to prove myself. An example of this is when I went to my GP to talk about me potentially having ADHD. I wasn't sure what to do, so I thought the natural step was to consult them. After a few questions, they ended up telling me to go to a psychologist. Although I appreciate their suggestion to recommend me to a clinic that they trust, I wish that they had told me there wasn't much they themselves can do. Other than giving me a blood work request form (which I did not do), I felt like the entire time that I had to prove myself.

Sept 24

Something that I thought about in regards to healthcare is when I got my surgery for ACL reconstruction. My surgeon was very clear in explaining the procedure and even afterwards, he listened to my concerns during my multiple follow-up appointments. I appreciated the friendliness that he displayed to me and appreciated his expertise. I do acknowledge however that since he was the colleague of my aunt, there may have been some influence one way or another. Nonetheless, as experiences go, it was definitely something that I appreciated in my difficult road to recovery.

Figure 1 example of a diary entry from Jason, 23, Korean ethnicity

I asked the participants questions in the diaries to gain understanding about how their personal factors and emotions were influenced by their experiences with doctors. The instructions that I gave to my participants were writing journal entries about how ethnicity, age, gender, past experiences with doctors, and COVID-19 impacted their feelings and experiences

with doctors in the present. I also instructed them to discuss about whether they felt fear or had any concerns about their needs being met and how they feel now. A limitation associated with diaries is participants forgetting to write about their experiences. Another restriction is that the diaries involve the participants drawing upon their memories to write about their experiences. This means that the participants' may not be able fully recount their experiences. However, this limitation may help to reveal to me what aspects of their relationship with their doctors were possibly important enough for them to remember or significantly impacted them.

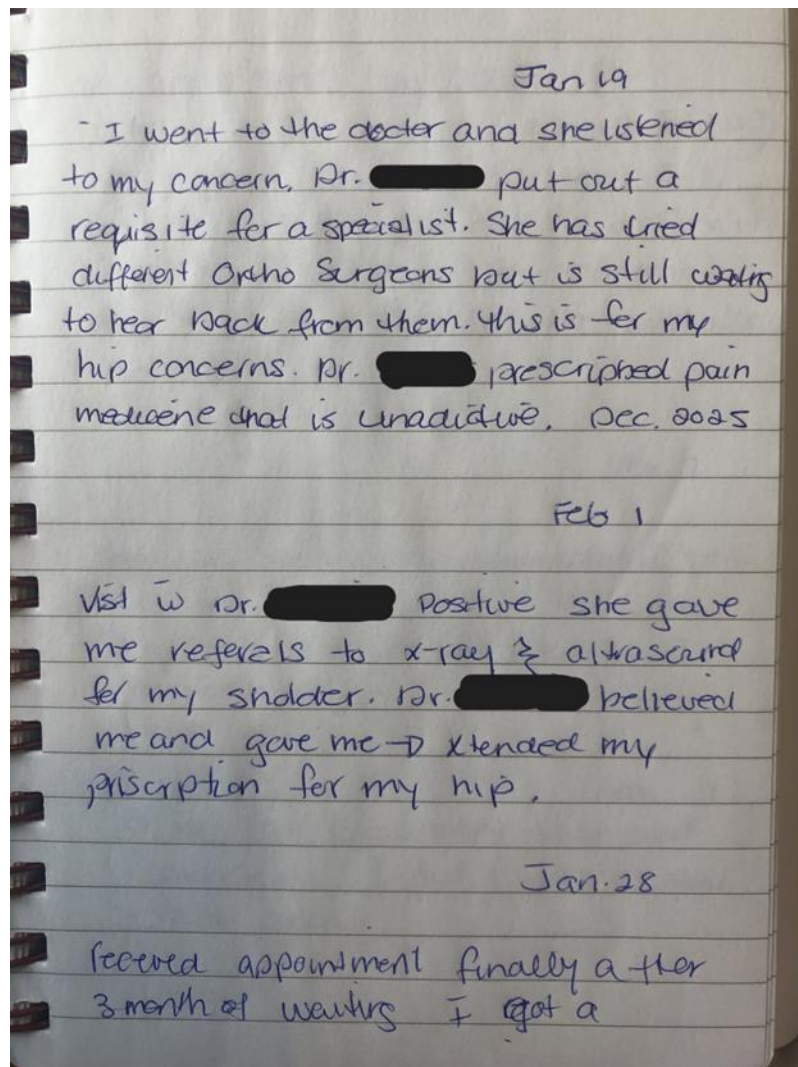


Figure 2 example diary entry from Marian, 56, Black Canadian

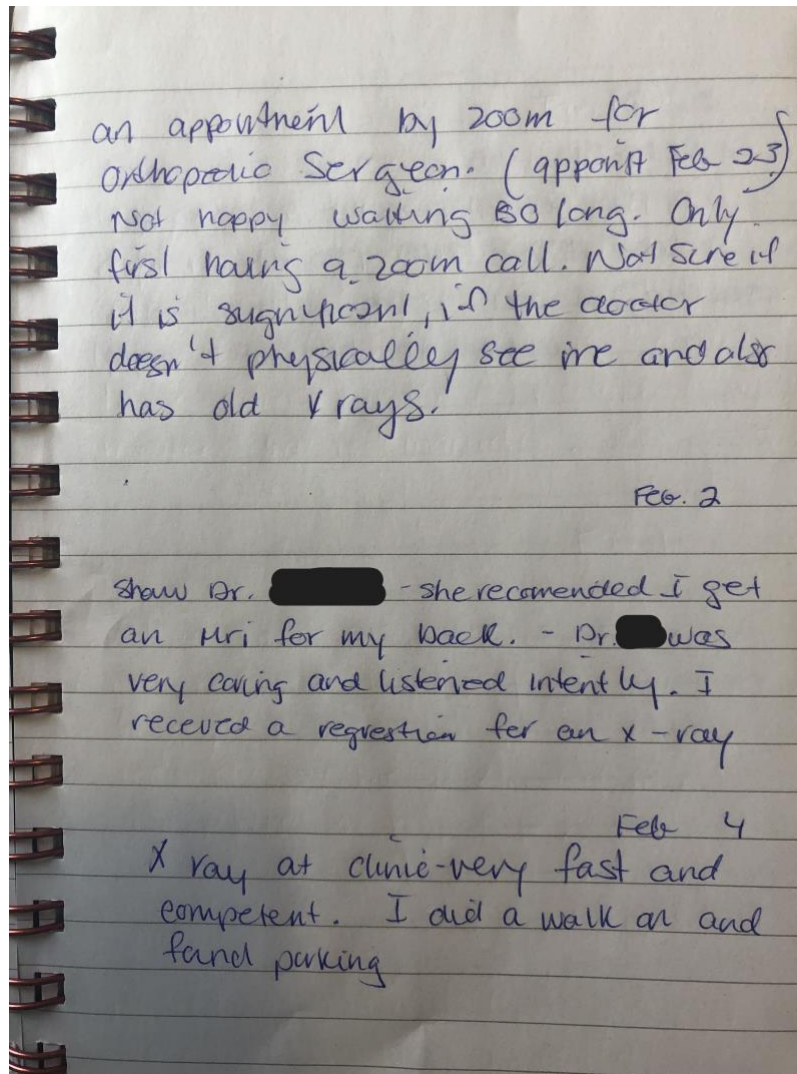


Figure 3 example diary entry from Marian, 56, Black Canadian

I think that the diaries were as useful as I thought they would be because they gave me the chance to see in the participants' own words what their experiences with the doctors looked like. The diaries helped me to sort of see what the day in the life of being a patient was like. They gave me a glimpse into their interests, fears, aspirations, and other perceptions of their treatment and their relationships with their doctors. In addition, the diaries helped me to see a timeline of the participants' relationships with their doctors, their treatment, and how different factors such as age, income, ethnicity, and other factors impacted those.

Furthermore, I was able to dive deeper into participants' relationships with doctors and the experiences that shaped them. I was able to see how they thought their communication with their doctors went, and the timeframes of their treatment and interactions with their doctors. I was able to analyze how people felt during treatment and their eagerness, annoyance, worry, and other feelings towards receiving or waiting to receive treatment and communication with their doctors. In addition, I was able to attain more insight into how ethnicity, age, and other factors affected their communications and the treatment they received.

I did not receive a diary and the two interviews at the beginning and end of the study from every participant because they were busy with work, school, or other commitments. One implication of not having a diary from everyone in the analysis is that I would not hear from every respondent about how their relationship with their doctor happens and the factors that may impact it. Another consequence I may not hear every perspective from the participants about their relationships with their doctors. An impact that not having diaries from everyone had on the conclusion I can draw about temporality in patient-doctor relations is that I would less be able to observe the duration of and the events that occurred in the participants' relationships with their doctors. An implication of not including doctors in my study is that their perspectives about their relationships with patients may not be fully captured due to not interviewing them and not having them write in diaries. Another one is that their experiences with patients might not be revealed from their perspectives. A third implication is that the doctors' own words through the interviews and diaries would not be included in the study.

“Well, just for example, I started visiting her for, it's a year now, and so whatever it needs to be addressed, like the x-rays that she had me done, I would visit, I think I visited her about

maybe one, two, I visit her about four or five times already? And actually I should be back to see her next week. And she, yeah, she explains everything to me and what needs to be done and so forth, and what food, my vitamins and my food she tries to address that also, to check, you know, what I'm eating. And she checked my vitamins and so forth, calciums and so forth, to make sure I'm getting the proper nutrients, supplements.”

Figure 4 example interview excerpt from Jane, 79, Jamaican ethnicity

“Yeah, so I struggle with like really horrendous allergies, dust and grass and plants and cats and dogs and anything that lives, breathes, or exists, pretty much I'm allergic to so in the last couple of years, I've really, really been struggling so I got a referral from my family doctor just like over the phone, I'd say, almost two years ago and then, you know, I had to wait that was a whole process but then, I had to wait eight months to get an initial appointment with the allergist because they're just so busy. And then got the appointment with them, last, April [2023], I want to say.”

Figure 5 example interview excerpt from Emma, 22, German ethnicity

Conducting two interviews with the same person assists me in observing how their relationships, experiences and perceptions may have changed over the two to three-month period between the two time points. In addition, it helps in seeing how the social relations happen within the temporalities and how the relationships look in the different timeframes. In addition, the participants may sometimes mention information that they did not discuss before in the last interview despite the questions for both meetings largely being the same. Examples of interview

entries of the participants' experiences are depicted in the following and analyzed later in the thesis.

2.3.2 Patient Perspective and the Positionality of the Author

The patient perspective is foregrounded in the thesis because the experiences more and the policies are about how to provide medicine and enhance them. The patient does not always have a simple way to directly talk about their experiences and opinions. Having the opportunity to say and write their own words about their experiences can help in amplifying more the perceptions of the patients. The diary and interview method relate to the method of conversation analysis because they capture the thoughts and experiences of the participants and doctors during their encounters. The techniques differ in that the diary writings and interviews capture the patient's experiences after the appointments and multiple time frames between the two interviews and the diary writing happening in between. In addition, the very own words of the participants are captured as well in two different methods as well.

When it comes to my positionality in conducting the study, my identity and social location shaped the research process in that I am a university student. This means that several individuals around me who were recruited or reached out to me to be in the study were people in post-secondary settings. Moreover, in the university setting, there may often be more individuals belonging to the middle to upper- social economic status because enrolling in university requires paying tuition and living expenses. This means that many of the individuals may belong to those demographics. In addition, as a person who is in middle social-economic status, many of the people who were recruited or reached out to me to participate in the study were in at least middle class. In addition, recruiting individuals from universities located in the cities and recruiting people from towns means that there may be more individuals from cities and suburban areas

compared to rural. In addition, as a Black person, I have had experiences with physicians healthcare system and have heard of other people's experiences with striving to have their concerns taken seriously and with impartiality. In addition, as a woman, I have heard experiences from others about their treatment by the healthcare system for resolving their health issues. Because of my identity, some participants might have been interested in the study to talk to me about their experiences with the healthcare system. Since the participants and I may share similar experiences, they may feel that I will discuss their experiences in a way that represents what they told me, and they may feel comfortable to disclose me about theirs.

2.4 How does Temporality Matter?

I have decided to describe a range of settings, from the most immediate interaction to long-term relations that remain poorly explored in the literature. I am interested in the patients' point of views and that, in the following, I portray the range of temporalities that matter to my participants' views of their relations as patients with their doctors. The following sections discuss the use of temporality in the paper, the results of the diaries, and the participant profiles and experiences in the study and why it matters to know about the temporalities of the patient-doctor relationship.

2.4.1 Using Temporality as a Concept

I chose temporality as a concept for studying patient-doctor relationships and care because I feel that analyzing patient-doctor relationships throughout the lifespan can assist in discovery out what the relationships are like. Utilizing temporality gives me the opportunity to comprehend patients more through determining how life events form who they are and impact patients' relationships with doctors. Moreover, the concept helps me to understand how the care

that patients experience from doctors, their attunement or common ground, and the trust from patients towards doctors unfold throughout the patients' lives.

Temporality can be a beneficial concept in studying patient-doctor relationships because it directs us to look at the different events that happen in patients' lives and observe how they influence their relationships with their doctors. Moreover, it can depict to us how the patients' characteristics such as race, gender, income, and age interact together and impact their lives and relationships with their doctors. The concept of temporality can assist in determining how the patient-doctor relationships and access to healthcare can affect the public and what Public Issues Anthropology can help to address this.

Additionally, temporality can be a good concept to study patient-doctor relations because temporality can involve looking at the history of institutional factors such as the Ontario healthcare system to determine how they have changed and how that impacts the relationships between patients and doctors. Moreover, it can reveal how issues with the healthcare system such as privatization and long wait times developed and changed. In addition, temporality can be used to evaluate the patients' past relationships with their doctors including their interactions and experiences to determine how those impact their relationships now. Furthermore, the concept can assist in finding out what future patient-doctor relationships may develop based on current events happening to patients at the institutional level and personal factors.

2.4.2 The Importance of Using Temporality

Temporality is an important measure because all factors are influenced by it. It is the constraints of time, and the liberality of time, that give us the perimeters to make decisions, make observations, develop medicine, diagnose illnesses. It is also a measure of when life can begin

and when life can end. The speed of time can literally mean life or death. The slowness of time can prolong an illness, political stance, racism, sexism, and even the constitution. Temporality is an important factor because it denotes the whole perimeter of what is possible in the medical field. For example, if a woman is in dire need of an operation during COVID-19, that individual will have to have an operation immediately which would push other patients to waiting lists. Therefore, people with COVID might suffer longer, and in the end, might end up with more secondary implications because of waiting or reference naturopathic means which may or may not actually resolve the issue. It might actually result in death. Temporality is a factor that even dominates racism in healthcare. Temporality even supersedes racism because racism in North America has been a gradual process of elimination. Therefore, as an example, if a woman of colour in the 1950s is going to receive different care than a woman in 2024 and beyond because as it stands, women of colour are still seeking equality to this day which is an example of temporality. Boakye et al. (2024) discuss the dismissal and lack of centring of Black women's experiences and beliefs which are continual events in the healthcare system throughout history, these are more recent situations that Black women face.

Temporality is a factor that supersedes the socio-economic class people are affiliated with because the classes have changed throughout history. For instance, centuries ago around the world, many people belonged to feudal societies in which people of lower status often had less ability to advocate for their rights and health, and influence how their government and healthcare functioned which often occurred in places where European colonialism happened (Keshri and Bhaumik 2022, e010603). In addition, they often had to adhere to whatever their healthcare practitioners prescribed that was not always scientifically accurate such as the belief in miasma theory in which illnesses developed from the flow of harmful air from expiring organic matter

(Bencard 2021, 372-380). In recent years in Canada, the socio-economic classes have changed in that people from different statuses have access to the internet to learn about their health, learn more about the science and their health, can select their doctors, and have the power to vote for people in government (Brown, Raza, and Pinto 2020). Therefore, the features for managing health that are available to people from different socio-economic statuses change over time.

Temporality influences being a new immigrant in Canada as well. This is because the experiences that people had in their original countries may impact how they live in the places they immigrate to, their reasons for moving there, and how they live in the newer country. Moreover, the experiences of being a newer immigrant have changed from years ago. For instance, people were expected to assimilate into Canadian culture which was White and European. It was less encouraged to bring aspects of your culture into the public domain such as bringing foods from different ethnicities to school, speaking in languages other than English and French in public, wearing cultural clothing, and other aspects that may denote the culture that people had from their home country (Vang and Chang 2022, 602-631). In addition, assistance in immigrating to Canada was often undertaken by people from the immigrants' culture who settled in Canada before them and different cultural groups rather than receiving assistance from the government. In recent years, people who move to Canada have been more encouraged to uphold and share their traditions and practices in public spaces, some festivals promote the heritages and cultures of immigrants, and the government has greater involvement in helping them move through offering programs to assist them in entering Canada (Vang and Chang 2022, 602-631).

Unlike racism, sexism, religious persecution, and economic factors, temporality affects a larger group of people at one time whereas the examples above affect just those individuals at a specific time. Temporality holds everything. For example, during the COVID-19 pandemic, no

one could leave their home or work, children could not attend school. Temporality is not obvious because, for example, many in the public thought it would take several years to make a vaccine for the COVID-19 pandemic but with the knowledge of healthcare by scientists, it took less than that time (Canadian Institutes for Health Information 2021). They used existing knowledge from other vaccines and illnesses similar to COVID-19 such as SARS to develop the vaccine. Many of the public thought that because traditionally, vaccines used to take years to be developed (Canadian Institutes for Health Information 2021). Therefore, the perception of temporality and time is a huge factor in trust in the doctors.

2.4.3 Participants' Profiles

The following sections will explore the profiles of the participants including the personal factors that impact them such as their age, lifestyle, migratory status, past experiences with the healthcare system and other aspects and how they interact in the participants' relationships with their doctors. The different features of a temporal relationship including value, rhythm, scale, and span will be examined about the participants' experiences with navigating doctors and the healthcare system. In addition, the structural ramifications of the participants' experiences will be explored as well.

2.4.3.1 Jason - Value and the Temporal Relationship

The aspect of a temporal relationship that I will tackle here is value because some aspects that patients may find to be important for the deepening of their relationship with their doctors and more positive experiences with the healthcare system will be examined here. Value is what various assemblies of individuals determine what is significant, and how people and objects demonstrate this (Souleles, Archer, and Sorensen Thaning 2023, 162-168). Moreover, the groups

of people establish what objects and people should be demolished, utilized, esteemed, distributed, and how systems of value interact with each other (Souleles, Archer, and Sorensen Thaning 2023, 162-168). In addition, when it comes to patients and doctors having values they may have similar or different ones and may act according to the ones they find important which might result in potential conflict which is what one participant experienced in his encounter with his doctor.

Jason is a 23-year-old male who has had encounters with the healthcare system. He is a third-generation Korean-Canadian who has a parent who is a healthcare practitioner. He has had less frequent experiences with doctors over his lifespan because he perceives that he has been healthy enough to not have to necessarily visit them except within the last two to three years. In addition, one of his parents is a pharmacist so he can receive advice about health through them. Jason mentions a value he looks for in a healthcare practitioner is listening to him. He discusses in his diary about his experience with seeing his physician last year because he perceived that he potentially might have ADHD which he had been considering for at least a few years. He seemed to appreciate the recommendation that he received to visit a psychology clinic that his doctor trusted, however, he desired that they tell him about the lack that they could do to find solutions for his health concerns. Jason mentioned that he perceived he had to prove to his general practitioner that his concerns were important even though his mother was present at the appointment as well. This means that in this temporality featuring his relationship with his general practitioner, their interactions might have contained less value for him which may point to the possibility that they seemed to reciprocate lower attunement. A possible reason why Jason may have felt that he had to prove himself is his age because he was in his early 20s which might

have meant that his concerns did not need to be taken seriously or they were overreacting compared to an older person.

The broader structural ramifications of Jason's personal factors and the encounter that he had with his primary care practitioner is that the physicians may have a higher position of authority as the person taking care of their health compared to the patient who in younger adulthood with less experience. The patient might rely on the primary practitioner to help them find a helpful or correct diagnosis or treatment for their health issues. Understanding the personal factors affecting the patient such as younger age and listening to their concerns could be important in them not feeling invalidated due to their age and the type of illness that they might present. This may be especially the case if it is a health condition that may be more stigmatized at times, such as mental or learning difficulties like ADHD.

Jason also discusses his experience with meeting his surgeon for his ACL tear reconstruction. In this temporality of visiting the doctor multiple times over the last few years to receive treatment, he mentions how the surgeon was clear in explaining the procedure, how he listened to his concerns in the multiple follow-up appointments and displayed friendliness and expertise. Since the surgeon was a colleague of his aunt, Jason perceived there could have been some influence on his experience with the ACL reconstruction, but he still appreciated the surgeon during his journey to recovery for his ACL. In addition, Jason might have received an earlier appointment for ACL referrals and surgery due to his aunt being able to help set the consultations as a surgeon. In this situation with Jason and his doctor, their values for his health seemed similar because he felt that the physician listened to him and recognized the value of his concerns about his health. They seemed to share the same values throughout the appointments that Jason experienced.

Generally, the participants considered valuable to be listened to and validated for their concerns about their health or the potential treatments. They seem to aspire to have relationships with healthcare professionals who understand what they are going through, but that the participants' capacities to comprehend the health conditions and treatments they are experiencing might be more limited compared to the doctors due to possessing less knowledge about health. The participants may also hope that the experience of going through their treatment and to the doctor may look different to the patients compared to the physicians because it's their lives that are being affected as the ones going through the treatment or going through the healthcare system and sometimes the outcomes of the treatments or going through the healthcare system are unknown or terminal. Public Issues Anthropology is about hearing what patient experiences are like and try to care for patients. Every patient has a different story, health conditions, past experiences with the healthcare system and listening to and understanding their perceptions and how the healthcare system impacts them can help patient voices be amplified more.

2.4.3.2 Marian – Rhythm and the Temporal Relationship

The aspect of a temporal relationship that I will be covering is rhythm. Rhythm is the factor that brings people nearer to the place where the packaging of the conveying of the minimal material required for people to interact happens, or the communicative composition of every cultural structure which is named the apprehensible instant (Iparraguirre 2016, 613-633). The life rhythms that occur within associations of people are transmitted through the daily activities that they perform as a group (Iparraguirre 2016, 613-633). Visiting the physician and the patient-doctor relationships may be a part of the life rhythms that patients have. This is because people's relationships with doctors can often be built around their lives. For example, they may visit the doctor based on their schedules for school and work, where they live, and if they live close to the

doctor. This may often be the case when people visit the doctor when they have health conditions that need less attention, therefore, people can be more flexible in deciding when to attend. Even after if they live nearer and choose a physician, they may decide based on how much the doctors understand them and their lifestyles including with work or school. And in situations where patients may have less choice regarding going to the doctor due to having health conditions that require increased monitoring, the relationship with the doctors may be further intertwined with the life rhythms of the patients. They have to schedule their lives around seeing the doctors more frequently. The temporalities that occur in the patient's lives, their relationships with doctors, and within society can be analyzed through the life rhythms that are developed from the associations that are economic, social, and global which display the regular customs and disposition of the people in the societies (Iparraguirre 2016, 613-633).

This example of a participant whose visits to the doctor are part of her life rhythms and intertwined with her life. Marian is a 56-year-old Black Canadian who has lived in Canada since she was born. Her family has lived in Canada for several generations. She has been to the doctor over her lifespan starting from her experience at five years old of receiving open heart surgery without experiencing any complications. In her adulthood, she went to a family doctor with her husband and children for several years and then began visiting a new doctor when she and her family moved to another town. Marian says that she received attentive care throughout her lifespan and from her current family doctor whom she has been attending since she moved to a new town years ago. She said her doctor listens to her concerns, takes her seriously and writes up health tests that she needs. She and her doctor seemed to be attuned with each other after years of seeing her and her doctor listening to her concerns and the care she receives seems to be sufficient. Marian also mentioned that her children also visit the same doctor and how it was

important for her to find a physician in her new neighbourhood so that they could visit a family doctor close by. She also expressed the importance for her to have a female physician as well to discuss different health issues.

Marian has been seeing her doctor for orthopaedic issues in the last few years. She received a consultation for a surgeon which she attended a few months ago. She mentions her in her diary entries her dissatisfaction with waiting for several months to receive the appointment which happened over Zoom. She also expressed her concern about waiting so long to have the appointments because she was unsure if something could physically happen to her due to waiting for so long. In addition, her orthopaedic surgeon had her older x-rays from months prior when she first received the referral for the doctor. The broader structural ramifications of Marian's experience with her doctors and the healthcare system are that patients still often have to deal with longer wait times when it comes to receiving care. They may often have to just wait until the treatment they receive becomes available for them to have. Resulting from this is dealing with the concerns of getting treatment on time before their health condition becomes worse or unable to be acted upon due to being too late. The waiting to receive treatment might have felt more difficult to deal with during the COVID-19 pandemic. This is because of the possible isolation that people who were waiting to receive treatment during COVID-19 might have experienced. This might have been due to not being able to interact with others or even their doctors in person which could take a toll on patients' mental health.

Another broader structural ramification of Marian's experience with doctors and the healthcare system is that waiting to see the doctor does not always help people live their lives. This is because they may be under so much pain or stress waiting to attend a visit or receive treatment from the doctor. Applying the concept of temporality when examining the patient-

doctor relationship matters because Marian's visits to her doctors seem to correspond with her life stages, therefore being able to access care available at different times of her life when she needs it would be helpful. The practice of Public Issues Anthropology is about recognizing patients' experiences with the healthcare system and trying to seek how to capture them when describing how people managed those experiences. It is also about realizing that the healthcare system is an organization that affects significant numbers of people. Therefore, developing a healthcare system so that it is more beneficial for people who need to use it is accomplished and during times of crisis such as COVID-19, can influence patients falling under the cracks for seeking treatment being decreased.

2.4.3.3 Jane – Scale and the Temporal Relationship

This section will examine scale which is the extent to which something such as business procedures or internet algorithms increases or diminishes the expansion of their practices (Seaver 2021, 509-537). In patient-doctor relationships, one example of scale is increasing the number of patients being seen by doctors. One result of this is fewer people being able to see the doctor due to the magnitude of the patients. Another consequence could be people accessing more care when it is extended to reach people further from areas where it may be easier to attain such as urban places. The following section will explore the following participant's experiences with scale in her relationships with her doctors and the broader impact of scale on relations with people encountering the healthcare system.

Jane is a 79-year-old Jamaican-Canadian who has lived in Canada for several years. She had been seeing the same doctor since she immigrated to Canada and started seeing a new family doctor since her previous one retired about two years ago. Her family visited the same doctor when they first immigrated to Canada, then saw other doctors when they became older but she

still saw the same doctor until the physician retired. Her previous family physician listened to her concerns and displayed care to her. When he retired two years ago, she received a recommendation for her new doctor by her family members. Jane began visiting years ago, and has had positive experiences with her new doctor. She mentions how her new doctor takes her measurements for her vitamins and orders her testing and not rush her appointments. The beneficial interactions with her doctors have occurred, her doctors seem to be attuned to her needs and she expresses trusts them. However, she has shared disappointment about how the Ontario healthcare system has begun to cover less the treatments that older adults may need. For instance, she talks about how before, with optometrist appointments, patients could visit with their concerns more often. They would be assessed by the optometrist and the services would be covered by the provincial healthcare system. However, with the recent changes by the provincial government, older adults can only receive coverage for eye exams every eighteen months (Jones 2023). Moreover, fewer health conditions are now covered by OHIP which means that older adults may have to pay more to be assessed for other concerns (Martin et al. 2018, P1718-1735). In addition, Jane talks about how increasingly at doctors' clinics, people are unable to discuss more than one or a couple of concerns about their health per appointment due to limitations on how many they can discuss. This restriction might be implemented by clinics because doctors can have numerous patients they have to see in a day. Jane feels that this means that people have to return home, suffer and deal with their health conditions until they can see the doctor again. Therefore, measures taken to deter the longer wait times may have more consequences for patients who need to have more time with the doctors. On the narrower scale, Jane may be experiencing care that is more tailored to her needs because her family doctor listens to her needs and not rush. However, on the broader scale, older adults may be experiencing fewer healthcare

services adapted to their needs through a decreased ability to discuss them in one appointment and covered by provincial health insurance. This could increase issues for older adults because many may have several comorbidities including fragility and other health concerns that are present at once. This means that they are a demographic that may need to visit the doctor more times to maintain their health (Stolee et al. 2021, e042911). In addition, the care that patients receive may become less adequate as it becomes more multiplied to keep up with the number of people in the healthcare system. In addition, with the population in Canada aging, this could be a trend that could continue due to more people needing to use the healthcare system (Stolee et al. 2021, e042911). Temporality matters in this situation because the less time patients can spend with their doctors, the less people may be able to explain their health conditions and be on the same page with the doctors. In addition, the less that people can visit the primary care doctor for their needs, the less that people are able not to have to use health services such as emergency if their conditions become more serious due to not being treated earlier. In addition, Public Issues Anthropology explores how policies by the provincial or federal government, or medical clinics are more intended to help improve longer wait times to see healthcare workers may have unintentional consequences such as that patients may not be able to see the doctor for all their conditions and some things may end up being overlooked or seen on time.

2.4.3.4 Emma – Span and the Temporal Relationship

This section discusses time span and its presence in a participant's experiences with the relationships with her doctors and the healthcare system. Emma is a 22-year-old woman who was born and raised in Canada. She has an ethnic background from Germany. Her parents were born in Canada, however, her extended family members were born in Germany. She has spent much time throughout her life utilizing the healthcare system due to experiencing injuries as a

soccer player. She has utilized the healthcare system to try to navigate her allergies. she said that she hadn't really struggling with them and that she received a referral from your family doctor over the phone about two years ago. She then had to wait to receive an initial appointment with the allergy doctor. She discusses receiving immunotherapy shots once a week for six months and then she would be evaluated to see how they are going after by the doctor. She discusses her frustration with waiting to see the allergist, however, she realizes that the doctor is really busy. This demonstrates the span of time from waiting to receive an appointment to finally receiving the initial consultation. The broader structural ramifications of Emma's experience are that patients often have to wait between when they receive the consultation for specialty treatment to when they actually have the appointment for potentially several months or years. There can be large stretches of time between the patient and doctor seeing each other, which can mean that developing their relationships with attunement and trust could be more difficult.

Furthermore, Emma talks about her relationship with her family doctor. She says that she does not trust her 'in the slightest' because she would prescribe or conduct appointments that were more serious compared to the conditions that she actually had. In addition, the doctor did not listen to her concerns about what she needed to be treated. Emma said that her and her family attempt to visit their physician less but finding a new family doctor is more difficult lately.

In addition, she discusses her experiences in encountering challenges in trying to diagnose and treat a condition in women's health. Emma mentions her gynaecologist saying that there was not much that they could do for her. She says that she received the requisition for them through her family doctor, therefore finding another gynaecologist may be more difficult. She said that she wasn't able to find explanations until she found a naturopathic doctor who listened and validated her, and found a solutions that that helped to address her needs. Some broader

ramifications of Emma's experiences with doctors and the healthcare system are that women's health is not always fully understood. When it comes to addressing issues, more knowledge in the field may still need to be developed. There may need to be recognition that there is sometimes a lack of solutions to solve women's health problems. They can have a significant impact on women's lives especially when they are not believed or validated in their concerns for their health. These are issues that can happen to women of colour at an increased rate as well with often dire health outcomes such as death (Boakye et al. 2024).

2.4.3 Temporalities of the Patient-Doctor Relationship

Furthermore, different temporalities happen in the patient-doctor relationship. The first temporality is the wait to receive an appointment to see the doctor which can range between the same day to several months later. The second temporality my paper depicts is the wait to meet a doctor at a medical practice or clinic in which the patient waits possibly for a couple of minutes to several hours to see them. This temporality can be influenced by the number of patients needing to visit a doctor, the doctor's proximity to the patients which may result in them visiting them first, and other factors. The next temporality is the consultation in which the patient and the doctor discuss potentially the patient's health and life and receive treatment. This temporality may occur for two minutes to hours depending on the possible procedures that the patient undergoes and the number of patients that need to be seen by a doctor as well. A sequential temporality is settling the diagnosis which involves the patient and the doctor attempting to determine a diagnosis through the patient undergoing tests, measurements, and other assessments which can take a few days to several weeks or even years to conduct the tests. Moreover, another temporality is the treatment spanning several maladies in which the patient may receive treatment or follow-up appointments for ailments or experience illnesses that can occur over

numerous years. In addition, a temporality that my paper assesses is the lifespan of the patient which involves the patient's encounters with doctors throughout the patient's lifetime.

In addition, my examination of the participants' experiences in my study points to how institutional factors can influence the patient-doctor relationship throughout time. Various timeframes can impact the patients' experiences with the healthcare system. For instance, appointments with family and walk-in doctors in Ontario may be limited to around fifteen minutes or fewer (Adhopia 2019). This is because potentially several patients need to visit a doctor; therefore, the consultations are limited to ensure that as many patients as possible can see them. In addition, family and walk-in doctors receive funding from the provincial government through billing OHIP. The billing is based on per patient and not the time they spend with them, which means seeing more patients may result in more revenue (Adhopia 2019). Therefore, institutional pressures may impact the patients' experiences with healthcare and their navigation of their relationships with their doctors.

2.5 Conclusion

My study is an exploratory one that assesses the temporalities in the patient-doctor relationship. The literature depicts the encounter between the patient and the doctor, however, the longer timescales and the social relations that happen are more unknown. My study helps to solve the gap by incorporating diary entries and interviews by participants to learn about their encounters with their doctors over longer timescales.

In addition, the care that a doctor may provide to a patient is shaped by the time they spend together and its manifestation in different temporalities. Moreover, attunement between a patient and a doctor being shaped by time because it may develop as they expend more time with

each other. The attunement may increase or change in the different timescales. The increase in attunement between the patient and the doctor can result in the care for the patient becoming closer to their needs and the doctor and patient developing similar objectives for the patient's health. This can lead to trust in a doctor from a patient as well. A patient-doctor relationship is always also about time because every relationship between people happens in time.

Recognizing the temporalities of the patient-doctor relationship matters. This is because it reminds doctors of their patients' lives. It reveals to physicians how events in patients' lives and different factors impact their health throughout their lives and short time spans. Recognizing the temporalities matters for the doctors to provide care that addresses patients' needs and considers their experiences that impact their health and relationships with them. Doctors need to recognize the temporalities because the events within them can impact patients' relationships with their doctors, their closeness and the duration of their relationships.

The acknowledgement of the temporalities is important for policymakers because patients may experience long wait times which can result in their health conditions becoming worse due to not being able to see physicians. In addition, when the patients see them, they may not be able to spend a long time with the doctors due to having to meet other patients. This could result in further frustration among patients with doctors and the healthcare system that they may perceive as failing them. In addition, having to meet with significant numbers of patients can result in further burnout for doctors which can further increase the physician shortage in Ontario. The practice of Public Issues Anthropology is about people who have impacts on people's lives such as policymakers have transparency regarding the decisions in healthcare being made and including people affected by them in the decision-making. Being mindful of the patients' lives

can assist in the development of policies because one remembers that several people may need to deal with the consequences of the choices and how they may affect their life rhythms.

The best way to respond to what I learned is to consider how the patient-doctor relationship is affected by wait times and how those affect patients' health. Another way to respond is to consider how patient characteristics such as ethnicity, age, and other factors happen over longer timespans and consider how those may affect patients at different points or over their entire lifespans. Another way to respond is to consider how everyone has different experiences with their doctors and this shows how the standard for a patient-doctor relationship may differ between individuals. Public Issues Anthropology helps with finding out how patients' experiences are like because it can rely more on their perceptions of their experiences and recognizes them as stakeholders. This means people who have a vested interest in having optimal patient-doctor relationships and healthcare systems as those impact patients, and as taxpayers who are investing in the system and hope to fully experience the benefits of having a functioning system.

Examples of measures that could be accomplished that do not require major reform to the Ontario healthcare system are if physicians allow patients to talk about more than one ailment per appointment. Doctors' clinics may restrict the number of concerns that patients can see them for per appointment to see more patients in a day and receive reimbursement for each patient (Collaca 2019). If patients could talk about more issues during their appointments, this may mean fewer follow-up appointments required to discuss health concerns they had less time to talk about that could cause more waiting for appointments and patients in line to see the doctor.

Moreover, some methods that can assist doctors in spending more time with patients within the given structure of the healthcare system. An example utilizing medical scribes to write down some of the medical paperwork (Ontario 2024). This can enable physicians to meet with patients longer since they would have less to complete. Another way that doctors can spend more time with patients is that paperwork that is unnecessary is decreased. In Canada, doctors can take 18.5 million hours on paperwork that is largely mandated by provincial governments in which some are necessary such as for disability services or pharmacy care (Armstrong 2023). However, several are more intricate and extensive than needs to be which can result in more time spent on fulfilling them (Ontario 2024). Reducing and simplifying the paperwork could enable physicians to spend more time with patients. Another way doctors can spend more time with patients is to offer more virtual appointments which can enable patients to wait less to meet the doctor and the doctor not having to attend to as many patients at the clinics. In addition, this can be accomplished for prescription refills appointments for instance because they require as much time to complete and the patient present at the clinic to be examined since they are just obtaining refills (Ontario 2024) However, more fundamental reform could be needed because doctors enabling patients to talk more about their issues may not fully solve the problems of shortage of physicians in Ontario, physician burnout, any shortage of medical equipment such as MRIs, and other issues. One example is opening more medical school seats and increasing the number of internationally educated physicians, several whom are Canadians which may assist with remedying the wait times to see physicians (Flood, Thomas, and McGibbon 2023, 327-332). In addition, developing more doctors' clinics focused on urgent care can assist in helping patients who have needs that do not require visiting the emergency room, which frees up more spaces for patients who need to visit (Flood, Thomas, and McGibbon 2023, 327-332). In addition,

incorporating more after-hours clinics could help to decrease the amount of non-emergency hospital visits (Davie and Kiran 2020, e000777).

Furthermore, temporality is not a continuum, but that there is a set of characteristic meaningful time-spans. Being mindful of the words Gell (1998) mentioned earlier about social relations throughout the lifespans of people being the proper material of anthropology, studying patients' relationships with their doctors can provide a closer look into how their lives work and the experiences that shape them. Methods of treating patients through examining the timescales they and the doctors experience in their relationships could assist in the enhancing of their social interactions. Additionally, determining how to meet patients' needs and spending sufficient time with them could assist in their health needs being addressed, concerns being listened to, and the time constraints that patients and doctors may encounter in different temporalities being more manageable.

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Appendix 1

The following are the interview questions I asked the participants in the initial interview and the final interview. These questions were inquired to gain a sense of the participants' relationships with their doctors in different timescales and various influences and experiences that may have impacted the relationships.

First Interview Questions

Once again, all of these questions are completely voluntary to answer.

1. Could you tell me about your overall experience with your doctor and the healthcare system?
2. How have your experiences in medical services been over the past few years? Can you give an example?
3. How often do you visit the family doctor/specialist?
4. What does your typical doctor's appointment/interaction with your doctor look like?
Does any variation in how the appointments go occur?
5. So, you have been going to this doctor. What do you think about your doctor?
6. How did you come to what you think about your doctor?
7. Have you ever felt understood/misunderstood by your doctor?
8. Have you ever chosen a doctor yourself? How did you go about it?
9. Would you change anything about your choice of doctor or keep the same?
10. Do you find a difference between having a doctor who works by themselves versus having a doctor who works with a group of other doctors, such as in a larger clinic?
11. How does family influence your experiences with doctors?
12. How does culture or community influence your experiences with doctors?
13. What experience with medical services has stood out to you?
14. Post-COVID, has your assessment of doctors changed?
15. Have you heard about the recent referendum on the privatization of public hospital services in Ontario? What do you think about it?
16. Finally, I have some statistical questions that I need to ask everyone in the study.

Additionally, you will be kept anonymous. For example, what year were you born/how old were you on your last birthday?

17. Could you tell me about your educational background?
18. Where were you born? Where were your parents born?
19. What racial or ethnic group do you identify with?
20. What is your gender?
21. Do you feel comfortable telling me if your family income is over or under \$50, 000?
22. Is there anything that you would like for me to know?

Final Interview Questions

Once again, all of these questions are completely voluntary to answer.

1. Could you tell me about your overall experience with your doctor and the healthcare system?
2. How have your experiences in medical services been over the past few years? Can you give an example?
3. How often do you visit the family doctor/specialist?
4. What does your typical doctor's appointment/interaction with your doctor look like? Does any variation in how the appointments go occur?
5. So, you have been going to this doctor. What do you think about your doctor?
6. How did you come to what you think about your doctor?
7. Have you ever felt understood/misunderstood by your doctor?
8. Have you ever chosen a doctor yourself? How did you go about it?
9. Would you change anything about your choice of doctor or keep the same?
10. Do you find a difference between having a doctor who works by themselves versus having a doctor who works with a group of other doctors, such as in a larger clinic?
11. How does family influence your experiences with doctors?
12. How does culture or community influence your experiences with doctors?
13. What experience with medical services has stood out to you?
14. Post-COVID, has your assessment of doctors changed?
15. Have you heard about the recent referendum on the privatization of public hospital services in Ontario? What do you think about it?
16. Finally, we are going to ask questions about your experience with journal writing and interviewing for the study. Have you written in a diary before? What was the experience like?

17. How has this experience participating in the study been different/the same as other interviews/journal writing?
18. Has the expectation of this experience of interviewing and journal writing changed/remained the same?
19. Is there anything that you would like for me to know?