What are you feeling, Doctor? 
Identifying and avoiding defensive patterns in the consultation 
by John Salinsky & Paul Sackin 
Review by Albert Ray, MD

This excellent book discusses the defense mechanisms that physicians use to cope when encountering their patients’ distress. Health professionals can modify these coping mechanisms and thus promote better medical outcomes for patients with little emotional pain for the health care practitioner. Often, our unease reflects the way we feel about a patient who is panicking. Keeping calm and allowing sufficient time to listen to the patient’s immediate account of a crisis can satisfy our patients without ruining our own health. Future arrangements for follow-up visits can then be planned on a mutually convenient basis.

Patients desire warmth, understanding, and empathy in their relationships with their doctors. In 1957, in The Doctor, His Patient and the Illness, Michael Balint wrote, “… why does it happen so often that, in spite of earnest efforts on both sides, the relationship between patient and doctor is unsatisfactory and even unhappy?” Doctors are trained from an early age to defend themselves against too much feeling and to instead develop a professional self. In providing effective health care, we must learn to transform this professional self into a personal self so that we can better help our patients and ourselves. The personal self can then flow into the professional self with renewed warmth and life.

A key learning for developing a successful, positive physician-patient relationship rests on the clinician’s ability to listen to the patient closely without interrupting the patient. Doctors often feel a need to order patients around; with better listening, physicians increase their self-reflection and decrease their professional rigidity.

The authors quote Ian McWhinney, who said in his 1999 lecture, The physician as healer: the legacy of Michael Balint, “listening is at the same time a skill, a state of mind and a way of being a physician …” This skill must be taught more effectively to health professionals during their training along with the knowledge that listening can sometimes lead to disturbing feelings in both doctor and patient. These feelings can actually help patients get better and help us practice better. Every failed encounter can be rescued, even at the last minute or after the patient has gone home.

In the book’s setting—the health care delivery system in England—extensive reference is made to the success of Balint Groups for health professionals. In these hour-long, weekly meetings (a format developed in the late 1950s by Michael Balint, a British psychoanalyst), physicians discuss problem cases with their colleagues in depth. However, the authors’ recommendations can be applied to health care practitioners in any country. After reading this insightful book, clinicians will have acquired improved ability to listen to patients; better awareness of the feelings which arise in us while we listen to patients; willingness to stop interrupting and issuing commands to patients; enhanced sensitivity that will help us to accept our patients’ feelings and understand how they arouse emotions in us; and ability to rescue an ineffective consultation by recognizing and responding to specific warning signs.

References