



Over 10,000 calls came into a busy reading room in a 36-hour period. I think I handle about half of that myself. And about 90% are accompanied by, "Can you hold?"

Behold, the power of three simple words

C. Douglas Phillips, MD, FACR

"What? You want me to hold? Fuhgeddaboudit! I got your hold right here."

-Anonymous

There are three simple words in the English language that individually are fine. Innocuous. Not of particular concern to anyone. However, in the order that they are utilized in the setting of a phone conversation they strike fear and loathing into the heart of the radiologist:

"Can you hold?"

Like all of you, I'm making lots of phone calls these days. My prior job included a really wonderful perk: a reading room coordinator. That wonderful-no, exceptional—person handled the phones. They did other things as well, but all I cared about was the phone angle. What a novel concept, eh? Let the others do their jobs and let someone with great interpersonal skills do the phone manipulation. Hand it over to me only when my voice on the line was required. When someone was actually there for me to chat with about a patient-related matter. Well, unfortunately, that person is gone now, and I am back to little ol' me dealing with it. And, most calls do NOT go directly to whomever I need.

They filter down, like brackish water through a camp filter, eventually if not earlier leaving me on the line with someone who can hold (catch the pun there?) me hostage with those three short words. And, yes. I hold. Always. Invariably.

I heard a presentation at ASNR this year on the topic of phone interruptions. The figure was **UNBELIEVABLE**. Over 10,000 calls came into a busy reading room in a 36-hour period. I think I handle about half of that myself. And about 90 percent are accompanied by, "Can you hold?"

Anyone ever try to say, "No"? You can't do it. You're not fast enough. Sugar Ray Leonard didn't have that kind of speed. The hold happened while you were opening your mouth, or while those two neurons in your frontal lobe were firing. You could preempt the whole thing and just say "I won't hold," but that often just gets the dial tone, or a reminder that, "Our doctor is quite busy seeing other patients." It is a true Hobson's choice—or maybe Morton's fork. You can hold (not desirable) or you can hang up (less desirable).

I've got a small suggestion. If you call me, when I return the call and I'm talking to a human, everything they say other than, "Here's the physician to speak with you," costs them \$1,000. Straight to my pocket. So, "Can you hold" just made me \$3,000. I'll take that.

Keep holding. No, I mean keep hoping. Mahalo.

Dr. Phillips is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, NewYork-Presbyterian Hospital, New York, NY. He is a member of the Applied Radiology Editorial Advisory Board.