

The sixth sense in diagnosis

By M.V.J. van Våuren

Professional encounters with patients may invoke emotional reactions which may be pleasant or unpleasant — for example, guilt, anger, sympathy, admiration or satisfaction.

At times these reactions can have certain diagnostic and therapeutic value.¹ At other times, unpleasant feelings may trigger off behaviours that may not benefit the doctor-patient relationship.

The results may be detrimental when a physician attempts to deal with his feelings of frustration and guilt by "becoming angry or demanding, or by referring the patient, or by pursuing further perhaps unnecessary diagnostic studies, or trying new medication."²

Reaching a diagnosis may be straightforward and easy. On the other hand it may be difficult with many pitfalls.

Two researchers Kaufmann and Bernstein investigated 1 000 consecutive ambulatory patients with puzzling or undiagnosable complaints who underwent a thorough history, physical examination, and laboratory investigation by specialists. The large majority over 81 percent had no organic illness.³

This study is an example of one of the struggles with uncertainty which physicians frequently encounter.

Knight has summed up this "struggle with uncertainty" as follows: physicians may be caught between: uncertainty in current knowledge; uncertainty from their own personal limitations; the inability to distinguish between these two uncertainties.⁴

In their approach to this problem of uncertainty, Brown and Freeling (1976) considered the emotional aspect and described the "sixth sense."

That is doctor's behaviour and feelings toward their patients, and how these can be used as an important diagnostic tool or used to interpret the patients' own behaviour.

In other words, when we have to handle a patient, and in particular the problem patient, it becomes an interesting exercise to observe our own emotional experiences which develop during our consultation with the patient, and to use this as an aid in diagnosis and handling of the patient.

These emotions could range from sympathy or anger to a feeling of uselessness and impotence — similarly we may feel happy, important or even anxious or depressed.

I shall now briefly discuss some of these emotions.

Anger

This emotion is often evoked in the doctor. For instance the patient who confronts you with "doctor my son has had tonsillitis, would you please refer him to an E.N.T. specialist for tonsillectomy" or "doctor, I'm pregnant and I have already seen a gynaecologist — would you please prescribe an antibiotic for my cystitis," or "doctor this medicine you prescribed is worth nothing."

And so we can go on quoting examples of patients who make us not angry but furious. How can this emo-

tion be of any help?

Firstly we must admit to ourselves that we are angry, i.e. we must recognize our anger. Secondly we should not show it to the patient — but we could tell him that his behaviour is nettling — this might give him the opening to speak of his real problem.

Frequently a patient's anger, failure to comply or failure to get better is the first indication that more basic needs are not being met by the doctor.⁵

The child with the tonsillitis — the real problem could be that the mother cannot discipline the child — or cope with the housekeeping because of an underlying depression.

"Some patients reduce anxiety by translating their fears into anger or other negative feelings towards the physician or the medical system. These patients often become chronic complainers and are a large portion of those patients who choose to speak negatively of doctors."⁵

"When we recognize that anger, somatizing, denial of illness, and non-compliance are really messages to us, messages that the patient needs more information or more meaningful support, we may begin to respond to these patients differently."⁶

Admiration

Admiration is more difficult to recognize in yourself than anger, as it does not elevate your adrenalin to any extent.

A well dressed mother of two well behaved children, whom you consider a very efficient type of person,

continued on page 20

consults you for her headache — which you know that she is capable of treating by herself. By asking her: "I've always admired you as a very efficient mother so when you present with such a trivial complaint as a headache; I'm puzzled — is there probably something else that troubles you." Probably you have now given her the support to mention her frigidity.

Depression

A depressed person does not express himself readily, but easily produces a feeling of depression in the people with whom he is in contact.

So when you feel depressed in the presence of a patient — depression should be your first consideration in your differential diagnosis. But beware — do not forget that the depression could be precipitated by a chronic disease.

Sexuality

When sexual provocativeness is not the usual behaviour of a patient, it often represents a response to some underlying distress and an attempt to communicate the distress.

The desire for a safe, warm relationship is probably the most common motivation for patients to act seductively toward their physicians.⁷

By taking time to inquire about the personal life of the patient such as changes in a relationship or job, loss of a loved one, concern about physical illness or a recent change in sexual activity, will lead to a marked lessening of the seductive behaviour and may result in a discussion of the underlying problem.⁷

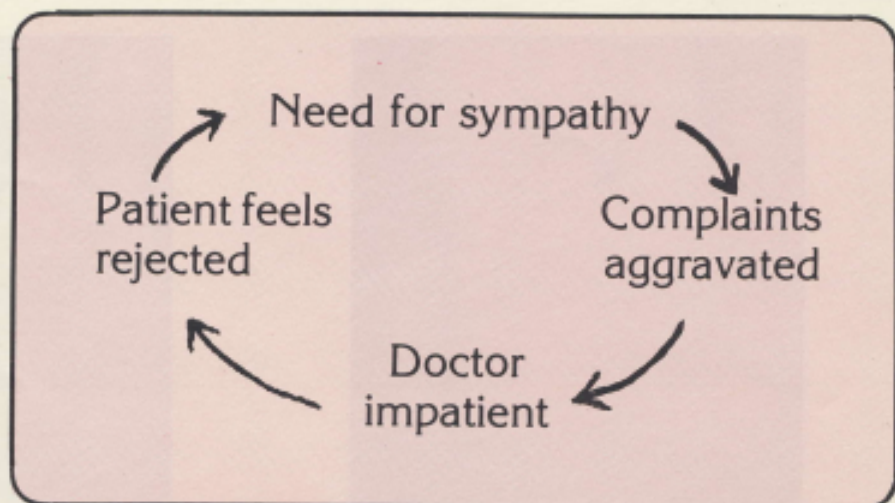
The doctor's anxiety

In addition to the feelings aroused by or shared with the patient, there is an overriding emotion present in nearly all interviews. This emotion can be viewed as the doctor's professional anxiety.

If the doctor finds that his professional anxiety has been aroused unnecessarily he is likely to become angry.⁵

For example, when you have a late night call: "Doctor my baby has been coughing for a week and has become blue at times, but now I am really worried — will you please come immediately."

Even at this stage you become angry — "why didn't you call me



The need for sympathy which if not handled carefully can develop into a vicious circle.

earlier" or "why did you not bring the child to the surgery during consulting hours." When you eventually get there — the child is sleeping peacefully.

You could become really angry at this stage because your professional anxiety has been aroused unnecessarily. Often in these cases the mother has a problem — one which could peacefully be investigated and discussed at a more appropriate time.

It is important for you to realize that your anger has been evoked by the patient arousing your professional anxiety unnecessarily.

Sympathy

Sympathy is not merely an emotion automatically evoked in the doctor by some situations, it actually is an instrument in his relationship with the patient which may be used by the doctor or which may be played upon by the patient.⁵

However, sympathy is an important diagnostic tool, whilst for the patient the evocation of the doctors sympathy remains a most important weapon in his efforts to obtain more time and more attention.

Many of our patients are in this category. Many colleagues not only are awkward with these patients but actually try to avoid them.

One of the reasons for avoiding geriatric patients is that the doctor does not recognise that these patients often have an intense need for attention and sympathy.⁸

Here then, a vicious circle develops

Tears — a time honoured emotional weapon could be used to avoid discussing unpleasant issues.

Beware also of the patient with the psychopathic personality type who makes use of the doctor's sympathy to manipulate him in serving his or her own ends.⁵

In conclusion

Feelings cannot be totally excluded from consultation with patients.

The doctor's sixth sense is valuable in all consultations, but for the general practitioner it will in many cases, be an important tool in guiding him to the correct diagnosis and management of a case.

Feelings should be recognised and the information properly used or spoken about. It is wrong to ignore them and particularly wrong to act out your feelings in a negative and destructive manner.

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