


Part **I**  
Seeing the  
Cycle





# Chapter 1

## Doctor Knows Best (Sometimes): The “Physician-as-Expert” Model

Annette Sansom knew she wanted to be a physician from the time she was eight years old. As a child, she would pretend to perform an operation to save a neighborhood child’s life, or mix a special medicine to help her friend’s father with a cough.

Once in medical school, Annette decided on a career in internal medicine because the variety of medical problems that internists see offered the opportunity to develop long-term relationships with patients. Though not a star in medical school, she always excelled in dealing with patients. Her clerkship evaluations were filled with comments like “quickly develops rapport with patients,” “sought out by patients,” and “able to deal with even the most difficult of patients.”

### Key Terms

- Physicians are Human
- Thoughts Drive Behavior
- Physician-as-Expert
- Impasses in the Doctor-Patient Relationship

Yet despite Dr. Sansom's obvious "people skills," there were still times, even after five years of practice, that she would end up in a disagreement with a patient and not know how it happened, or even worse, what to do to resolve it. One of her patients, Rich Wilson, is a good example.

Rich Wilson is a 43-year-old former carpenter with a history of multiple back surgeries, each of which worsened his chronic back pain. He is considered to have Failed Back Syndrome, is on disability, and takes daily narcotics to manage his pain. He visits the clinic monthly and is demanding and, at times, antagonistic toward the medical staff. Some of the office staff wonder whether he is milking the system. When Dr. Sansom sees his name on the schedule, she mutters under her breath: "This is going to take forever."

Dr. Sansom feels guilty for having such a visceral and negative reaction to seeing Mr. Wilson's name on her schedule. She remembers an esteemed professor in medical school, in his starched white coat, pronouncing the need for "clinical detachment" in all patient encounters. Somehow she had never been able to master being detached from her patients. In talking about Mr. Wilson to a trusted colleague, she attempts to analyze her reaction. "He just gets under my skin. I try hard not to feel so negative, but I do. I feel guilty about it, but after a while I get mad. I think, what right does he have to bully the nurses and give me such an attitude? He acts like we owe him something. It's not like we aren't trying to help him. He's looking for some magical fix, but some things in medicine simply aren't fixable." While judging herself harshly for having negative feelings toward her patient, what Dr. Sansom does not realize is that she is not alone in her predicament.

## **The Physician as a Human Being**

All physicians have both good and bad feelings about their patients. Since feelings are a normal part of patient encounters, the goal of remaining "detached" is misguided. Although we like to think that our personal feelings (both positive and negative) do not influence patient care, a handful of studies suggest otherwise (1-4). When physicians like their patients, there is a higher likelihood that their patients will report being satisfied with the physicians (5). Both doctors and patients can tell, better than chance, whether the other person liked them (5). Further studies show that doctors like healthy patients more than sick ones (6,7), and feelings of frustration and anger in response to angry or demanding patients are common (8).

What these studies tell us is that physicians are human beings and as such, they exist in a social context that is broader than the doctor-patient relationship. That context contains conflicting roles and responsibilities that can result in the physician feeling frustrated, which in turn can end up being expressed toward the patient. Physicians also experience multiple forces that shape their feelings and behavior. For example, in addition to Dr. Sansom's patient-care responsibilities, she has obligations to her husband and two children. Some physicians have obligations to students and research. All doctors

must consider how laws and economic forces influence practice. It is important to recognize that such competing obligations are common and inevitable. It is how a physician thinks about these conflicts that is an important factor in determining the outcome.

## Thoughts Drive Behavior

Difficult cases like Dr. Sansom's may not have medical answers and seem to lack any interpersonal solutions. They are characterized by patterns of frustration and emotional escalation or withdrawal. The way a physician *thinks* about such cases shapes the way he or she understands and responds to them (9). Consider what happens when Dr. Sansom has the office visit she was dreading with Mr. Wilson. In their interaction, you will see how the negative feelings experienced and expressed by each of them contribute toward moving the relationship to an impasse.

### "This Pain Is Killing Me!"

Mr. Wilson is a person who tries the patience of even the most humane physicians. Although Dr. Sansom believes that Mr. Wilson is in pain, she also suspects that he could do a lot more to help himself.

For today's visit, Dr. Sansom enters the exam room with a knot in her stomach. Nevertheless, she greets Mr. Wilson with a warm smile and extends her hand. He shakes her hand dismissively and eagerly responds to her first question asking how he is today.

*"Terrible! This pain is killing me. I take the medicines, but nothing helps. I don't know how much longer I can take this. Those criminals at the worker's comp board are trying to take away my benefits. I don't know how they think a man's supposed to live."*

Dr. Sansom recoils at the intensity of his complaints. She remains calm, however, and tries to stay in her role as an expert by assessing whether his pain had changed since the last visit.

*"It's worse! I can tell doctor, its getting worse. I can't sleep, my wife says I'm miserable to live with (she's no picnic, either, by the way) and all I do is lay around the house all day. You've got to help me, doc."*

Mr. Wilson's request for help appeals to Dr. Sansom's expertise. The problem is that her medical expertise can only take them so far. Dr. Sansom feels a sense of powerlessness and even wonders if she is failing Mr. Wilson. The paradox of feeling a sense of failure is that, as the expert, Sansom feels compelled to do more, yet deep down knows that her allopathic bag of tricks is, essentially, empty.

How a physician responds to feelings of powerlessness and failure is a key to determining the outcome. The need to “do something” (prescribe another medicine, order more tests) may temporarily soothe the anxiety in the relationship with the patient, but ultimately it may further the frustrating cycle. In some cases, the situation will improve. Prescribing a higher dose of narcotics for a patient complaining of persistent pain may well bring relief. But other times, despite the physician’s genuine efforts, no progress is made. Both parties then feel “stuck” and despite the best efforts of the patient and physician, there is no movement.

When relationships get stuck, one response is to withdraw (10), which can lead to deterioration in the relationship. The patient’s reaction to the withdrawal then exacerbates the situation; when patients sense that the physician is withdrawing, they may become frightened and feel betrayed, which leads to further deterioration in the relationship. It is this deterioration that contributes to the withdrawal and resultant impasse.

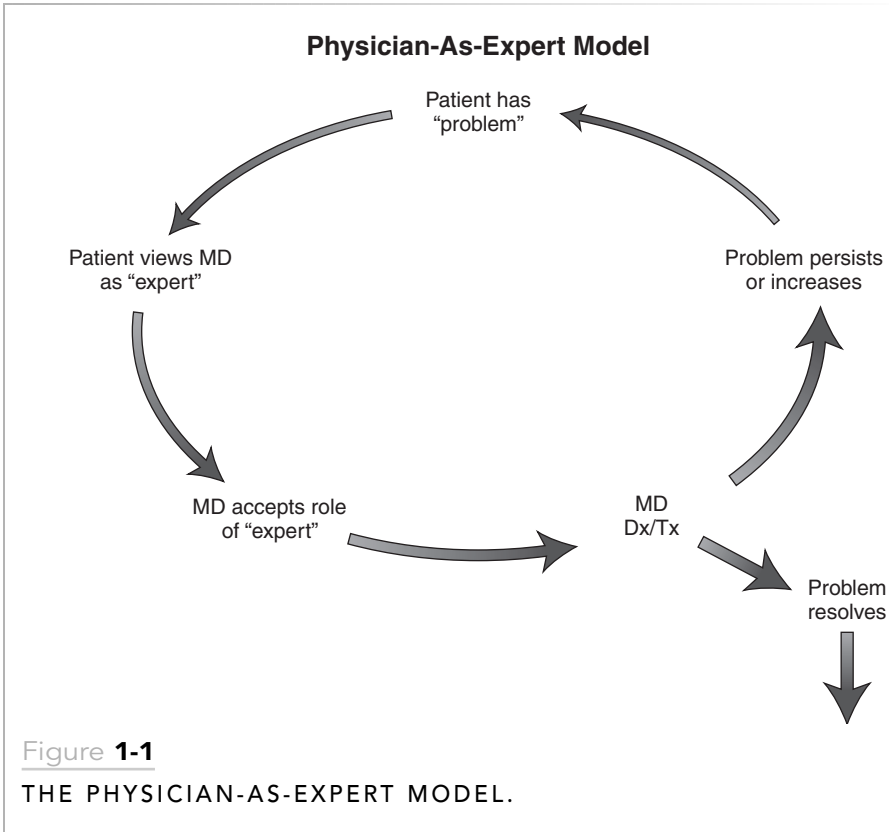
Dr. Sansom feels stuck with Mr. Wilson, yet also feels responsible as “the expert” and continues to try to offer something to help him. She thinks for a moment, then suggests returning to physical therapy.

Mr. Wilson has strong beliefs about that suggestion. “No way, Dr. Sansom. Those people are medieval torturers. I won’t go back there again. What else can you do?” Feeling frustrated, Dr. Sansom then suggests that Mr. Wilson go to a local pain clinic. Mr. Wilson feels the sting of rejection and asks Dr. Sansom if she is dumping him. She replies somewhat defensively: “I am just trying to find some help for you.”

Dr. Sansom feels more guilt because Mr. Wilson sensed that she wanted to get rid of him. As she thought about it, she realized that she didn’t want to get rid of him as much as she wanted to feel like she was doing something to help him. Because she felt powerless, she started to withdraw emotionally from Mr. Wilson. It was her emotional withdrawal that kept her locked in the unsatisfying cycle with Mr. Wilson. The more she withdrew, the more he demanded.

## **Physician-as-Expert**

The field of cognitive psychology shows how thoughts drive feelings, as in the situation described above. These feelings in turn, ultimately shape our behavior (11). Dr. Sansom’s negative thoughts about Mr. Wilson (“He’s milking the system”; “He’s going to take forever”; “I can’t help this guy”) generate negative feelings, which then influence how she interacts with him. She struggles with Mr. Wilson because he frustrates her by challenging the typical way she practices medicine. She is not accustomed to experiencing resistance from patients, especially the type she experiences from Mr. Wilson. Sansom is used to assuming the role of expert and using her knowledge and skills to guide her patients back to health. This pattern of interaction is what we call the Physician-as-Expert Model. It is presented as the starting point for understanding how relationships get stuck, leaving the physician in a bind of not knowing how to help her patient or herself (Figure 1-1).



In this traditional model of the doctor-patient relationship, the patient seeks out the physician because she possesses the knowledge and skills to help the patient feel better. When this model works—and it usually works quite well—it can be gratifying for both the patient and the physician. The patient gets what he wants and the physician feels like she has helped her patient. This model is enacted countless times each day in clinics and hospitals throughout the world. In some cases however, the model breaks down.

## Model Breakdown: How the Physician-as-Expert Model Fails

The Physician-as-Expert Model breaks down if a doctor and patient persistently disagree on either the underlying cause of the presenting symptom and/or on the best way to proceed. In and of itself, disagreements between doctors and patients are not necessarily a problem and, in fact, are quite common (12). Conflicts occur in all aspects of interpersonal relationships, and most people have a reasonable set of skills to resolve the issues. For example, a physician may want a patient to return for a follow-up visit in one week.

The patient may feel like a one-week return visit is unnecessary and a waste of time and money. The two parties then discuss their different views and ultimately reach an agreement they both can live with. The relationship is unharmed by the conflict and they are able to continue to work together.

In some cases, conflict can even be good for the doctor-patient relationship. We recently had a case where a 23-year-old woman with non-Hodgkins lymphoma arrived in tears at the outpatient clinic for chemotherapy. She told her nurse: “I can’t do this today. I don’t have the energy for it. I want to feel good for the weekend when I see my boyfriend and the chemo will ruin that for me.” When the physician heard about this he became irritated and defensive telling her that, “You need this chemotherapy today.” After seeing a few other patients and talking to some colleagues, the physician began to reconsider his position. He went in to see the patient and asked her to tell him more about why she was refusing chemotherapy. After a long discussion he felt like she was making a reasonable decision and agreed with her, even though he was concerned that she would refuse treatment the following week. Since that time, the doctor and patient have been able to talk more openly and freely.

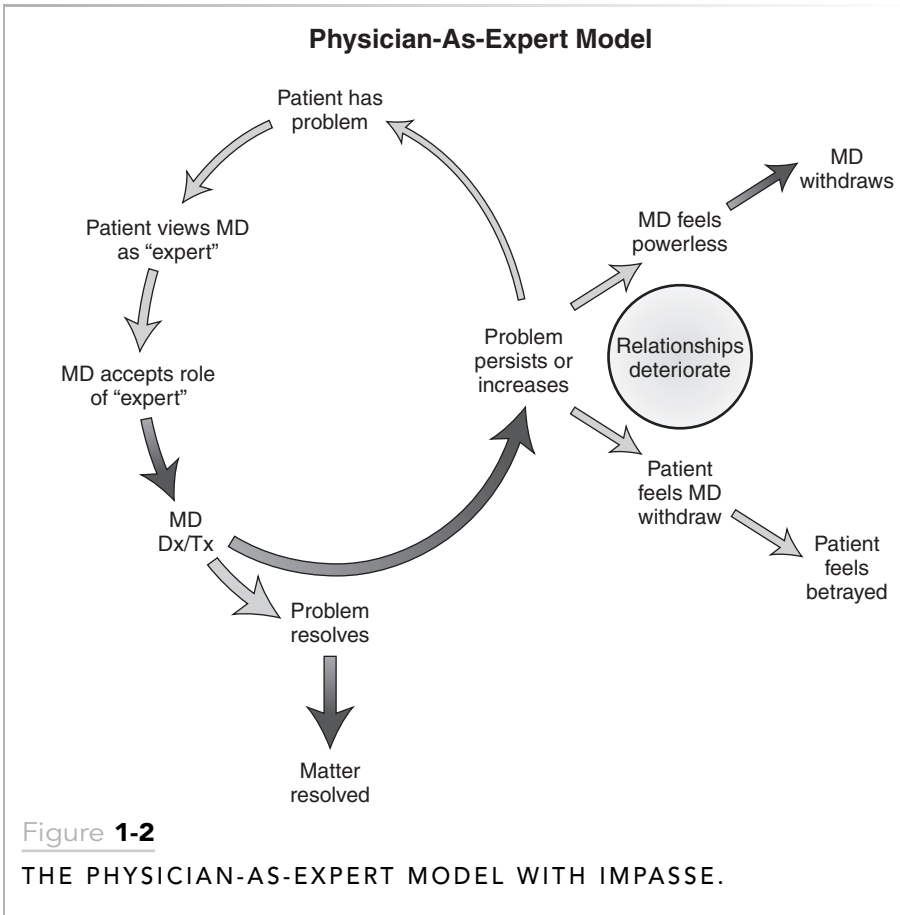
Unlike the above case, an impasse develops when the disagreement *persists* and the relationship between the doctor and the patient begins to *deteriorate*. This is when the Physician-as-Expert Model breaks down. In the case of Mr. Wilson, the patient with Failed Back Syndrome, Dr. Sansom’s relationship with him is heading toward an impasse as he persists in making demands on her that she feels unable to meet.

## Impasses in the Doctor-Patient Relationship

What happens to the Physician-as-Expert Model when an impasse is reached, like the one between Mr. Wilson and Dr Sansom? When a physician tries hard to help the patient but sees that his or her efforts are not working, she can become quite frustrated. When this happens, the physician is faced with feeling *responsible*—after all, the physician is the expert—but *powerless* to fulfill that responsibility. Often it is the physician’s feeling of powerlessness that leads to emotional withdrawal, which can then fuel an impasse. Figure 1-2 illustrates this concept.

Dr. Sansom was feeling powerless in her interactions with Mr. Wilson. This case illustrates how easy it is to become caught in a cycle of frustration and a resultant impasse with a patient. While she approached each visit with the best of intentions, somehow they always ended with her feeling guilty and powerless and with Mr. Wilson asking for more than she could provide.

Dr. Sansom’s interactions with Mr. Wilson have helped us understand what happens when a physician sticks to a model that no longer works. In the remaining chapters, stories of other doctors and patients will help us further understand how impasses develop and what can be done to resolve them. In Chapter 2, we will introduce the Symptomatic Cycle, which will provide a framework that explains how impasses are created and sustained.



The psychotherapist Jay Haley once purportedly wrote; “The solution of an impasse turns upon a paradox: to confess failure is to begin to move; to experience impotence is to be set free to take action” (13).

**Summary**

In this chapter we have presented:

- The model of Physician-as-Expert
- How unproductive impasses between doctors and patients can evolve
- How the unproductive cycle can lead to deterioration in the relationship, which in turn can produce an impasse

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