
Medicine, Evidence and Emotions, 50 Years on...

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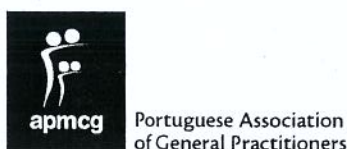
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Health care in postmodern culture

Medicine and the health care system are part of our culture and society and thus permanently in change. In the present context of globalization at the beginning of the 21st century, our west and middle European societies are coined by the so called postmodern movement. Postmodernism is not limited to art and handcraft, but leaves traits as well in all parts of culture and social life as in the identity of the single man: This postmodern personal identity of men is comprehended by the term individualism.

In medicine, this secular change led to a new help seeking behaviour of the patients that is determined by a set of concrete postmodern value items: First, the attitude towards science becomes more and more negative. Anti science feelings are expressed by the conviction that technological progress has serious harmful consequences and won't create a better world. Second, a holistic view of the person and the body image becomes more important. People rely on their natural ability to treat themselves and they believe that imbalances in their life cause illnesses. In this sense, a harmonization of body, mind and spirit is regarded as the main objective of any treatment. Third, the individuals in society turn out to be more self conscious. They reject authorities and demand high quality service. Patients are no longer willing to accept all prescriptions of the doctor, but want to be treated as equals, to be well informed and to participate in the decisions.

The resulting, new help seeking behaviour in our society implies that more and more patients prefer complementary or alternative medicine. Most of these patients report negative experiences with an orthodox medicine ("Schulmedizin") that appears technological, mechanistic and impersonal while the patients wish an individual treatment in an caring atmosphere. They ask for answers to their questions for the sense of life, the meaning of disease and suffering and they appreciate therapists, who integrate spirituality and who respect philosophical and religious needs of their patients.

A view to the structure and practise of orthodox medicine raises doubt whether our existing modern health care system has the ability and the setting to meet these expectations and requirements of the postmodern patient.

Historical notes

For an understanding of the present state of orthodox medicine it is worthwhile regarding its historical evolution. The monopoly of academic medicine and the physicians in our health care system is not nature born and ever lasting, but the result of the comparatively recent process of medicalization in 18th and 19th century, when traditional healers were driven away from the patients' bedsides and doctors took their place.

The main argument of the doctors to claim and later on to defend their own dominance in health care is the academic standard: Medical thinking should be based on scientific knowledge and not on the healer's personal or any folk experience. This link between science and the influential position in health care system made medicine stick very tight to the rigid scientific paradigm of the 19th and early 20th century. Thus, medicine neglected the change in science that was pushed forward by the ideas and cognitions of Einstein and Heisenberg. In concrete, medicine proved to be comparatively resistant to the psychosomatic movement that did not succeed to penetrate medicine as a whole, but psychosomatics became a little medical subject of its own, separate and aside from the other medical subjects.

Deprofessionalization of medicine

But with regard to the above mentioned, new challenges, that come up in a postmodern environment, the orthodox medicine –biological thinking, reductionistic, positivistic, dualistic- remains helpless and has not much to offer to the patients: Postmodern patients' requirements demand a psychosocial approach, integration of salutogenic ideas, hermeneutical understanding and further topics, that are not systematically included neither in the practise of modern orthodox medicine nor in medical education. Thus, the present situation of medicine is contradictory: On the one hand, it claims the leading and powerful position in the health care system, the superiority above other health care professions as nursing or social workers, and on the other hand, a decrease of competence to perform a sufficient and satisfying medical support is obvious. This unbalanced state of medicine as a discipline, as a profession and as a part of society is characterized as deprofessionalization.

Balint and the new ideas towards a change in medicine

Where are the chances and opportunities for future medicine? If we look at last years' discussion on medicine and professional acting in medicine, there is yet reason for some optimism: One can perceive more open mindedness for a change in the medical culture, in particular, because the ideas of Balint and Balint work are adopted and referred to.

An influential new concept is that of patient centered medicine that suggests to leave the hitherto existing concept of disease centered medicine. The authors of this concept realize urgent reasons for the new clinical method at the turning point to 21st century: Patients are dissatisfied, the doctors are confused and may no longer enjoy their work. They mention explicitly that Michael Balint has to be regarded as a father of patient centered medicine, who not only introduced this term, but also supported a patient centered practise. Patient centered medicine consists of six concrete, so called interactive components that describe the way to a good patient centered performance of the doctor. These components are worthwhile being mentioned, none the least, because they sound very familiar to everybody, who is engaged in Balint work: Exploring the subjective illness experience beside the disease; understanding the whole person, his biography and present context; finding common ground of doctor and patient for the management of diagnosis and treatment; incorporating prevention and health promotion; being realistic and finally –what represents the core of Balint work- the enhancement of the patient doctor relationship.

Thus, the concept of patient centered medicine emphasizes the topical interest, that the work of Balint, his ideas and Balint group deserve in present medicine.

The demand for Balint groups has also been expressed from the side of evidence based medicine (EBM). Whereas the initial attraction of EBM for many people resulted from the presumed possibility to make medicine clear and easy by reducing it to guidelines, that can be derived from Medline®, the discussion meanwhile stepped forward and nowadays focuses on the question: How can the available scientific knowledge of medicine be well and appropriately applied to the individual patient so that it leads to a substantial benefit, subjective improvement, better quality of life and patient satisfaction?

Trisha Greenhalgh, one of the leading advocates of EBM, regards Balint groups as an important tool to reach this objective and suggests to create –what she calls- "Evidence based Balint Groups". This suggestion proves the attitude that merely evidence based medical practise is not enough. Furthermore, it needs the addition of the narrative based method, that is uniquely represented by Balint work. This combination of EBM plus Balint is the path, that leads to a good medical practise in patients' treatment and thus to meet the challenges of health care in post-modernism.

In summary: A look at the presently changing medical landscape – featured by post-modern-individualism – reveals a movement towards ideas, that are part of the Balint attitude. The protagonists of this movement confirm that Balint work is a helpful and necessary tool to promote the intended change in medicine and support its integration in the standard of medical practice.

References

Balint M *Der Arzt, sein Patient und die Krankheit*. Fischer Frankfurt, Hamburg 1970

Greenhalgh T Intuition and evidence – uneasy bedfellows? *British Journal of General Practice* 52 (2002) 395-400

Muir Gray JA Postmodern medicine. *Lancet* 354 (1999) 1550-3

O'Callaghan FV, Jordan N Postmodern values, attitudes and the use of complementary medicine. *Complementary Therapies in Medicine* 11 (2003) 28-32

Stewart M, Brown JB, Weston JW et al *Patient centered medicine - transforming the clinical method*. Sage Publ. Thousand Oaks, London, New Delhi 1995