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Balint's Seminars: What I Miss Most Since My Retirement!

Suresh Pathak¹

¹ Retired G.P. Worked and lives in Romford, Essex, Research associate, Queen Mary's Medical School, London: SKPathak137@aol.com.

I retired as a GP in May 2001, having joined a general practice in September 1971 straight from hospital medicine. I had not done any GP traineeship but was inducted into two doctors' practices. My senior partner was a very experienced Scottish doctor who became my trainer, mentor, guide, and family friend. I owe my existence in general practice to her.

It was not an easy passage for an Indian-trained doctor to learn English general practice, which is an institution. I had a short stint as a general practitioner in India for about a year and a half. For an Indian patient, a pill is necessary for every ill and so, initially, my prescribing here was high compared to my other partners: most of the patients walked out of my consulting room with a handwritten prescription. But I developed an interest in 'consultation.' Among many books I read, I was clean bowled over by reading *The Doctor, his patient & the illness*, written by Michael Balint. I read it from cover to cover a couple of times before I realised what I was reading, what it meant and how to bring this concept into day-to-day practice. As a doctor sitting in the comfort of my consulting room, I am only looking at the presenting symptom of the patient seated in front of me. Who he is, what he is wearing, who is accompanying him, what is his background – I ignore these vast unspoken features. I remember reading in one of the medical books: 'if you know a thing, you see it; if not, you do not see it'. So, I fit into this category. I did not know my patient. I was only aware of their presenting symptoms. Reading Balint's book, all my faculties were suddenly activated.

I read the book and studied it. The result was that my consultation style changed: I could identify the person sitting on the other side of the table and I assessed him beyond what he was telling. Reading this book also made me aware of the importance of taking serious note of what goes on within the consultation. Doctor-patient relationship was the new concept coined by Balint. This book, *The Doctor, his patient & the illness*, is based on weekly seminars, conducted by Balint at the Tavistock Clinic in North London. Between eight and ten GPs attended these

seminars. He functioned as a group leader and psychoanalyst. Doctors presented the cases, and Balint guided these doctors and analysed these cases. The essence of these groups is to share experiences and enable people to observe and rethink aspects of their relationship with patients and their work as doctors.

I was overly impressed reading this book, which is all about the day-to-day work of general practice. What the histories I read about taught me is how a simple case, when unfolded by doctors during a discussion, became difficult, tangled with complicated relationships within the family. The patients described in the book have found it hard to deal with the problems of their lives and have resorted to becoming ill.

I learnt at medical school, in various medical clinics and outpatients, that medicine was based on a relationship model of object and subject. The doctor is an active agent, and the patient is a passive one. But Balint's theory is that a doctor is as much a medicine as a prescribed drug. When to prescribe, how much to prescribe 'himself' as a drug-doctor was a new phraseology. I was so interested in joining this Seminar after reading this book that I wrote to the Tavistock Clinic educational department. I was invited to attend an interview, and I was offered a place at the weekly run seminars. Back in those days – I am talking of 1986 – there were two seminars weekly, one on Wednesday and another on Thursday. I opted for the Thursday seminar because this was my half-day in practice. I had to travel to Finchley Road from my home in Romford, which took me more than an hour and a half each way.

For a few weeks after joining the seminars, I felt unsettled. But soon, the magic of the cases presented in the seminars by the doctors; the responses from other doctors, with many questions and sometimes a grilling; and finally a summing up by the group leader, a psychoanalyst; was so overwhelming, so educative, I saw it was an exercise par excellence. I presented my first case when I was merely three or four weeks into the seminars. The aura of seminars was so

strong that it always lingered on my lonely train journey back: the case I had presented, or the case another doctor had presented. Gradually I become wiser in understanding what is going on within the four walls of the consultation, between you and your patient and his illness. I am not saying that it offered solutions to all those 'heart-sink patients', or the patients who came with a list of their symptoms, but it made me aware that these patients needed help. This help may be just listening to their complaints.

These seminars were addictive to me. Every Thursday, my half day in practice, I became restless if I was delayed at the practice. My seminar started the moment I boarded the train from my local railway station and lasted till I returned and picked up my car from the car park. Seminars started sharp at 2.00pm and lasted till 3.30pm, not sharp. I attended these seminars for 14 years, with a good attendance record. Three group leaders retired during this period, but my addiction continued. During these seminars, we did some academic and research work as well. We discussed cases of accidents and trauma for more than six months. For a considerable length of time, we discussed our referral patterns to secondary care. Why we refer these cases – and how helpless we feel when we refer – was a revelation. I remember presenting a case when a female patient of mine wanted to be referred to a teaching hospital, which I declined. I was grilled like anything for my refusal, but my reasoning was accepted by the group after an intensive cross-examination.

My retirement from practice and my withdrawal from the Seminar also coincided with the termination of these seminars at the Tavi. I enjoyed them for 14 years, as I mentioned, and I was a loyal supporter of these seminars. I must have been seen at the Tavistock Clinic by 1.50pm whatever the weather or transport conditions. Several times I would reach it early, and I would use the canteen for a sandwich and a coffee or use the library. I recall once the Indian cricket team was playing a test match at Lords, which is on the way to the Tavi. I skipped the match

at the lunch break, dashed down to attend the seminar till 3.30, and came back to see the remaining cricket match (mine is a cricket-mad family).

Besides the difficult or heart-sink patients, we were able to talk it through when the presenting doctor was going through a bad patch, a partnership problem, a complaint, or any issues relating to his or her professional life. I was able to discuss the problem I was facing with my VTS trainee. At the end of the day, I would say that one learnt something from these seminars. I would put it this way: the outcome of these seminars is like a vaccine, where the long-term benefit is immense and ongoing; it is slow but strong professional development.

During my long spell of attending these seminars, I have seen doctors come and go. Some came for a short spell and some for a long spell. We shared experiences and enabled people to observe and rethink aspects of their relationship with patients and their work as doctors. In these seminars, the group's identity develops, and the group leader and members mutually influence each other's views when presented with these cases. In the setting of these group laboratories, new observations are made about the doctors and their patients, and changes occur. Facilitating the observation of work in general practice and evaluating it has been the main aim of Balint's seminars. I miss going to the Tavi once a week: the interaction with other colleagues, and the wisdom of the group leader. It has been more than a decade since I retired, but I sincerely and sorely miss these seminars.