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Doctors at times of national instability: What Balint seminars reveal

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Abstract

Background: It is not known in what ways is the doctor whose practice is secure in a clinic challenged to maintain a therapeutic doctor–patient relationship when confronting a flood of immigrants within a country that is politically volatile, internally fractionalized, and surrounded by sporadic military incursions?

Methods: During Balint seminars, a family medicine resident presents a troubling case which all group members reflect upon from the perspective of the doctor, the patient, and their relationship. Balint leaders later debrief and review the work of the group. Lebanon has passed through many political, social, and religious conflicts and was affected by the onset of the Syrian Civil War in 2010. The Balint leaders had begun to see in resident case presentations reflections of war's disruption of the doctor–patient relationship. Two Balint leaders reviewed a log of all the cases between 2013 and 2016.

Results: In our observations, the discussion of the presented cases mirrored the cultural, social, religious, and political context of the country. First, the political situation was reflected in the dynamics of the group: agitation, conflicts, hopelessness, and a search for norms. Second, the residents subconsciously chose words in their discussion that reflect the country's situation. Third, the presented case was stirred by a tragic war-related event.

Conclusions: The social/political/religious context in which the physician is practicing distracts the doctor from fulfilling his/her professional role. Balint seminars are

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an example of direct, experiential learning that provide an excellent opportunity for the special training of primary care physicians who deal with refugees and citizens to self-reflect on war's impact on them and their profession.

Keywords
Balint seminars, patient–doctor relationship, war, internship and residency, family medicine

Introduction

When one talks about doctors at times of war, the first thing that comes up is a doctor in the immediate context of military engagement. Here, the ethical dilemmas arise about preserving life and decreasing suffering versus refusing to treat or torture.[1,2] In the era after war, doctors are encouraged to be aware of the patient's psychosocial well-being and address those with posttraumatic stress disorder. However, we would like to focus on the doctor who safely practices in a clinic within Lebanon, a country that is politically unstable and bordered by nations at war, and hemorrhaging refugees by the tens of thousands. This is all happening in a geographic region where international political, economic, and religious forces are seeking to express supremacy under the rubric of securing national identity.

Balint groups are regular seminar-based discussion of the patient–doctor relationship performed in many residency programs. Balint groups are usually 6–10 residents who are led by one or two Balint credentialed leaders. During the Balint seminar, one of the residents presents a troubling case which all group members reflect upon from the perspective of the doctor, the patient, and their relationship. The goal of the group is to broaden the perspective of how the present patient is seen and how each participant resident might interpret their relationship as the doctor to this patient and to explore what new possibilities exist for the doctor–patient relationship. No consensual treatment plan is sough or prescribed. Balint seminars were introduced in the Department of Family Medicine at the American University of Beirut in 2013 to train residents to understand the psychological intricacies in the doctor–patient relationship.[3] The purpose of the Balint seminar is to understand and be aware of the blind spots during the medical encounter that affect the patient–doctor relationship. The doctor can be distracted or deflected from his/her authentic role by influences from the family, nurses, colleagues, over identification with the patient, and most certainly by the political unrest surrounding them.[4] In the context of Lebanon where physicians are surrounded by political unrest and the surge of refugees, other distractors might play a role. For example, the treatment

decision of physicians was affected by their political beliefs[5] and the patient immigration background and resident permit status.[6]

Lebanon has passed through many political, social, and religious conflicts- not to forget the aftermath of a 15-year civil war that raged from 1975 to 1990.[7] In 2010, with the budding of the Arab Spring and the onset of the Syrian revolution, multiple currents of political and social unrest were streaming through Lebanon in the spring of 2011.[7] Lebanon was affected by the Arab Spring on multiple levels, mainly by the Syrian uprising.[8] With a surge of around a half a million Syrians in spring 2013, Lebanese people were expected to accommodate the Syrian refugees. By 2015, it was estimated that there were 1.5 million Syrian refugees, almost 25% of the current Lebanese population. Burning through their savings, most Syrian refugees were not able to secure shelter and food for their families.[9] In addition to the economic and humanitarian burden of the Syrian refugees, their presence in the North, at the Lebanese-Syrian border, has led to violent clashes dragging the Syrian war into border cities and has necessitated the intervention of the Lebanese army. Iraq and al-Sham were responsible for many car bomb attacks in the whole of Lebanon, including the capital city. The war in Syria has exacerbated the divisions between the different Lebanese political and sectarian parties and prevented the agreement on a president for two years.[10] Only recently was a president finally selected. In the reign of corruption and political vacuum, the country started to have a garbage crisis and the streets began to accumulate mounds of trash and garbage.[11]

Methodology

It is in such a context that third and fourth year family medicine residents are struggling to care for a transient and very diverse, religious, economically, and nationalistically stratified population. Over the past two years, the seminar leaders had begun to see in resident cases presentations a reflection of war's disruption of the doctor–patient relationship. Sometimes, the discussions were very intense and even the leaders felt the burden residents were carrying and continued reflecting on the group process days following the seminar. One of the consulting faculty (AJ) kept a journal of all the cases presented. Two leaders (JA and MR) went over the cases and identified ones where the discussion mirrored the country's immediate condition. Table 1 presents the number of Balint seminars, the physical setting of the medical encounter, and the dates of the above-mentioned cases. This paper addresses the observations illustrative of case presentations from these Balint seminars.

Results

Balint cases are usually troubling cases to the presenter. In our observations of the Balint discussions, we noticed that presented cases and subsequent

Table 1. The setting of the clinic encounter discussed in Balint seminars related to current political situations.

Date	Setting
1/2/2013	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
5/17/2013	Clinic serving soldiers
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
6/21/2013	Clinic serving soldiers
6/28/2013	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
2/8/2013	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
8/30/2013	Clinic serving soldiers
9/6/2013	Clinic serving soldiers
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
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	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
2/6/2014	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
8/18/2014	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
8/9/2014	Clinic serving underprivileged
9/15/2014	Clinic serving underprivileged
9/29/2014	Clinic serving underprivileged
10/27/2014	Clinic serving underprivileged
11/10/2014	Clinic serving soldiers
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
2/16/2015	Clinic serving soldiers
2/3/2015	Clinic serving soldiers
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
4/13/2015	Clinic serving underprivileged
4/27/2015	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
8/3/2015	Clinic serving soldiers
8/17/2015	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
9/21/2015	Clinic serving underprivileged
	AUBMC clinic/ER/Hospital
11/2/2015	Clinic serving soldiers
	AUBMC clinic/ER/Hospital
	AUBMC clinic/ER/Hospital
12/21/2015	Clinic serving soldiers
Feb-16	Clinic serving underprivileged

The family medicine residency has three locations for training: the main hospital and its outpatient clinic that serves the general population; an outreach clinic that serves Lebanese army soldiers and their families; and outreach clinic that serves in the underprivileged population including Syrian refugees.

Key:			
	AUBMC clinic/ER/Hospital	Clinic serving soldiers	Clinic serving underprivileged

discussion mirrored the cultural, social, and political context of the country in several ways. First, the political situation was reflected in the dynamics of the group. For example, on the anniversary of the Lebanese Civil War, a resident presented a case of an adolescent brought by her mother with an unwanted pregnancy. The discussion between the residents was intense with strongly conflicting factions to preserve or to terminate the pregnancy Second, the residents subconsciously chose words in their discussion that reflect the country's current situation. For example, following multiple bombs in the capital city, a case of futile hematologic disease was presented, and the word bomb was mentioned by the residents multiple times to describe the situation in which the patient was living. Third, the presenting case was stirred by a tragic event. Shocked with the photo of the dead Syrian child on the shore in Turkey while trying to escape by boat, a resident presented a case about a Syrian mother who has managed to arrange for boat tickets to take her children to Turkey. She asked the doctor whether she should take her children to Turkey against her husband's wishes. The resident was uncertain. He too was wondering if he should leave the country. Selected Balint case discussions were chosen to illustrate our observations (Box 1).

Box 1. Selected Balint case discussions illustrating the effect of national instability and political conflicts on the patient–doctor relationship.

13 April 2015

Country context: 40th anniversary of the Lebanese civil war

Case description: A young unmarried adolescent presented for delayed menstruation of two months. Despite a positive pregnancy test and fetal heart beat on ultrasound, the mother and the adolescent remain in denial. They sought the opinion of an obstetrician. Two group members were running the discussion most of the time. One resident wanted a definitive resolution (abortion) even if it violated religious values, and the other resident wanted to own the problem and not to project it onto the patient/family.

Issues discussed in debriefing: The discussion of the residents was explained with a metaphor of "baby war" in the "tummy." Everyone in the country is frustrated because leaders haven't learned lessons from an interminable Civil War and still fight among themselves and are controlled by outside forces. Many aspire to be leaders who want to save the country from another "baby war" that is growing slowly inside of Lebanon's tummy.

31 August 2015

Country context: August 2015, the garbage crisis started. Lots of arguments and miscommunication about the proper way to dispose of the garbage led to the closure of the landfill and the garbage started to stack up in the streets.

Description of the case: An elderly Iraqi patient was brought by his wife for a nonspecific complaint. The encounter was difficult due to language barriers and the bad smell of the untidy patient. Despite this, the doctor could diagnose an acute heart event and tried hard to arrange for hospitalization.

Issues discussed in the debriefing: It is easy for the doctor to commit errors in an odiferous setting when there exist lots of barriers to communication. This mirrored the contextual circumstances of the country: unkempt individual in unkempt country.

21 September 2015

Country context: On 2 September, the international community was shocked with the photo of a dead Syrian child on the shores in Turkey while trying to escape on a boat.

Description of the case: A young Syrian mother asked her physician to give her advice. She has arranged for tickets for her family to leave for Turkey; yet, her husband was opposing this. She could not place her children in school, her husband could not find work, and she saw no future for her family in Lebanon. The doctor felt uncertain what to say.

Issues discussed in debriefing: The group members identified themselves with the patient and family. Doctors themselves want to leave the country. What kind of a doctor do I need to be? How do I fill the role of the doctor? What values will I serve as a doctor? How can the doctor maintain a professional life when he cannot maintain his personal life within an unstable and unsafe country?

30 November 2015

Country Context: In 2015, at least eight car bombs occurred across the country. On 12 November 2015, two suicide bombers killed at least 40 people and injured more than

Box1. Continued

Description of the case: On 30 November, the Balint case was about a young father who was recently diagnosed with myelofibrosis and denied bone marrow transplant at the current time though his physician has informed him that he would need one in the future. The father was anxious about the uncertainty around his condition and treatment. The patient wondered whether he must keep waiting till he deteriorated before he receives a bone marrow transplant. Interestingly, the word bomb was frequent during the discussion. The residents empathized with the patient anxiety as if someone is holding a bomb and does not know when it will explode.

Issues discussed in the debriefing: The unpredictability of the country's social stability is mirrored in the unpredictability of a possible explosive medical outcome.

22 February 2016

Country context: The citizens of Lebanon lack the basic rights of having a president and a clean environment where garbage is accumulating in the streets. Political parties are forced to take sides choosing a presidential candidate. The whole country is being asked to take sides in the religious crisis otherwise the Lebanese citizens in the Arab world will suffer and lose jobs.

Description of case: A mother was recently seen with three children suffering from a virus over the last two days. The weather was freezing, and the resident noted the children were inadequately dressed. She asked the mother why the children were not appropriately dressed. She reported she had no more clothes for the children and began to cry. The mother informed the resident that there were eight of them living in the same room, sleeping under one blanket. The resident was aware of a look the children gave her as they left the consulting room. After the consultation, she began to cry.

Issues discussed in the debriefing: During the seminar, some residents took the side of the children against the mother. The mother herself probably felt defeated and angry that she could not protect her children; they were deprived of basic needs. The physician was deflected from his/her professional role and forced to take the side of the children, intending to protect them. Yet, blaming the mother ended in inflicting questioning gazes of the children about their mother and causing the mother to cry. The doctor ended causing sorrow rather than relieving suffering. The resident and the patient both suffered. In parallel, every political party is blaming the other and the result is anger, sadness, and helplessness felt by the citizens. Are not these the feelings of the doctor? Who is going to support the doctor in this war infested country?

Discussion

Observations of the residents' Balint case presentations and discussions have shown that the residents' relationship with the patient was being significantly influenced by the social/cultural/political situations in which they find themselves. Doctor–patient care has been impacted by the metastatic growth of violence and huge population migrations in the entire Middle East—and beyond.

Doctors dealing with refugees and native populations and experiencing tsunami-like waves of immigrants should ask themselves: What kind of doctor

does the patient need? Should the doctor be a caterer who provides medicines, food, and shelter? Should the doctor pose as a savior who provides security and hope? Should the doctor show that he/she attentively listens and empathically shares the patient's situation—the doctor as drug? Is the patient's somatization symptoms reflective of the patient's environment and circumstances? In short, they need the kind of doctor who can recognize and make sense of his/her identification/connection/relationship with the patient, to develop an objective/empathic response—is it the patient's problem I'm hearing or only an echo of my own disease. Finally, how realistic is to ask doctors to maintain objectivity and avoid countertransference when doctors themselves are threatened, insecure, afraid, angry, and feel disenfranchised?

The countries instability and political conflicts affect the doctor even when he/she practices at a police patrol clinical office. The country does not have to be physically at war with ongoing bombing. This phenomenon of war can radiate electronically and through social migration from surrounding countries. For example, a department that is going through structural and curriculum changes with a chairman resigning, or a resident's professional performance being handled poorly can impact all residents' relationship with their patients. The more recent political controversies concerning the personality of the person elected as US president, or credibility of the electoral process will impact the patient–doctor relationship.

Limitations

The study does not follow rigorous notes taken on the discussion and thematic analysis of the content. Such recordings are not permitted in Balint seminars. However, it relies on the researchers as credentialed and experienced Balint observers, practitioners of both medicine and the social sciences. The study is mainly exploratory: In what ways might we assess how the culture of war is directly affecting the doctor–patient relationship?

Conclusion

The context within which the physician is practicing, national instability and persistent political/sectarian/religious conflicts, can be distractors/deflectors that prevent the doctor from playing his/her professional role. Balint seminars as an example of direct, experiential learning provide an excellent opportunity for special training of physicians who deal with refugees fleeing war and forced social emigration. Moreover, we encourage family medicine residencies to introduce Balint seminars as opportunity to address the salient issues that could be affecting their residents in the context of changing dynamics in the country or the department, hospital, or university.

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