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A Consultation that Changed My Practice

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This is a narrative of hope and humanity: a consultation which has enormously emphasised to me that we must redefine health and the way we consult with our patients who have complex intertwined physical and mental illnesses. We must acknowledge that it is a privilege to provide meaningful care to our vulnerable patients in the community who often find great courage to present in practice in an attempt to seek some solace.

During my medical school placement within a rural general practice, I met with a 72-year-old female, whom I will call Ms M., presenting with for a review of her chronic low mood. From what seemed at the start to be a routine appointment exploring the current status of her mental health according to the booking note, all was not so simple. Within minutes of the consultation starting, I was presented with a poem written by the patient that expressed her innermost thoughts and feelings about life.

An excerpt from the poem¹ reads:

What else is there left to say,

When you dread every new day.

If I could find peace,

Maybe my torment would cease.

All I want is to be normal, whatever that is.

I only know that it is not this.

Does anyone understand my fears, or do they feel my tears?

My trust in people has been broken.

¹ Permission gained from the patient, Ms M.

I was taken aback, struck by the ebony ink on the crumpled paper looking back at me. For a moment I embraced the silence within the room and paused to reflect. Ms M. sat still. Sombre. It seemed that today it was easier for her to communicate openly and freely with text than words, a first for me to experience. Although this was a heavy poem to read, having only been in the presence of this patient for mere minutes with minimal awareness of her background at that point, it undoubtedly highlighted to me the depths of her inner turmoil that she was willing to share. As a third-year medical student, it was an honour to have been privy to such a patient encounter. I was moved to have bonded and built trust so easily with Ms M. to the extent that she felt comfortable sharing this poem. It allowed me extraordinary insight into the cogwheels turning inside her mind at that moment in time.

After a frank, open, and honest discussion with Ms M. – alongside my supervising general practitioner who was also present – we started to depict the psychological distress she was experiencing and unravel why this was the case. I soon learned that she had recently experienced multiple dismissive consultations for her physical ailments with healthcare professionals. They had candidly stigmatised her and, unfortunately, undermined her capacity to engage in direct conversations as an adult after reading about her complex medical and psychiatric background. Relating to a past appointment for palpitations that she was experiencing, Ms M. recalled that

‘when he [the doctor] found out I had mental health issues, he stopped talking to me and directly engaged with my daughter.’

The crux of my consultation with Ms M. highlighted to me that during healthcare encounters, all Ms M. has ever wanted is to be viewed as a person. A real living human being, sharing the same air that you and I breathe: not an object,

nor patient identifier number, labelled as being a 'nervous wreck', judged by her history but not by her presence in the room. Yet, having faced these recent challenges within the medical community in achieving this, her faith in humankind had diminished. I was horrified to hear of how she felt so easily dismissed.

Ms M. confessed to me that in the past it has been '*actually nice to know that I really had something wrong with me and it wasn't just labelled as my anxiety...*'. Albeit paradoxically, this comment epitomised to me just how important holistic practice is to the individual. Thinking outside of the box when considering causative factors for health concerns is essential: mental and physical illness can coexist simultaneously. As doctors, we must not have preconceived ideas that a physical illness is always a result of pre-existing psychopathology and be biased in our judgements.

Having heard directly that morning from Ms M. that she appreciated having a medical condition (bradycardia) diagnosed independently, and not connected to her psychiatric issues, it reaffirmed to me the grave need to be proactive and inquisitive when consulting to ensure that all plausible possibilities are considered for the cause of the presentation. I gained a heightened awareness of the absolute need to consult as a generalist within practice: a physician forearmed with the expertise to craft uniquely tailored illness narratives for their patient, and reduce uncertainty in their diagnoses, which, in turn, can help to empower Ms M. and restore her optimistic outlook on life (Reeve, 2015; Reeve, 2018).

Upon peer discussion and personal reflection, this exemplar patient experience emphasised to me that we must not overlook the fact that the health needs of individuals are often multifaceted. A patient with complex mental health issues can also have physical illnesses. We must be mindful to not dismiss this finding by avoiding a 'one-size-fits-all' approach to the consultation, and in turn

escape the rabbit hole whereby the presenting medical complaint is attributed to psychological unrest, rather than thinking more wholly and systematically.

I quickly understood that implicit bias within consultations can impinge on the patient's ability to confidently express their thoughts and feelings about their health. In turn, this prevents them from feeling satisfied with a quality standard of care delivered. In this consultation, I realised that Ms M. would likely not have felt the need to write a poem explaining her disdain for life and poor mental health if we, as medics, had previously taken the time to get to know and understand her as a person, not just a patient. A listening ear bearing no judgement, clinical unease, nor bias, was imperative for Ms M. to explain her story, and share the depths of her physical and mental frustrations with me and convey her unhappiness with life.

As acknowledged by Ronen et al. (2020, p.1280), we must readdress the culture of medicine that Hippocrates underpinned: '*cure sometimes, treat often, comfort always*'. It is imperative that we observe how extremely powerful and important the patient-doctor partnership is in upholding strong foundations within medicine. It is fundamental for creating a meaningful two-way dialogue, incorporating the patients' ideas, concerns, and expectations, and acknowledging that the patient is often the expert regarding their health. This epitomises the ethos of Osler, reiterated by Centor (2007, p.59), whereby '*the good physician treats the disease; the great physician treats the person with the disease*'.

Ms M. left the practice that morning having shared her woes. I felt that we had succeeded in reducing the burden she was carrying that day and started to rebuild her faith in the healthcare system by allowing her the space and time to talk in a safe, open, and humane environment. We addressed the totality of her health and wellbeing and encouraged her to think and act positively, and proactively, in addition to safety netting and arranging a timely follow-up appointment, as appropriate. As highlighted by this case of Ms M., we must

advocate for marginalised and vulnerable individuals within the community through compassionate acts of humanity to those in need of expert support. I truly believe that this consultation with Ms M. was a significant illustration of the colossal philosophy of whole person medicine that is essential for the twenty-first century.

References

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