

Psychiatric consultations:

*A series of informal and informative taped sessions in which the **General Practitioner** discusses with leading psychiatrists the problems he encounters with patients in routine office practice.*

no. 1

Recognizing and Solving Problems in Doctor-Patient Relationships

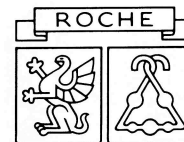
Part I

The General Practitioner:

Carroll L. Witten, M.D.
Louisville, Ky.—Member, American Academy of General Practitioners.

The Psychiatrists:

Daniel Blain, M.D., President of the American Psychiatric Association; Dana L. Farnsworth, M.D., Program Chairman, A.M.A. Congress on Community Mental Health; and Howard P. Rome, M.D., Head of Psychiatry at the Mayo Clinic, President-elect of the American Psychiatric Association.



A Roche Record Report



DR. CARROLL L. WITTEN,
General practitioner of
Louisville, Kentucky,
Speaker of the Congress
of Delegates of the
American Academy of
General Practice, and
Instructor in Medicine
at the University of
Louisville School of
Medicine.



DR. DANIEL BLAIN,
President of the
American Psychiatric
Association, Former
Commissioner of Mental
Hygiene in California
and now Chairman and
Dean of Psychiatry of
the Institute of the
Pennsylvania Hospital.



DR. DANA L. FARNSWORTH,
Director of the Univer-
sity Health Services,
Henry K. Oliver Pro-
fessor of Hygiene at
Harvard University, and
Chairman of the Pro-
gram Committee of the
American Medical Asso-
ciation Congress on Com-
munity Mental Health
Services and Resources.



DR. HOWARD P. ROME,
President-elect of the
American Psychiatric
Association, Chief of
Psychiatry at the Mayo
Clinic and Chairman of
that department in the
Mayo Foundation
Graduate School of the
University of Minnesota.

Highlights

How can the GP
recognize and
solve problems in
doctor-patient
relationships?

Q: (Dr. Witten) *Is there some hostility on the initial visit that must be overcome between physician and patient?*

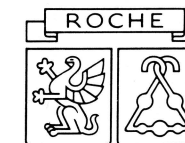
A: (Dr. Blain) "That idea hits me rather as an error. I think... there's probably anxiety... related to hostility of a general nature... But in general, my experience is that patients come with some feeling of confidence that the doctor can do something for them."

Q: (Dr. Witten) *When patients become overly dependent, isn't there the possibility that the doctor may respond to this so-called "transference" with some "counter-transference"?*

A: (Dr. Farnsworth) "I believe that most of the experiences that a physician and his patients have can be expressed in English... I would suggest that instead of thinking in terms of 'transference' and 'counter-transference'... we think in terms of 'How does the patient react to me? Has he overidealized my role?' And in turn I might think, 'Have I become unduly irritated at his dependence on me?'"

Q: (Dr. Witten) *What can the physician do when he finds himself hostile to the patient?*

A: (Dr. Rome) "Most of the time the tendency is to look to see the mote in the eye of the patient rather



Highlights

How can the GP recognize and solve problems in doctor-patient relationships?

Q: (Dr. Witten) *Is there some hostility on the initial visit that must be overcome between physician and patient?*

A: (Dr. Blain) "That idea hits me rather as an error. I think...there's probably anxiety...related to hostility of a general nature... But in general, my experience is that patients come with some feeling of confidence that the doctor can do something for them."

Q: (Dr. Witten) *When patients become overly dependent, isn't there the possibility that the doctor may respond to this so-called "transference" with some "counter-transference"?*

A: (Dr. Farnsworth) "I believe that most of the experiences that a physician and his patients have can be expressed in English... I would suggest that instead of thinking in terms of 'transference' and 'counter-transference'... we think in terms of 'How does the patient react to me? Has he overidealized my role?' And in turn I might think, 'Have I become unduly irritated at his dependence on me?'"

Q: (Dr. Witten) *What can the physician do when he finds himself hostile to the patient?*

A: (Dr. Rome) "Most of the time the tendency is to look to see the mote in the eye of the patient rather

than to recognize the beam in our own eye. The more important thing is for the doctor to examine his expectations of the patient. What is it that he wants the patient to do that the patient has not done? When I've reflected upon this and seen what it is that is actually going on in the interchange between us, it seems that this causes most of the wrath to disappear."

Q: (Dr. Witten) *When a doctor treats a patient, do you believe that he is, in reality, treating himself?*

A: (Dr. Farnsworth) "Oh, I certainly do. This interchange between physician and patient depends so much upon self-knowledge in each case, but particularly on the part of the physician... He should read the feedback signs that occur to him as he is engaging in these relationships with his patients."

Q: (Dr. Witten) *What happens when the doctor tells a patient that his trouble is "nothing but nerves"?*

A: (Dr. Rome) "One sees the patient—properly chastised, pull back into his shell—decrease any attempt on his part to make a frank statement of what it is that he feels, since obviously he is somewhat less than privileged in the eyes of the doctor because he is not vomiting blood or has no great huge gaping ulcer to demonstrate."

(Dr. Farnsworth) "This tells more about the doctor than it does about the patient, unfortunately. This is a way of saying, 'I resign, I am not capable of going ahead with your treatment.' It is just as ridiculous as the young psychiatrist who, after the examination of his patient, said, 'Madame, there is nothing wrong with you. Your trouble is all in your body.'"

●● It's the difference between want and needs. The expression of the want many times can convey, in subtle, not too clearly understood terms, the needs of the patient—the symbolic expression of it in the demand for a pill, a drug, a massage, another examination.”



Psychiatric consultations:

no.1

●● One of the things that every physician should resolve to do throughout his entire professional life is to study how he reacts to patients and how patients react to him.”

““ It's very hard to keep working away at something and get no responses and feel more and more baffled. Bafflement is hard to face. Nevertheless, I would say this, that if we can just hang on to this patient and find something that helps, we will immediately find that we can get along with him better, and that we like him better.”

Side A

Recognizing
and Solving
Problems in
Doctor-Patient
Relationships

Part 1

Psychiatric
Consultations
no. 1

A GP asks psychiatrists how
best to meet emotional
problems in general practice.

Questioner: Carroll L. Witten, M.D.

Panel: Daniel Blain, M.D.

Dana L. Farnsworth, M.D.

Howard P. Rome, M.D.

33 $\frac{1}{3}$ RPM

Side B



Recorded and presented
as a service to the
medical profession by
Roche Laboratories

© HOFFMANN-LA ROCHE INC. 1964

33 $\frac{1}{3}$ RPM