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Being a General Practitioner in the First Months of the COVID Pandemic

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In *The Doctor, His Patient and the Illness*, Michael Balint described key phenomena that we now take for granted, that arise from GPs observing their responses in listening to stories of patient care. A Balint training-cum-research group was convened made up of eight to ten GPs who listened to the narration of a story or "case" (no notes allowed) of a patient encounter. The presenter and group both paid attention to the telling of this "case" as well as the evoked feelings in the doctor and the group.

I got a chance to attend a weekly Balint group as part of my three-year vocational training scheme[1]. These Balint groups gave me my first insights into the importance of the setting, the interaction, the feelings and language. How when these are observed in a consultation, they can unlock key aspects of the story – most importantly improving the diagnostic capability of the GP. A major difference to a story telling exercise was understanding the power of the unconscious. Something I was never taught in medical school.

When I ask medical students, who come and sit in with me, about their impressions of General Practice, it is usually that we are interested in patients first and foremost as human beings, not as vessels for discrete illnesses. And that is what makes the job satisfying for most of us is our continuing relationship with our patients, colleagues and teams.

Michael Balint recognised that "the essence of general practice is the continuing relationship binding together the doctor and his clientele. The more they know about each other the better the prospects will be of a mutually satisfactory relationship in health and in illness."[2] I think it's these healthy relationships that form the oil that enables the professional machinery to run

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[2] All quotations are from *Psychotherapeutic Techniques in Medicine,* by Michael Balint and Enid Balint (London: Tavistock, 1961).

smoothly without friction or damage to its key components. So how has the COVID-19 pandemic impacted my relationships with patients, my colleagues and my identity as a GP?

Within the first few weeks of the peak of the pandemic, I experienced a heightened sense of uncertainty and disbelief watching world events unfold, sensing the gradual erosion of what was a recognisable form of working as a GP. I work in a practice serving a very multi-ethnic population with variable health, literacy and socio-economic status. Our practice decided that the ethical way forward was to accommodate as many ways of patients connecting with us as possible - phone, letter, walking in. This brought on much debate - what would happen? Would the patients stream in? Would we cope? Was it safe? But in reality, for the first weeks of the pandemic, this approach worked well mainly because the majority of our patients were terrified, and kept well away.

What is the source of this terror? The invitation to meet face to face in a consultation during COVID-19 times is distorted by our sense of risk and danger. For the first time, the consultation, which for me is the source and summit of my craft as a GP, becomes a possible source of contagion, an overt threat leaving the doctor and/or the patient vulnerable to an unknown, possibly fatal disease.

I faced my mortality in every consultation. Even the previous benign gift of exploring the symptom of a sore throat, with a simple look at the tonsils, was now considered a treacherous manoeuvre. I recall the distress within our team. How could we do our job of seeing patients? NHS England's advice was impossible to follow at that time, with a dearth of PPE and outdated premises. Our GPs were angry that they did not have the tools to see their patients or to keep their staff safe. Michael Balint suggested that doctors have feelings and that these feelings can have an important influence on the consultation. These can be identified and used in the consultation. This means that a doctor can have a powerful ability to influence the

patient's thinking and ultimately their total health, without necessarily writing a prescription.

I found, in the height of a pandemic, that seeing a patient face to face was a soothing return to normality. I felt I was a GP again. The first time I used my stethoscope on a patient during the COVID crisis was on someone I hadn't met before. I was all protected, clad in a mask and flimsy plastic apron. I very deliberately took out the stethoscope, feeling its coolness, I purposefully, placed the earpieces in my ears and then the diaphragm on the man's chest. I observed myself savouring the silence, counting his breathing, my head connecting with his heart. In this case I heard a murmur as well as some breathlessness. When I put down my stethoscope, I admired a beaded bracelet on his wrist. He proudly told me that it was his favourite granddaughter's handiwork. It was then that I heard another murmur, a murmur of quiet grief as he now missed her terribly. We decided that this breathlessness needed an investigation, and it was bringing up the thought of being well enough to see this granddaughter that convinced the patient to attend the hospital. Perhaps this was an artful consultation, using my deep listening and connection. But now, thanks to COVID, I observed arising within me, a new irritating, gritty and gnawing doubt. Was I right to say that the hospital was safe in a COVID pandemic? And how had I held the balance of power of my Doctor Drug?

This power came up in another lockdown encounter when I was not feeling much connection between head and heart. I was working doggedly through a long list of telephone call requests. A relentlessly growing list of calls as it felt to me. The message was "Pt (patient) needs dressings again wants Dr Perera to call". I telephoned the patient, portraying outward calm, whilst inwardly dismissive and irritated as he told me he needed a repeat prescription.

I half listened to his enthusiastic hello flicking through his notes: An Egyptian gentleman in his 80's with whom I had only one encounter in the last

year. Why was this coming to me? I looked through my notes of that brief meeting a year ago. I had noted that he is the carer for his elderly disabled wife, and he had developed a small wound in his umbilicus. At that time, my records showed that I had been asked to do a prescription and he was healed with some antibiotics and a dressing that had been recommended by our nurse. And I was curious why he felt he needed to speak to me now, especially when a click of a button by a pharmacist would have magicked the dressings to him.

"Yes Mr XX", I interrupted," the prescription, it's done. "

"Oh, but Dr, I wanted to talk to you let you know what has happened." Chastened I listened with a little more grace.

"You see, I went to my brother's funeral in Egypt. I got sick and when I went to the hospital, they said I had COVID-19, very bad. I will die and I must go to intensive care. He then re-enacted for me his determination to get home to his wife with dementia, how the carer would only be there for another week, how he nagged, cajoled and begged the doctors to avoid intubation and send him home. And then I heard him say, "Dr remember when I saw you, I told you I was old, I was no good. And you smiled and said, well the oldest trees have the deepest roots, you have deep roots, strong and steady? Well, I remembered this and I said to them in Egypt, I cannot die, I have deep roots. I will live and go home!".

I hadn't until then realised the representation those words given to him, a year ago, that fell out of me as I simply responded to soothe a wounded umbilicus, those words formed an invisible cord of attachment between us.

Two of Balint's concepts are very germane to the topic of how we influence our patients. He coined the term, "doctor as drug" to highlight the huge impact that the doctor's relationship to the patient has in shaping the course and outcome for their illnesses. A second concept, he called "the apostolic" function of the doctor also impacts our patient relationships. In Balint's words, "It was almost as if every doctor had revealed knowledge of what was right and what wrong for patients to

expect and to endure, and further, as if he had a sacred duty to convert to his faith all the ignorant and unbelieving among his patients." Balint noted that the doctor brings to every encounter his personal values and morality, his own notions of his role, and elicits, whether implicitly or explicitly, the kind of response that is most compatible with his own views.

If I, an established GP with experience, now felt unsettled about my apostolic role or doubted my efficacy in these times, I wondered how this was for others, newly qualified or only just forming theirs.

What is it that contains and maintains the scaffolding that supports your growing professional esteem, especially now when you may be working from home as a GP, with little distinction between the different roles you play as mother, wife or home-schooler? What happens when you are now asked to navigate difficult choices, at a laptop on the kitchen table, at home, with a baby in the background? What about those only starting their first year of being a GP or returning after maternity leave, or a locum in an unfamiliar place, all having to cope with being in a place of "not knowing''?

My own pre-conceived notions of illness and suffering, my values surrounding the GP role and the role of the patient, my own emotional response to different types of patients can only be shared in a safe psychological space. Without such space, we are unable to explore the force of such beliefs in our role of doctoring. As a young doctor taking up my professional role, it was the many opportunities for me to practise performing with patients and discuss my performance in a kind and supportive space that helped me grow in skill and confidence. The Balint / reflective group behind me, together with the props of the name badge, the stethoscope around my neck, the greeting of the patient, the setting of the consultation room - it was with these all combined that I felt cheered on by a solid tradition which was mostly strong enough to hold my doubts and fears. New ones have emerged.

Consulting by screen can mean energy-sapping efforts to get the camera angle right, or teach an older person how to connect with the camera in their home. Whilst video consultations are not the same as sharing breath in the same room as a patient, I have found them a strangely intimate affair. We have to sometimes go to extraordinary gymnastics, mental and physical, to achieve that connection. But it can yield joy.

A young mum who didn't want to come near the practice with her new-born baby was simply delighted when I agreed to tend to her by video. I recall the father holding the webcam at an angle so that his wife could show me her healing scar. I caught his image tilting the computer, in their bedroom mirrors, and so I could see beyond what the camera would normally show me. When the consultation ended, I thanked the camera man, and his wife, not aware that I could see her husband, applauded his skill and he gave her a very loving bow.

And now to the e-consultation. What might Enid and Michael say of this e-encounter?

Balint wrote, ''Perhaps the most instructive periods in the history of an illness is the time before the patient and doctor agree what the illness is about and then settle down to treat it. During the unsettled and unorganised periods, it is not difficult to follow the various "offers" by the patient and the corresponding "responses" by the doctor. This interplay goes on until eventually an agreement can be reached.''

The COVID pandemic has hurtled us into this new world of electronic triage systems. I now read a consultation, frozen in time, between the patient and who? Is it me they relate to or the computer screen as their benevolent GP asking the questions "what do you want to talk about" or "what do you think the problem is"? Are patients just as happy with electronic interactions with no visuals on the doctor? Some seem to be able to express themselves very clearly.

I wonder what was in their mind when they typed out their answers. Would it be the same if I call them now?

I want antibiotics

I want to see Dr X again

I want you to sort my son out….

I don't want to feel like this for much longer

It feels like we have got to their ideas concerns and expectations (ICE) in a jiffy. But how tempted will I be when tired, jaded or not keen on confrontation to challenge this offer? To be curious and to ask around the problem presented? And where does learning about the unconscious apply in this new domain of remote consultations?

Michael Balint speaks of a mutual investment fund, the small deposits of good will that come from the GP, or their team, interacting in small ways during the course of their lifetime building up trust. We all have patients with whom we have built up a deposit of banked knowledge engendering loyalty. These patients have built a sense of trust and intimacy with us. Are we now cashing in on the past years of banked deposits of face-to-face relationships? Will e-consults allow the same value of connection to be deposited? And how can we maintain a healthy balance, building more trust in this new normal? A trust fund that can be cashed in when needed.

For a healthy trust fund, both parties have a duty of care, and self-care. Michael Balint was not shy of talking about the cost of being a GP. In the last chapter he makes it clear that there is a price to pay for being a GP. Caroline Palmer the past president of the Balint society describes her experience of a Balint group "as the uninterrupted presentation of a problem, and then the 'handing over' of the burden to the group, to see what they can make of it, as you get to be a fellow observer, sitting in, or sometimes out, while hearing the others' thoughts and feelings and then ultimately reintegrating back into the group."

Perhaps that is why as a GP we so need each other, the group, to carry this burden with us. Professional isolation has a great cost to healthcare workers, and during this pandemic. I ask myself, have I been deliberate and intentional in seeking to be even more connected to my colleagues, and in making sure I do take breaks, in an act of caring for them, through caring for myself.

Being a GP is not easy work.

In the words of Balint ''All the general Practitioners who took part in our research accepted this hard fact after some remonstrance…What they resented most was that their work and their responsibility had not been made easier by their new experience and their newly won skill. All of them without exception complained about this but all of them without exception found their work incomparably more interesting and more rewarding.''

Author Note

This text combines two talks. The first was given with Dr Andrew Elder at a webinar in October 2020 for the RCGP NWL Faculty 'COVID and the doctor-patient relationship: consulting in the new normal. A Balint perspective.' The second was an introductory talk for the Belfast Balint Society Online Weekend Conference.

References

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