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A Safe Place for Caregivers

Balint Society Essay Submission 2020

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I was waiting to enter our second Zoom Balint group. We had already been in lockdown for one month due to the Coronavirus pandemic which had considerably affected our personal and working lives.

Our Balint group is somewhat unique in that it consists of members who are all mature caregivers, a few already partially retired and some of the others approaching the age of retirement. Many are over the age of 65 or have some chronic condition which makes them more at risk where Coronavirus is concerned. So I was expectant to know how people were managing in the new treatment setting. But perhaps in contrast to our more physical fragility compared to our younger colleagues in the profession, we are a group of hardened experienced doctors who are well versed in the trials, hardships and tragedies of medical practice and who have managed to surface from setbacks and trauma which we have encountered over the years without being burnt out, while still maintaining a love for our profession. All of us agree that Balint groups have done much to protect us in this respect.

Our first Balint group by Zoom three weeks previously had been experimental for most of us and we had all been in high spirits at the easy ability to meet online and continue our group meetings face-to-face. We had been at the beginning of lockdown, some of us assigned to working from home by telephone consultations and those that remained in clinics receiving fewer patients face-to-face. We were managing and there was almost a slight mood of euphoria in the Zoom room.

Three weeks on was a different story. The strict lockdown was working in that the wave of Coronavirus infection was already declining and we had had

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relatively few deaths. General practitioners in my sick fund had set up a nationwide monitoring of all our patients who had tested positive for Coronavirus. Each would be contacted immediately by a GP who would assess if the patient needed hospitalization or was well enough to be treated at home. If hospitalization wasn't needed an assessment was made if the home conditions and family set up were amenable to quarantine at home or in a hostel taking into account patient preference. All were supplied with Coronavirus kits consisting of pulse oximeter, thermometer and facemasks and were monitored daily in case of change of health status until their quarantine period ended. We were doing novel challenging work and our calling to be doctors was strong.

But before our second Zoom began there were some hints in our Balint WhatsApp group that not all was plain sailing and that a feeling of dysphoria was setting in. Mary, a social worker spelt it out: "Maybe before we meet each of us should think of the internal and external resources which are available to him/her in a world which has changed and is still changing and share it with us. It may strengthen and help us". Questions arose whether this should replace a formal Balint group setting. Another group member sent a link for mindfulness meetings on Zoom for those in need.

And there we were. From our host had opened the door and one by one we entered the Zoom room. It was lovely to meet in days that many of us had become detached from people outside our immediate families. Did everyone look well? I think my first impression was yes and indeed no one had yet caught Coronavirus or had needed to be in quarantine. Mary again asked if there was a need for a more diverse and flexible meeting outside the normal Balint setting and a short discussion ensued in which most members expressed a feeling that allowances should be made due to the exceptional circumstances in which we found ourselves and we agreed this wasn't going to be a traditional Balint group.

Julie volunteered to present what was pressing on her. Julie is an independent family doctor who works in a single-handed practice. She related how Coronavirus had struck her. Her husband who has had a kidney transplant and is receiving immunosuppressant treatment is highly at risk of complications on catching COVID-19 and she had been advised by his doctors not to work face to face with patients. So she had closed her clinic and was working by means of telephone appointments and digital online patient communication. Most patients understood and were themselves reluctant to go to a doctor, but Julie presented a patient who was angry and upset that she was unable to examine him and found it necessary to refer him to a young doctor who was receiving patients face to face. He felt betrayed by his doctor and was especially upset that she couldn't give him a date as to when she would return to normal clinical practice. The situation had made Julie feel guilty, frustrated and upset. She knew that she couldn't afford to risk her husband's health but here she was, denying her patients comprehensive care without knowing how long the situation would last.

In the discussion that followed a number of doctors brought up associated dilemmas. Sue who had also been sent to work from home due to a chronic condition was almost in tears when she described how frustrated she had become contacting and diagnosing patients by telephone only. "I can't see the patient, feel the patient or place a caring hand on him, never mind examine him. I could return to the clinic, but I am frightened of contracting the disease". Here was a new dilemma for us. For the first time in our working lives the doctor had become fearful of his patient. The patient posed a danger to us and could at his worse cause us to become ill or even die. We were in the early days of Coronavirus and no one knew for sure if PPE could protect doctors from the disease. Where did our allegiance lie? With the patient who in the past we would have done everything for, staying up all night in the hospital setting to save a life; or to ourselves and our families. We were the baby boom generation of doctors who had entered medicine

as a calling and believed in work ethic above all. Should we be discovering somewhat late in our careers the more sensible attitude of the Y-generation whereby work needs to be fun and flexible and part of the enjoyment and quality of life as a whole? There is more to life than just work.

Nancy who had been one of the GPs working with diagnosed Coronavirus patients chose to place herself in the patient's distressed position which she felt was powered by a feeling of dependency on his doctor and fear of losing her. But what I remember most of Nancy's participation was her description of how emotionally draining she found it to deal with patients diagnosed with Coronavirus or placed in isolation due to contact with a diagnosed patient, many of whom felt guilty at contracting the disease as if it were a sexually transmitted infection that they were suffering from. But fear and anxiety were the main prevailing emotions in these patients. Fear of illness, suffering and dying. Fear of infecting family and other people and most of all fear of the unknown. This very much paralleled Sue's emotions as a doctor.

Nancy felt that treatment by telephone from a distance and without eye contact compounded in certain patients a sense of neglect and abandonment, and wondered if doctors needed to increase their contact with such patients to a maximum or to introduce video calls.

Kate also described her situation and associations with Julie's predicament. Kate was due to retire in two months' time. She described how she had worked closely with her patients for many years and had planned how to take leave from them before her impending retirement. All her plans and considerations had been laid aside due to the Coronavirus pandemic and instead she had been sent to work from home with telephone consultations only. Worse than that she had noticed that some of her longstanding patients had already been designated a new doctor without her having said goodbye. This was upsetting and hurtful. I recalled in my mind how I had retired six months previously from my practice where I had

worked full time for 25 years and how during the final 2 months it had been very important for me to transfer my chronically ill and home bound patients over to their new doctor in order that there would be the minimal disturbance in the continuity of care. I also recalled that patients made appointments just to part and say goodbye to me, many of them bringing small gifts and flowers or personal gifts which they had made by hand. And on my last day when I was about to close the clinic they had arranged a surprise party for me in the waiting room. I had been very touched. Kate was to be denied this transition in the care of her patients and a farewell which I knew she deserved.

But on this sombre note suddenly Sean decided to speak. Sean is one of the younger doctors in our group, in his late fifties. He has specialized in family medicine and in geriatric medicine and has recently taken up a position of consultant geriatrician at our local university hospital working fully in the hospital setting. He reminded us that fear is the emotion felt when we enter unknown, unfamiliar, and unpredictable territory. We have been trained as doctors to treat patients based on knowledge and experience accrued over the years and we were unused to dealing with situations of which there is little information. But doctors have in the past learnt to adapt to different modes of practice. Just as with AIDS we had learnt to wear gloves when handling body fluids we could learn how to treat Coronavirus patients. As an example, he cited himself who had been called to do numerous consultations on elderly Coronavirus patients in the hospital. He had learnt to gown himself adequately and to wear a mask, goggles, a visor and gloves and approach, examine and talk to the patient without fear. He hadn't become infected and truly very few medical personnel working with Coronavirus patients in our country had become infected. For doctors reaching out for a ray of light here was indeed an uplifting account.

Paul, another of our younger doctors, added to this new optimistic note. He works in a small townstead in the desert, about 90 minutes' drive from the nearest

town. He often works single handed and has dealt with many an emergency situation by himself. He described doing a lot of home visits dressed appropriately and keeping a distance for elderly patients in the community who had not seen a soul during the lockdown period. Those that lived as a couple seemed to fare better and even minor quarrels seemed to preserve their general wellbeing. But those who were single seemed to lapse into a depressed state with tears and somatic complaints prevailing. If the family was caring, telephone conversations and “window visits” from outside the apartment helped. Here was another doctor who had learnt to treat without fear of being infected or infecting others.

We had all felt much moved by this Balint group and everyone agreed that it had been very supportive. We decided unanimously to meet online more frequently to allow ourselves as doctors an outlet for our emotional needs.

Where we are today

It is now more than 4 months since that memorable online Balint group and we have continued to meet on Zoom but have reverted back to our original schedule. Coronavirus is still very much around and affecting our lives. It became impossible to maintain a strict lockdown for a prolonged period of time and so we have learnt to live and treat in the presence of the virus. All of us except for Julie have gone back to working face to face with our patients but have also adapted to telephone consultations and the new technology of video and digital medicine. We had been struggling under the psychological weight of the crisis, had decided that this psychological pressure needed to be addressed and had used our Balint group to relieve our feelings of stress, fear and anxiety. During work I have learnt to focus on taking care of my patients without being reckless, since it is only rarely a patient with fever enters the clinic.