THE SOFT EDGES

Impossible Partners – Chris Ellis

We live and work our lives with supportive and congenial colleagues. One of the great pleasures of medicine is the fellowship of people who are like-minded and genuine in their desire to do good work. They give pride to our shared attitudes and beliefs. Nevertheless a small minority of doctors will - like the ordinary population - be impossible. This can occur in three dimensions. It may be a personality clash between two people, a clash between one person and everyone else, or a mess involving factions of varying partialities.

Working with doctors in a team is one of the closest relationships after matrimony. It is a relationship which requires enormous give and take, self control and sacrifice. One sees the vulnerability of the temperament when tiredness, disillusion and worry test the strength of the metal to its limit.

These relationships, if poor, have considerable implications for health care for several reasons. Firstly, they can adversely affect patient care by disrupting the treatment of specific patients. The patient may be used for the doctor's own purposes, purely as an interesting case to show off the doctor's intellectual skill. This ego feed may affect the correct care of the patient.

Secondly, dysfunctional relationships between doctors can upset the overall health care of the practice by slowing up or even halting practice management for indefinite periods of time. They consume doctors' time and concern away from the patient. And thirdly, they increase litigation between doctors and between patients and doctors.

As an impossible partner of colossal experience I have imperiously divided impossible partners into three groups; the sick doctor, the doctor under stress from life events and personality disorders.

Firstly comes the sick doctor who is suffering from a recognizable illness such as frank schizophrenia, depression or alcoholism. It may not make them any easier to handle, but by knowing the problem, it is easier to come to terms with.

The second group are doctors going through life events such as the doctor in debt, the doctor divorcing, the preretirement dropout and the middle life crises of self questioning, cynicism, burn-out and feelings of failure. This doctor under stress with his depressions, suicide rates, divorces and alcoholism is well documented.

The third group of difficult doctors involves the elusive recesses of the personality. I have found that they get ten out of ten on the scale of impossibility. This is the doctor who functions well in the surgery - often clinically above average - and socially is found to be charming by friends - but in the working relationship with his partners and staff he is deceptively disruptive. This intelligent person needs the continual applause of his patients and constant stroking from his partners. He is suffering from insecurity. This is what drives his workaholism. Excellent layered skills disguise the hidden agenda of professional jealousy but telltale behaviour patterns give the game away. One is the exaggeration of the impact and importance of his work on his patients. Paradoxically there is a tendency to self aggrandizement in a mock self-deprecatory way. He has a preoccupation with the pecking order within the profession as a whole and within the partnership with a subtle of defaming rivals.

This jigsaw puzzle has in fact been categorised into a medical diagnosis. Although you, in your rather vulgar way, would call it a full blown pain in the end of the alimentary tract, he is in fact a *narcissistic personality disorder.*

I give this as one example but there are several personality disorders you can choose from, depending on your personal inclination. You can be obsessive (the clean desk and the regimented patients) or hysterical (at income tax time) or dependant (consume all the receptionist's time). There is even the antisocial personality disorder which is what DSM 111 now calls psychopaths.

This area of borderline psychopathology is known and recognised but is often not tackled for several reasons.

Firstly, you have to know someone really well before you can make the diagnosis, by which time you are usually embroiled in a relationship of complicity and semidependence.

Secondly, these partners are not addressed because of our own self doubt. Perhaps it really is me? We've all made mistakes and are naturally reticent to criticise from a position of equality with no perceived authority to take these initiates. Intertwined in this are the personal considerations of friendship to colleagues and their families.

Thirdly, a calculating mind, when addressed, can attack your own weaknesses, lay blame as diversions and become more destructive if threatened. Thus by experience most

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of us tend to shy away from the withering cross fire that confrontation might bring. It can so easily turn in to a tit for tat.

The other problem is that the issues over which conflicts arise are never clear cut. The waters may be murky with misinformation and innuendo.

Does medicine attract a certain personality type such as the narcissist?

The obsessive-compulsive is said to be commoner in medical men and is what gives them the drive to get through medical school and a compulsion for work. Nevertheless there are many reasons for choosing medicine as a career and I wonder if another of the main traits in our personalities is an underlying narcissism that needs the admiration of our peers, patients and the population. I myself need continuous admiration and, like Sir Noel Coward, don't mind criticism as long as it is unqualified praise. What about my obsessive, hysterical and dependent traits? It becomes a field of inquiry in which one can get lost in introspection and psychological theory.

I cannot quite leave this without telling you about another style of behaviour called *Machiavellianism*. It is named after Niccolo del Machiavelli who was a writer and activist in Italy in the early sixteenth century. He wrote a book called "The Prince" in which he instructed the nobility of the day on how to behave like perfect cads. It describes how individuals manipulate others in various forms of power play. It has been shortened in fashionable psychiatric circles to Mach and graded into *Mach 1* to *Mach 4* which sounds like a classification for turbo powered motor bikes.

High Machs have a cool detachment and don't get emotionally involved. They win by objectivity and concentrating on the goal. Thus High machs make good lawyers. Low Machs - wallies like you - become too emotionally involved thus avoiding tough decisions and get manipulated out of the court.

What then does one do with us impossible partners? It is an arena in which archangels fear to tread.

Well, the commonest response is to do nothing. It is waiting in the hope that the cause will resign or remove himself. Impossible partners, remember, are not happy with the situation themselves and often go off into single practice or some other such niche. So doing nothing is a decision in itself.

The next choice is consultation. Take a big breath and a benzo and speak with honesty. To do this without rancour (and pylorospasm) is almost impossible for an involved individual.

In my experience it is not possible to tell the outcome of this line of problem solving. It may clear the air and lead to a mutual understanding because the depth of the feelings were not realised or it may worsen it into a silent war.

All this is well researched and called Conflict Management. There are five main strategies of which doing nothing, I notice, is not included. They are problem solving, bargaining, appeasing, competing and withdrawing.

Problem solving is, as described above, "Let's lay our cards on the table and work this thing out". Bargaining involves "give and take" with some power dynamics from the stronger parties. Appeasing goes something like "I'm sorry, You're right" and is an unassertive collapse from the wallies. Competing is a non-compromising "win-all" stance and withdrawing is when "You can take your partnership and. . ."

If you ask for advice, which I did once, from one of the medical defence societies, you will be told that no one likes to negotiate in disputes between doctors and that they are sure that with your tact and goodwill that talking it over should do the trick.

They haven't had to work with us impossible partners, have they?