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Occasional Book

PHYSICIAN, HEAL THYSELF

The Wound and the Doctor[1] is an important book that does not provide solutions, but instead poses problems. And the principal problem is doctors themselves. "Why are so many doctors unhappy, despite their interesting work for which they are well rewarded; and why are their patients unhappy about the care they receive?"

The opening chapters are a litany of doctors' personal failings—alcoholism, drug abuse, suicide, "accidental" poisoning, psychosis, depression, self-medication, and marital estrangement in disrupted families suffering repeatedly interrupted meals, long lonely hours while the doctor is on duty, and off-duty hours dominated by postgraduate study or ruined by sleep deprivation and emotional exhaustion. However, this book is not merely about that *rara avis*, "the sick doctor", but instead argues for a constitutional sickness within the body proper of medicine, a disorder endemic in the profession.

The pathognomic symptom is "professional busyness", whereby the doctor, hurrying from one supposed emergency to another, day and night, plays havoc with private lives, leaves a trail of inefficiency, diagnostic error, and emotional callousness, and finishes with burn-out—the sequence of enthusiasm, stagnation, frustration, and apathy. As a Fellow of the Royal College of Surgeons the author, Glin Bennet, has experienced the intoxicating buzz of all-night emergency operations, but he is now a Fellow of the Royal College of Psychiatrists and a practising psychotherapist. Here he explores the unconscious motivations behind the structural medical malaise that he has diagnosed.

Bennet's key psychoanalytic insight is that busyness necessarily provides emotional rewards, satisfying the doctor's immediate unconscious needs; avoidance of the anxiety associated with death, pain, mutilation, and disability; and avoidance of genuine, and hence threatening, emotional intimacy with patients and colleagues. These avoidance strategies are motivated by a need for power and material success; they cause the automatic, unthinking authoritarianism observable in many practitioners, and originate in childhood deprivations ("a desire to give to others the caring that was never received as a child"). Bennet cites a crucial empirical finding[2] that doctors with greater clinical involvement not only showed more problems in adult life but also had had less happy childhoods, the implication being that practice had sublimated hidden psychic conflicts. "The more highly developed the persona, and thus the more powerful and effective the outer self, the weaker, in all probability, will be the inner self".

Compulsive busyness, and its concomitant emotional distancing, does not simply affect the doctor, but also vitiates the doctor-patient relationship, nullifying its therapeutic effectiveness: "[the doctor] gives them nothing but his expertise . . . and he remains untouched"; "when people really need help beyond the purely technological, the doctors fail them because they simply do not know what to do". As T. S. Eliot asked, "where is the wisdom we have lost in knowledge, . . . the knowledge we have lost in information?".

Bennet proposes that doctor and patient form a Jungian archetype, with each of us on the continuum between the power, knowledge, and skill of the doctor and the weakness, fear, and helplessness of the patient. Whichever fills our

consciousness, the other dominates our subconscious. "If the patient pole of the archetype is suppressed from consciousness altogether, we have the familiar, brash, all-knowing doctor, who dispenses treatments, advises and carries out surgical operations, without ever acknowledging that there is more to illness than pathology requiring attention. The patient's experience is disregarded because the doctor's sensitivity is suppressed . . . and therefore he cannot, or will not, recognise any feeling in the patient."

An ancient maxim, "Only the wounded physician heals", provides the book's title and its recipe for change. From wounding experiences, be they personal or professional, can arise an awareness of the patient archetype, an acknowledgment of human frailty and vulnerability, and a shift from the "assured, detached, objective and self-controlled doctor inculcated into students in medical schools". In parallel the patient moves towards the doctor archetype, regaining power and control over his or her own destiny.

If medicine is to be a caring profession, rather than merely the end-user of biomedical technology, then it must look to the treatment of its own members. Bennet makes five proposals—awareness of our own individual needs; recognition of personal limitations; shedding of authoritarian attitudes; acknowledgment of professional limitations; and pastoral care for doctors themselves. Certainly I would have appreciated such thinking as a houseman, when discounted as "inadequate" for complaining about three consecutive nights without sleep. Medical education must also change; schools must not inculcate "elitism and robustness" but instead a contemplative and sensitive humanity. In a cheaper paperback edition Bennet's book could provide a central text for a novel preclinical course entitled Being a Doctor.

This wide-ranging and accessible book, which considers medical history, politics, and non-Western and holistic medicine, is not for hard-line falsificationist devotees of Popper (although their theoretical rigidities might respond well to the approach). Rather it is for those who prefer the psychological tradition of *Verstehen*, or interpretative understanding. It is the poetry and the pity of practice not its practicalities; the art not the science of medicine. Its aim, successfully fulfilled, is self-knowledge and thereby better knowledge of the patient.

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Round the World

From our Correspondent

United States

TIGHTENING THE RULES

In an age when industries from airlines to natural gas are being deregulated, Government is intent on increasing regulation of the medical profession. Last year Congress passed the optimistically entitled Health Quality Improvement Act. Sections of this law that are generally welcomed by doctors give protection from liability (damages under Federal or State law) to those serving in peer-review bodies, and to people who give information to those bodies—unless they know the information is false. This is to encourage the profession to police itself better and to weed out its bad actors, who are responsible for a high proportion of malpractice actions. Such weeding has been hampered by the threat of lawsuits by those being disciplined.

Less welcome to many doctors is the provision to set up a national clearing-house with information on doctors. The reason for this is that doctors who have proved incompetent or malicious in one State may move away and start all over again. Insurers who make payments in malpractice actions, and State boards who discipline doctors, must report to the clearing-house; and hospitals and others conducting peer review must report disciplinary action to the State boards, who must pass this information on to the clearing-house. Professional societies must report similarly. Hospitals much check with the clearing-house before appointing or reappointing doctors to their staffs (reappointment is mandated at least every two years). It is not yet decided who will run the clearing-house.

The law, evidently designed to appeal to many different legislators has other miscellaneous provisions, including: no-fault compensation to children injured by vaccines; grants to medical schools to teach geriatrics; requiring States to plan community-based care for people with chronic mental illness; and, most egregious, authorising the export of drugs not yet approved for use in the US.

Meanwhile, many States, in return for measures that one hopes will at least slow the increase in malpractice premiums, have enacted new rules to govern practice. It is said that those of Massachusetts are the most stringent (the story goes that one doctor asks another, "Have you been to the Soviet Union?" "No, but I've been to Massachusetts."). The Board of Registration, which controls medical licensure and consists of five doctors and three lay persons (one of the doctors and two of the laypersons are lawyers), has issued 45 pages of rules, some of which show signs of haste in the preparation. They require health care facilities (hospitals, nursing homes, health maintenance organisations, and clinics) to adopt strict rules for appointment and biennial reappointment of all doctors working at them, including inquiry into malpractice claims (whether or not settled against the applicant), monitoring of incidents within the facility bearing on patient care (requiring all doctors and employees to report such incidents), reporting these incidents to the board of registration, and institution of educational activities designed to minimise adverse events. Each facility must have a patient care assessment programme, with a committee to oversee it, to carry out all this. Moreover, doctors are required to report certain adverse incidents in their offices.

One hopes that all this will reduce the incidence of true malpractice and will not give rise to the atmosphere of "Big Brother is watching you". It will certainly generate lots of paperwork and may sometimes cause unfair difficulties—eg, to innocent doctors named in frivolous malpractice suits that have not yet been settled. Many people worry that "raw" information obtained by the Board may leak to hungry lawyers seeking malpractice suits or to sensation-mongering journalists. A group of eight Boston teaching hospitals is taking the Board to court in the hope of overturning some of the new rules, and the staff of another hospital has voted not to change its bylaws as required by the Board.

All this is in a State that forbids balance billing of a Medicare patient (even if he is a millionaire on whom the doctor has put out extra effort); requires the doctor to explain all alternative modes of treatment to every breast-cancer patient; would like to take away the licence of a doctor who, fed up with the inefficiency of Government mechanisms for payment, does not want to see Medicaid patients; and by its certificate-of-need rules has kept Massachusetts behind other States in the installation of advanced equipment. The governor, Michael Dukakis, is the son of a doctor, he has not endeared himself to the medical profession in his State. In other matters he seems to be an efficient executive but heavy-handed and insensitive. He is now running for President.