ANTI-MEDICAL FEELING

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THOUGH critical attitudes to medicine are common, it is rare for them to be based on objective deficiencies or on the explosion of unrealistic myths. Rather, the critics tend to conceal emotional undercurrents. These will be examined.

COMPLAINTS

Complains seem to be two-fold.

1. Authoritarianism

Here doctors are accused of perscrupliness and an attitude of superiority. Patients are encouraged to be passive and docile, rather than be participants in their own illnesses.

2. Non-caring

This complaint seems to be of two kinds.

A. Dehumanization

Doctors are accused of centering their real interest in scientific processes. This makes patients "cases" rather than persons.

B. Withdrawal of concern

Doctors are said to be more concerned with having unstimulated nights and weekends off, and with their financial remunerations, than with caring for patients. Summarizing these complaints, doctors are accused of refraining on patients' independence beyond an appropriate level on the one hand, and leaving patients improperly alone, on the other.

DOCTORS' REPLIES

Doctors' conventional answers to such criticisms are something like this:

1. Authoritarianism

It will be readily agreed that patients should be full participants in their illness.

2. Non-caring

A. Dehumanization

Doctors are the first to agree that a holistic approach to medicine is desirable.

B. Withdrawal of concern

It will be respectfully pointed out that doctors must have some time off, and financially, if inflation, tax and expenses are taken into account, doctors' remuneration is not as great.

These statements avoid open conflict by paying lip service to the complaints. However, they do not answer the deeper levels of the complaints and are not accompanied by change. Resentments linger on.

THE PARENT-CHILD MODEL

The first universal, most intense and longest endured encounter in human beings between carers and the cared for, between the powerful and the protected, occurs in the relationship between parent and child. Over a period of highly impressionable years, feelings and attitudes are formed in the child toward parents who represent power and security. These feelings and attitudes tend to be reactivated later in life when people feel weak or vulnerable, that is, child-like. The feelings and attitudes are then transferred on to the people, or group of people, who are currently felt to be able to restore security. In the case of illness, it is doctors who become "neo-parents". Freud described this phenomenon under the heading of "transference".

The compliment to the child-like feelings of patients is the parent-like feelings of doctors. It has been amply shown that doctors' own attitudes and feelings have a great influence on the treatment of patients. What is difficult to remember is that parents and doctors also harbour child-like attitudes. These may be anti-therapeutic and therefore must be recognized.

Parents and doctors have the advantage over children and patients in that they have power. This power may be used benevolently for patients' benefit, or be abused when used for doctors' own needs to bolster their own feelings of helplessness or child-like ness. When this occurs, empathy with patients can be impossible. In fact they will be distanced and dehumanized. This happens most commonly with doctors. The patient is badly under-served—sullen and irritable; the mentally frail, and the dying. These groups in particular have become rejected second-class medical citizens, though all patients may be at risk.

INTERCHANGE ACCORDING TO PARENT-CHILD MODEL

Let us now examine the interchange (usually covert) between patients and doctors according to the Parent-Child model. The interchange will now be more at a gut level. The complaints may now sound something like this.

1. Authoritarianism

"You talk down to me as if I had no understanding. You order me about for no good reason. You seem to be punishing me. You do not acknowledge my dignity. I am disillusioned with you."

2. Non-caring

A. Dehumanization

"You provide me with material comforts (institutions, medical sciences), but you do not talk with me, you are not personally interested in me. You work for your own needs and rewards. I am only a child ("case") to you."

B. Withdrawal of concern

"I can approach you only at certain times. I have to pay you for these times. Once upon a time you were always there, and often free. What sort of a caretaker are you?!

These complaints may be well founded and should then be treated at face value. However, it must be understood that they may reflect child-like anxieties of being usurped or punished (authoritarianism) or being abandoned, not understood, or not being regarded as important (non-caring). If doctors are perceived as all-powerful, not being cured by them may be explained as being punished or being abandoned by the very people whom they are supposed to help.

ANSWERS ON THE PARENT-CHILD MODEL LEVEL

Doctors, like parents, may feel their hidden guilt and weaknesses threatened with exposure, and may react defensively. Answer: "You are my parent!"