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Is There Still Room for the Drug Doctor in the NHS?

Amelia Thompson[1] & Vikram Luthra[2]

[1] Psychiatry Core Trainee (CT3) at Leeds and York Partnership NHS Foundation Trust: amelia.thompson2@nhs.net

[2] Consultant Psychiatrist in Medical Psychotherapy at the Leeds and York Partnership NHS Foundation Trust, and Psychoanalyst, Joint-President of the Balint Society. UK.: vluthra@nhs.net

Introduction

In 1957, in his book *The Doctor, His Patient and the Illness*, Michael Balint used various case reports by general practitioners (GPs) to demonstrate the value of the doctor-patient relationship. Interspersed within the clinical material, he introduced and defined various concepts such as the 'drug doctor', 'collusion of anonymity', and 'apostolic function' to understand the value of the doctor, the effects of moving responsibility for patients between specialities, and the doctor's beliefs as to how a patient should behave (Balint, 1957). For this paper, we will focus on the drug doctor, its application in modern day medicine, and its impact within a post-Covid and financially strained NHS.

Balint's work in this area was carried out around the nascency period of the NHS, at a time when doctors were perceived as 'the only person always available' for people to talk to, something Balint felt significantly contributed to the psychological dynamic between the doctor, his patient and the illness.

Over the past 30-40 years, the role of the doctor has shifted, and current NHS pressures mean higher than ever caseloads. In the last decade, there has been a net loss of 1,083 full-time GPs alongside a net increase of 6.8 million patients.[1] In response to these demands, there has been a drive to support the medical workforce with the introduction of allied healthcare professionals undertaking some of the work once only expected of doctors.[2] The diminished availability of doctors has also been recognised by the public: a recent survey demonstrated that over 40% of patients lacked confidence in timely access to their GP or mental

[1] See Royal College of General Practitioners. Key general practice statistics and insights. RCGP. Accessed 12 June 2025. URL: https://www.rcgp.org.uk/representing-you/key-statistics-insights.
[2] British Medical Association. Report: Physician associates (PAs) and anaesthesia associates (AAs). BMA. URL: https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/physician-associates-and-anaesthesia-associates.

health services.[3] Given these statistics, it is not unreasonable to suggest a knock-on effect on the doctor-patient relationship and subsequently on the drug doctor, too.

The Drug Doctor

In his notion of the 'drug doctor', Balint (1957) explored in detail how the doctor themself may act as a kind of symbolic treatment method for the patient. The doctor therefore is not merely a treatment vector, but acts as an independent (unconscious) therapeutic agent, mediated through the doctor-patient relationship.

As with all drugs, the drug doctor is best when delivered in the optimum dose, frequency and duration which are influenced by the doctor-patient relationship and the individual doctor's behaviour, attentiveness and way of relating (Balint, 1957). Balint (1957) acknowledges the possibility of side effects that could result from an unsatisfactory doctor-patient relationship. While most doctors may not refer to themselves as drugs, the principle that the doctor may have a treatment effect cannot be dismissed. A variation of this can be seen over the past 30 years at the level of medical education, where widespread emphasis on communication skills (including active listening), along with teaching the biopsychosocial medical model are in most curricula (Kopelman, 2014). The drug doctor and its associated effects became particularly apparent during the Covid-19 pandemic.

[3] Healthwatch England. One in three people in England lack confidence they can access critical NHS services. Healthwatch. 12 September 2023. Accessed 3 June 2025. URL: https://www.healthwatch.co.uk/news/2023-09-12/third-people-england-lack-confidence-they-can-access-critical-nhs-services.

The Effect of the COVID-19 Pandemic on the Drug Doctor

The pandemic led to several seismic shifts for the NHS, one being the widespread implementation of telemedicine which completely reimagined clinical encounters, especially at a time where contact with patients would not have been otherwise possible (Mahdavi et al, 2025). Although remote working has allowed the doctor to be more 'available', it has led to a fundamental change in the individual doctor's setting. The notion that patients must physically come to the doctor is no longer a given, thereby potentially reducing the private and personal nature of face-to-face consultations. Conversely, remote consultations have permitted some patients (especially if anxious) to feel more autonomous and empowered to speak freely given they are in their own setting.

One limitation of telemedicine is the loss of physical examination and observation of the non-verbal cues and behaviours essential to communication (Mahdavi et al, 2025). For most consultations, this loss must be instantly accepted without any space for mourning. Thus telemedicine (a factor in the treatment like the drug doctor), although a powerful communication tool and treatment driver, could also be said to have impacted the doctor-patient relationship and diluted the efficacy of the drug doctor via the screen barrier and impersonal encounter (Mahdavi et al, 2025).

Another way in which the pandemic impacted the doctor-patient relationship was the shift in perception of the doctor. While doctors have long held a particular role in society, they were rapidly placed on a pedestal during the initial waves of the pandemic. Patients accepted directives to stay away from their doctors and even took time to 'clap for carers'. Perhaps similar to how branding can boost the potency of a drug's placebo effect, the same may have taken place for the drug doctor via the government or media (Faasse et al, 2015). However,

this temporary 'positive' (or perhaps not) side effect soon wore off as the pandemic resolved and as industrial action commenced.

The Effect of Industrial Action on the Drug Doctor

Although the unprecedented toll of the pandemic gradually subsided, the increased workloads and scarcity of resources continued to rise. Post-pandemic, the number of doctors identified at 'high risk of burnout' doubled (10% versus 21%) and chronic pay erosion spiralled with consultant real pay down 35% from 2008.[4] Many doctors felt undervalued and there was attrition from both the NHS and the profession, in contrast to the elevated position during the pandemic. Ultimately, this coalesced in 2023 with industrial action by doctors.

The drug doctor is closely tied to the sentiments driving strikes. For example, current doctors find revisiting Balint's 'long interview' logistically unfeasible. Doctors taking industrial action seek working environments in which a higher dose of the doctor is allowed through better staffing ratios, and greater efficacy of the doctor is provided via less burnt-out doctors who have greater emotional capacity and ability to listen. An expired drug could be thought of as the bio-equivalent of a burnt-out doctor.

Industrial action has the associated adverse effect of the patient being cut off 'cold turkey' from the drug doctor and runs the risk of withdrawal. Alongside the loss of their doctor, patients have also had to face an uncomfortable reminder

[4] See General Medical Council. (2023). The state of medical education and practice in the UK: Barometer survey 2023. GMC. Accessed 10 June 2025. URL: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/the-state-of-medical-education-and-practice-in-the-uk-barometer-survey-2023. See also British Medical Association. (2025). Fixing pay for consultants in England. British Medical Association. Accessed 12 June 2025. URL: https://www.bma.org.uk/our-campaigns/consultant-campaigns/pay-in-england/fixing-pay-for-consultants-in-england.

that their doctor's motive to care for them is, in part, financial. This seems contrary to the fantasy of the idealised, altruistic pandemic doctor, leading perhaps to the diminished shine of the recent "wonder" drug doctor. This shine has also worn down public support for strikes, which has declined as action has progressed and pay offers are rejected.[5]

The Importance of Balint Groups in the Current Climate

In today's NHS, doctors face escalating risks of emotional burnout and professional identity erosion, struggling to find space to inhabit the role of 'drug doctor' within an increasingly pressurised system. In Balint's (1957) words, 'to care for the doctor is to care for the patient'.

Balint groups offer a rare, protected space in the doctor's schedule, free from service demands and targets. These sessions allow doctors to reflect on their practice, relational dynamics, and assumptions, and to maintain empathetic engagement. They may also foster insight into how doctors prescribe themselves, their optimum dosages, indications and limitations. Since the pandemic, many groups adapted and moved online. Although not without compromise, virtual groups remain a valuable alternative, mirroring the telemedicine landscape in which the doctor–patient relationship resides.

In an overloaded NHS, access to Balint groups feels more relevant than ever, enabling doctors to hear their patients and themselves. For many, medicine began as a calling and a desire to fulfil the role of the drug doctor. Balint groups help sustain that vocation, even amid shifting pressures and uncertainty

[5] See YouGov. (2025). Public opinion on junior doctors' strike action – May 2025. Accessed 14 June 2025. URL: https://yougov.co.uk/topics/politics/survey-results/daily/2025/05/27/afee1/2.

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