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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.¹ Rather, the criticisms tend to conceal emotional undercurrents. These will be examined.

COMPLAINTS

Complaints seem to be two-fold.

1. Authoritarianism

Here doctors are accused of peremptoriness and an attitude of superiority. Patients are encouraged to be passive and docile, rather than to 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 uninterrupted nights and weekends off, and with their financial remuneration, than with caring for patients. Summarizing these complaints, doctors are accused of infringing on patients' independence beyond an appropriate level on the one hand, and leaving patients inappropriately 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 regretfully pointed out that doctors must have some time off, and financially, if inflation, tax and expenses are taken into account, doctors' remuneration is not so 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 most prolonged encounter in humans between caretakers and the cared for, between the powerful and the protected, occurs in the relationship between parents and children. 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 reconstitute security. In the case of illness, it is doctors who become "neo-parents". Freud described this phenomenon under the heading of "transference".²

The complement 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 their treatment of patients.³⁻⁷ 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.⁸ 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-likeness. When this occurs, empathy with patients will be impossible. In fact they will be distanced and dehumanized. This happens most clearly with patients who reflect human frailty most starkly—the elderly, the chronically ill, 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 science), 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 them.

ANSWERS ON THE PARENT-CHILD MODEL LEVEL

Doctors, like parents, may feel their hidden guilt and weaknesses threatened with exposure, and may react defensively.

Irrational (insecure parent) answer

1. Authoritarianism

The first reaction may be a total denial that the complaints exist. Next, there may

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be retaliation in anger, and insistence on rank. "If you really want to get well, do as I say. How can I explain to you what I have learnt over many years of training and experience?" or, "Don't ask so many questions, can't you see I am busy?" These messages, whether given consciously or covertly, make children feel small and make them furious and anxious. Patients feel similarly.

2. Non-caring

A. Dehumanization: There may be offended pain. "Can't you see that all my striving is for your own good? I work my guts out, and is this all the gratitude I get?"

B. Withdrawal of concern: Regarding time off, an angry retort may be: "Can't you see how hard I work? Do you want to take me over completely?!" With regard to payment: "Why do you pick on me? Look how callous others are about charging. Your insurance pays most of it anyway".

Rational (secure Parent) answer

1. Authoritarianism

The message may read, "You (child, patient) have dignity, like all humans. However, when you are incapacitated and you turn to me for help, I have to act as your agent in proportion to your incapacity, until you can take over your own functions".

For this, doctors have to relinquish their sense of power over their patients in proportion to their patients' ability to look after themselves. This parallels the difficult task in parenting where the parent has to accept an ever-diminishing stature. Patients on the other hand have to accept responsibilities according to their abilities. Modern medicine can seldom function without responsible participation by patients.

2. Non-caring

A. Dehumanization: It could be said, "It is true that I have to understand your communications (symptoms) as coming from a person with body, intellect and feeling. Help me get to know you". Parents know that most children's stomach aches are a result of emotional conflict.¹⁰ Sometimes comforting and reassurance are needed, at other times resolution of some conflict. Similarly, to practise truly holistic medicine doctors have to understand scientifically their value as "comforters",⁴ and be able to use the rich knowledge of psychological medicine to be able to help resolve conflicts. Here doctors and patients must give up the myth that all ills can be cured by excising or eradicating some single bad thing.¹¹ This attitude may work with some diseases, but clearly does not work with the chronic, "functional" and psychosomatic groups of illnesses.

B. Withdrawal of concern: Patients sometimes query the idealism of their off-duty doctors. It must be agreed that the medical system should provide emergency help to all patients at all times. But no doctor and no parent can be available all the time.

Maybe there is a trend for doctors to try and harmonize different aspects of their

lives. After all, hard-worked, poorly sleeping doctors may appear idealistic, but they die early, they have increased physical and psychological morbidity, and their family lives suffer. Furthermore, it is doubtful whether they can provide best service to patients when under stress and exhausted, or whether they can offer patients convincing advice regarding their way of life, when their own are hell-bent for disaster.

Doctors' concern for being paid for their services may also not seem altruistic, but there is no reason why they should really be like parents and not be paid.

Free medicine and honorary service after all date back to the poor houses, where the medical values of idealism, charity and altruism were cherished. However, these values were eroded by patronage, contempt, lack of dignity and second-rate service. Our living standards and medical insurance should be such as to ensure that nobody need rely on charity today. Patients can afford to demand more mature values from their doctors: equality; dignity; competence; and participation. The message here may be, "To be fair to myself and to provide good service, I want reasonable rest from my work. My work is my livelihood, and I deserve just financial rewards for my efforts".

THE DOCTOR-PATIENT RELATIONSHIP ACCORDING TO THE PARENT-CHILD MODEL

There are two types of parent-child relationship involved. The first type relates to realistic needs as a result of an illness, for example, doctors may need to care for unconscious patients as though they were infants. Doctors must take into account the degree of physical and emotional regression in their patients, and complement them with appropriate care. However, they must also give full cognizance to available maturity and ability, and not encroach on them.

The other type of parent-child interaction involves the personal emotional needs of patients and doctors which are divorced from the illness *per se*. They include the hopes and fears, and perceptions of power and powerlessness in both patients and doctors, as discussed above.

When the vector result of feelings and needs in doctors and patients are felt to be complementary by both, a stable, albeit not necessarily a therapeutic relationship, will evolve. If the desires of patients and doctors conflict, strains will develop. Patients may change doctors, not keep appointments, not comply with treatment, or "be difficult". Doctors on the other hand may become impatient, feel harassed, or be angry, contemptuous and rejecting.

PRACTICAL APPLICATIONS

We see how important it is for doctors to be quite ethical and professional, that is, to keep their own non-therapeutic needs out of the relationship with their patients. It is only then that they can be sensitive to patients' needs without their own needs distorting their perceptions. Locked-in,

overstable, or volatile, strained relationships can now be diagnosed and corrected, and the physical and emotional needs of patients can be suitably complemented. Because patients have such varying needs, and because each patient's needs fluctuate so rapidly, great empathy and flexibility are required on the part of doctors.

Patients have to be related to at their maximum available maturity and independence at all points in their illnesses. The aim should be general encouragement, and even nudging of patients toward their maximum biological, psychological and emotional potential, and an ever more mutually adult relationship between doctor and patient. In the end the true nature of the relationship must be acknowledged—that is, that it is not a child-parent relationship, but a professional one. It may be unpalatable for both patients and doctors to admit that it is not love or power that is exchanged, but professional care for money.

CONCLUSION

The parent-child model helps define some of the emotional underpinnings in the doctor-patient relationship and the strains that develop in it.

Alleviation of helplessness and fear in another human involves treatment by all the physical, psychological and interpersonal means available. Doctors should command all available knowledge in all these modalities.

If there is a nobility or altruism in medicine, it is, as it is in parenting, having helped another human being achieve a security and independence of mind, body, and spirit. Parents do it to their children through love. Doctors do it to their patients through their professionalism.

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