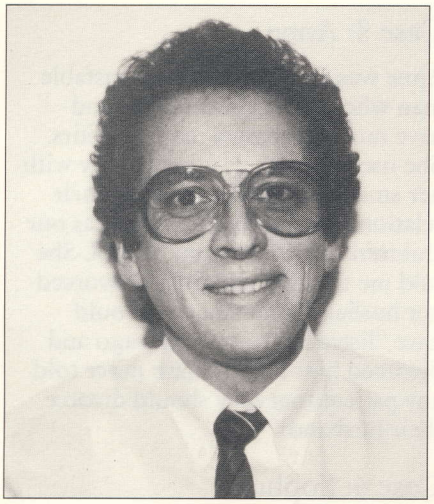
Doctor, Are You Listening?

– Dr Saville Furman



Saville Furman
MBChB MFGP (SA)
302 Centre Point
Loxton Road
Milnerton
7441

Curriculum vitae

Saville Furman graduated from UCT in 1973 and entered general practice in December 1974. He obtained the MFGP (SA) in 1977. He has a wide field of interest in medicine, the main being 'Doctor-Patient Relationship' and 'Sports Medicine'. He is Chairman of the Western Cape Region of the SA Academy of Family Practice/Primary Care, a member of the Academy Council, part-time lecturer in the Dept of Community Med (UCT) and is very active on the Editorial Board of *SA Family Practice*. Dr Furman received the Louis Leipoldt Award for the best GP paper published in the *S Afr Med J* in 1980. He is married to Shelly and they have 2 children: Donna and Graham.

Summary

Most doctors encounter several patients every day who are ready to TALK, but not always when they, the doctors, are ready to LISTEN. Psychiatrists usually dismiss patients whom they cannot help, but GPs must be available at short notice for all. The troubled patient may well present with bodily symptoms if he cannot get our attention otherwise. This paper includes case presentations from the author's practice, illustrating the above points and will show that if the doctor can tune in to what his patients are REALLY saying, he will be able to care for them in a far more effective way.

S Afr Fam Pract 1990; 11: 281-3

KEYWORDS:
Physicians, Family; Physician-Patient Relations; Balint Psycho-analytic Therapy.

I left Medical School fifteen years ago with a basic training in dealing with *diseases*, but not with training in dealing with *people*. In general practice I found that I had to deal with human beings and not organ systems. I also found that many of the problems were not amenable to the heroic measures such as major surgery, dialysis, transplantation and powerful new drugs which were propagated as miracle cures at the hospital. I therefore found myself faced with feelings of strong anxiety and inadequacy in having to deal with more complex inter-personal problems, which my ongoing contact with patients in family practice presented me with.

I found that these feelings of anxiety made me feel insecure in my new professional role. I tried to deal with this insecurity defensively by resorting to the old style medical model which had formed part of my undergraduate training. This, however, proved hopelessly inadequate and I began to despair of being able to meet the demands of general practice. It was then that I entered a Balint Group and developed an insight and understanding into the nature of my difficulties in my interactions with my patients.[1]

It is generally recognised that the psychological aspect of patient care is a sadly neglected aspect of the Medical School training. Through presenting patients with whom I was having difficulty to the Group, I realised my need to *cure* everyone and to be seen as a *good doctor* by all my patients was an *unrealistic need* which was rendering me less effective rather than more so. I came to understand better the realistic potential of what I could achieve for my patients by *understanding* my interaction with them better and being more accepting of what I could not achieve.

Often I was landed with patients who refused referral to psychiatrists, psychologists, or other health care workers. Here I found the Group most supportive in showing me how, by *sensitively listening* to the patient week after week, I was in fact helping them, although I myself was feeling frustrated, irritated and sometimes angry with them. In the early days of my group exposure, it was pointed

Based on a paper presented at the WONCA Congress, Jerusalem, May 1989.

out to me that I was *giving* patients *advice* too often. I was giving the patient a solution for their problem without giving them the opportunity of working it out for themselves. By listening to other doctors presenting their problem cases, I learnt new concepts, techniques and skills not taught to me at Medical School.[2] These I applied in similar cases in my own practice with good effect.

We need to be around for a long enough period of time - anything from a few weeks to a lifetime. We still have to take a detailed interest in minor illnesses and respond reliably to major ones.

Case 1: Susan

For example, Susan, aged 56 presented frequently to me over many months for allergic rhinitis and a chronic cough which did not respond to conventional medication. She really *irritated* me. One day, on a house call, after a particularly bad spell of coughing, she said: "Luckily my husband sleeps in another room or else he'd be kept up all night." I raised my eyebrows and said "Luckily?". "Oh yes" she replied, "He moved out of our bedroom years ago.

My unrealistic need to cure everybody and be seen as the good doctor...!

He told me he didn't love me. I had nowhere to go." Tears welled in her eyes. "He is a good man and provides well for me. I do the housework and make his food and get up early to give him breakfast and pack his lunch for work." "It must be lonely for you and must be awful knowing your husband doesn't love you." "Oh! I've got Jesus and he loves me." Suddenly my relationship with this patient took on a new meaning. No longer was she perceived as the moaning, irritating patient, but as the poor,

---

I left medical school, well-trained in dealing with diseases, but no training in dealing with people

---

lonely, long-suffering, unloved, frustrated lady. I'm sure she also perceived the difference in my attitude towards her too.

Case 2: Heather

Heather was a patient of mine who I saw in my early days of general practice. She was a young married mother with a small child and felt very "boxed-in" in her marriage. I agreed to counsel her and her husband in their home. I felt that we had spent a very fruitful 1½ hours. To my dismay she left him the following week. I never heard from her again until I saw them one day cuddling in a motor car at the traffic lights. They subsequently reconciled and had another child. I saw them on and off over the years and finally she left him again. I asked her if she had gone for any counselling as I was rather upset that she had not consulted me before leaving her husband again. She replied, "I could never come back to you with my marital problems because you weren't *hearing* me. You were only interested in getting the two of us together, whereas my needs were to get out of the marriage."

Case 3: Anne

Anne was married to a very unstable man who used to beat her up and have numerous extra-marital affairs. She used to consult me regularly with her small child and talk about their relationship. I recently saw her as our children attend the same school. She told me that she had finally divorced her husband. She said she should have "listened" to me years ago and divorced him them. I have never told any patient that they should divorce their husband!

Case 4: Sophia

Sophia was a patient who presented to me one day with abdominal pain. Six months later I was called to her at 11 o'clock at night when she had severe right upper quadrant pain. It was quite obvious to me that she had acute cholecystitis and I had to have her admitted to hospital. I asked her what had happened in the intervening six months, and she replied."I came to see you six months ago with this pain, but you weren't interested in listening to me so I never came back." I felt rather upset, as having been in a

---

After listening sensitively, the patient was no longer perceived as a moaning, irritating person; I saw her as a poor, lonely, unloved lady

---

Balint Group, I thought I was a caring and interested doctor. I went to check her card and my appointment book as to the nature of the last consultation. I noticed she was the last appointment of the morning; that it was my afternoon off and I must obviously have been

running late. She perceived the hurried consultation as one of my not being interested in listening to her.

Case 5: Andrea

Andrea came to consult me for her skin. She has a husband who has severe asthma but will not admit to it. He was offered entry on a trial of a new prophylactic agent for asthma. He stormed out of my surgery saying that he could fight off his chest problem without my help. I had always had difficulty in relating to him. One day when she came to consult me, I mentioned "Your husband doesn't like coming to see me". She replied "Yes, he said that you are more interested in reading your mail than listening to what he has to say."

Case 6: Jill

After delivering the third child of Jill, I went to visit her in the Nursing Home. She told me the lady across the way also used to be my patient. She was telling her how much faith and confidence she had in me, and that I had delivered all three of her

---

In general practice, I have to deal with human beings, not with organ systems

---

children. The other patient replied "I don't know how you can go to him. He never listens. He's always busy writing when you talk to him."

Although patients seeking our attention may present with bodily symptoms, we must never forget that there may well be a coexistent physical illness, as the next two cases illustrate.

Case 7: Paula

Paula, a spinster, came to see me. I couldn't quite place her. She complained of tiredness, insomnia and malaise. Suddenly I remembered her: "Oh didn't I see your elderly Mom about six months ago?" She started sobbing and informed me that her mother had died three months

---

"You weren't hearing me, doctor"

---

previously. On closer questioning she was obviously depressed and I prescribed an antidepressant and asked her to return for reassessment after ten days. She was no better and suddenly the "penny dropped". She was chronically hypothyroid. This was confirmed on blood tests.

Susan, (Case 1) the lady whose husband didn't love her, presented again with severe backache after a further coughing spell. I gave an injection of Diclophenac which miraculously stopped the coughing, but didn't help her backache. She then phoned to say she'd burnt herself with a hot water bottle and could I prescribe an ointment. She bought an OTC preparation from the pharmacy which she said made her worse. Refusing telephonic advice, I went reluctantly and did a house visit where the diagnosis of "herpes zoster" stared me in the eyes!

Thus, if just occasionally you can make an observation which is illuminating and share it with your patient - so much the better. We are greatly indebted to our patients who, after all, remain the principle source of education for all doctors.

References

1. Furman S. How Balint training helped me treat the family in crisis. S Afr Fam Prac 1983; 4 (4): 4-7.
2. Elder A, Samuel O. "While I'm here, doctor" - a study of the doctor-patient relationship. London: Tavistock Publications, 1967.