The physician healer: ancient magic or modern science?

D M DIXON

K G SWEENEY

D J PEREIRA GRAY

SUMMARY

The therapeutic role of general practitioners (GPs) is one that, over the years, has slowly diminished with the growing fashion for evidence-based medicine. However, it is clear that the art of healing and the strength of the doctor–patient relationship play a vital role in improving the well-being of patients. This is exemplified by the placebo effect, where the attitude of the doctor can make an appreciable difference to the psychological response of the patient who feels the need to be understood and listened to empathically. By maximizing the role of the physician healer, there is considerable scope for bridging the gap left by the impersonality of medical science, while at the same time increasing the GP's effectiveness.

Keywords: general practice; placebo effect; doctor–patient relationship; patient beliefs; patient attitude.

Introduction

GENERAL practice, we are told, is in the middle of an identity crisis. On the premise that we are failed consultants, some have suggested that we should become 'mini-specialists'. In a similar vein, it is said that we are working beneath our skills and that much of our work could be done by nurse practitioners. Yet our potential skills in diagnosis, the bedrock of general practice, have never been so great. Our credibility as therapists has been further enhanced by a newly-won biomechanical understanding, effective treatments, and the ability to apply evidence-based medicine. So, is there something missing in the analysis of those who say that general practitioners (GPs) should change their role, and are we simply failing to recognize it? The answer is a bit of both: the 'something' that is missing is our role as physician healers.

The powerful healer

Historically, the therapeutic credibility of the doctor was based upon his skills in diagnosis and predicting the course of disease. This was translated into therapeutic success by medications and procedures, which were largely placebos. The active ingredient was usually the healing effect of the doctor–patient relationship. The extent of this healing effect has been quantified in a large number of placebo studies, which have given a consistent average placebo response of between 30% and 40%.[1] For instance, significant placebo responses have been recorded in the treatment of hypertension,[2,3] heart failure,[4] peptic ulceration,[5] multiple sclerosis,[6] tinnitus,[7] pain,[8-10] migraine,[11] depression,[12,13] panic disorders,[14] and even schizophrenia.[15] The strength of the placebo effect may depend to some extent on the sort of placebo that is given,[16,17] and ranges up to a staggering 60% to 70%[18,19] for operative interventions. It has even been shown that strict compliance with placebo medication can halve subsequent mortality. [20,21] Clearly, the doctor is an important variable and his attitude and motivation will affect both the placebo response and compliance.[22,23] Psychoneuroimmunology[24] is beginning to explain why placebos should heal patients and how the mind can affect the body in this way.

Until recently, the placebo effect has been regarded as a nuisance effect in medical research. Indeed, its study in the context of double placebo-controlled trials has given the mistaken impression that it is a fixed quantity in the clinical situation. However, in the surgery, the placebo effect becomes the healing effect of the doctor, which will vary according to his skills and which may extend beyond simple good common sense and old-fashioned bedside manners.[25]

The GP can exploit the placebo or non-specific healing effect of the consultation, whether prescribing inert medication, active medication,[26] or indeed no medication at all.[27] The effect just happens to be much more visible when a placebo is given, but is potentially there in every consultation.

Compatible with modern medicine?

Modern GPs have negative feelings about the explicit use of placebos, although they almost universally use them in some circumstances.[28] They may frequently do so as part of a 'folie à deux' (when neither doctor nor patient realize that the medication is, in fact, a placebo) and when the placebo effect is likely to be all the greater. For instance, retrospective analysis of treatments that were once thought to be effective and now found to be bogus suggest a 70% placebo effect when such treatments were at their zenith.[29] This could explain what is happening when GPs give low doses of antidepressants to good effect when psychiatrists say they could not be having any beneficial effect at this sub-therapeutic level. They work, but, if they are placebos, can we say that they are effective? The paradox of evidence-based medicine, which should improve our therapeutic credibility, is that it will remove many treatments that work for the benefit of our patients in this way.

Similarly, exploiting the placebo effect or refining our skills as physician healers may conflict with the modern culture of honesty and openness. Few doctors would feel that it was necessary to mention every possible gloomy diagnosis at a patient's first consultation. On the other hand, should the physician suggest that a treatment will help when there may be only a 50% chance that it will? Should he improve a patient's self esteem by suggesting that he has more ability than a neutral observer might judge? Should he deliver kind words at a dying man's bedside, which will help a family's grief and possibly be remembered forever, when they do not truly reflect his thoughts at the time? Within the therapeutic relationship, it could be argued, a positive outlook[30] is both desirable and ethical, provided that the doctor is sincere and answers direct questions truthfully. The flow of our patients towards complementary therapists suggests that patients

D M Dixon, MA, MRCGP, general practitioner and honorary research fellow; K G Sweeney, MA, MPhil, MRCGP, lecturer; and D J Pereira Gray, OBE, MA, PRCGP, professor of general practice, Institute of General Practice, University of Exeter.

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are less interested in the evidence base than we are, indeed they are more likely to express frustration if we refuse to take on the physician healer role than they are to doubt our credibility when we do.

The patient's view

Our patients want to be recognized, appreciated, and understood.[31] Personal care appears to be important, and research suggests, for instance, that patient satisfaction is greater in practices with personal lists.[32] Sceptics may question who needs these relationships, inferring that the doctor may be fulfilling his own rather than his patient's need. They are assuming that sick patients are simply their normal selves plus symptoms that need fixing. However, it seems that we are frequently changed by our symptoms.[1,33] Disease interferes with our ability to function normally.[34] Patients who are changed by their symptoms and illnesses in this way may temporarily need the hope, reassurance, and comfort of a skilled physician healer.[35] They need something more than just accurate diagnoses and appropriate treatment — something well recognized by complementary practitioners.[36] Hippocrates put it thus: 'some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician'.[37]

The differences between GP and patient expectations were illustrated in a recent consumer report,[38] which showed that the top three priorities of patients were to have a doctor who listens and explains clearly, who allows sufficient time for consultation, and with whom they are able to get an appointment. Two of the top three priorities for the GPs were to involve patients in treatment decisions and to offer up-to-date treatment options. It seems that the GPs wanted to be expert practitioners of modern medicine, while their patients were looking for physician healers.

An area for research?

If our intrinsic therapeutic role is so important, why has it not been better researched? It is odd that we should know so much about the pharmacology of modern drugs but so little about the psychopharmacology of what Balint referred to as the drug 'doctor'.[39] Some might advise caution in studying the physician healer role too closely, on the premise that if you try to explore and understand the magic then the magic will be lost. It is also possible that, if there were to be accepted text books and formal seminars on how to be a successful physician healer, then GPs might begin to resemble second-rate thespians aping a received formula in a visibly contrived fashion.

This may not matter to the significant minority of patients who inexplicably respond best to placebos when they know that they are on them,[40] though others will require a more subtle approach. Nevertheless, in theory, if a patient understands his doctor's methods and why he is effective in this role, then there is no reason why this should diminish that effectiveness, provided that he is genuine and sincere. For example, patients undergoing systematic de-sensitization for a phobia under a psychologist may be well aware of what treatment is going to be given, its mechanisms, and its theory, but such knowledge does not diminish the effectiveness of that therapy. It is, therefore, legitimate to explore the physician healer role as a means of improving our therapeutic efficacy.

The ingredients of a successful physician healer

How can we maximize our placebo effect in the consultation and make the therapeutic relationship more effective? The rule books say that if a man wishes to impress a woman he should approach from the front, smile all the time, maintain eye contact, and carry out a number of well-documented manoeuvres. Are there similar rules for being a successful physician healer? Healing, they say, is an art and not a science, but we are beginning to see that it is also a science and a very complex one at that. The doctor–patient relationship is clearly the central ingredient, but there are no fixed rules. Research suggests, for instance, that patients prefer their doctors to dress formally.[41] Generally, this shows respect for the patient, adds to the status of the doctor, and thereby may help the 'placebo therapeutic response'. All the same, it is inevitable that there will be a minority of patients who will respond better to a casually dressed doctor, and others who will respond differently depending upon their personal circumstances at the time. Rules can, therefore, only be guidelines, but it is possible to generalize about some of the skills required of an effective physician healer.

Availability, approachability, and continuity are greatly valued by patients,[42] and all of these are important in the development of a therapeutic relationship. Several studies in general practice have confirmed the importance of simply giving time,[43-45] and this appears to be an important component in the success of complementary medicine where practitioners spend more time per consultation with their patients than the average GP.[31] Time is a precious commodity for the modern GP, but spending time on making patients better and being more actively involved in their ongoing treatment may save time later.

Important skills include the ability to listen and empathize.[30] Empathy and understanding are interlinked as it is only by a process of identifying fully with a patient's predicament that the GP can begin to understand him. Patients have a strong desire to be understood,[46] which we must respect if we also wish to gain their trust.[47] Trust itself is an essential ingredient of the therapeutic relationship. Providing hope and reassurance are frequently important. On a cognitive level, a good physician healer will need to communicate in a way that is appropriate to the language and culture of the patient. Conversely, at other times, he may need to stir the emotions of his patients, make them laugh, and occasionally be a master of rhetoric.[48] Inspirational doctors are as important as inspirational teachers, and a skilled physician healer may change a patient's perception of his disease, real or imagined, and thereby improve symptoms in the short-term and possibly affect physiological processes in the longer term.

The ethical use of suggestion[49-54] is very much a part of the physician's art, influencing expectation and thereby outcome. The power of suggestion is such that it can cause allergic reactions[55] and reverse the normal expected effect of a given drug.[56] Like his forebears and present day complementary practitioners, the physician healer will be skilled at personalizing treatment[57-60] by way of compensating for his science, which relies upon abstraction. He will aim for general effects such as restoring lost self esteem to patients who may be as unable to cope with themselves as they are with their illnesses. Another long-term skill is the ability to induce a positive illness attitude and coping style, which may change the course of a patient's life as well as his illness. Such skills have been shown to improve clinical status in a number of diseases,[61] including cancers[62,63] and coronary artery disease.[64]

A difficult role

The role of the physician healer is as complex as our patients and our consultations with them, but this should not stop us from trying. It is unlikely that this part of our work will ever be described in terms of flow charts and treatment guidelines, which may be

useful and appropriate in other aspects of our job and which make them easier. The sheer difficulty of this role makes it all the more exciting, challenging, and important. Therapeutics in this sense requires the same advanced skills as diagnosis in general practice. Not surprisingly, it has been said that 'some of the best brains should be in general practice because it is, of all the branches of medicine, the most difficult to do well'.[65]

Conclusion

Balint[39] and his successors offered GPs an analysis of general practice, which made consultations infinitely interesting and complex. *The Fortunate Man*[66] offered GPs, in a different way, an inspiring vision of a role that was creative, fundamental, and romantic. Both works described the physician healer of over 30 years ago. Few GPs now apparently regard themselves as fortunate men, and there is a shortage of doctors wishing to enter general practice. They are told that they should be primarily clinicians and businessmen. Thus, a role that seems to have little explicit clinical value, and one that is neither assessed nor paid for, has become irrelevant among the competing demands of modern general practice. The physician healer may be fulfilling his human contract but his work will never be part of the core contract.

Yet it seems that the physician healer is now poised to rise again like the phoenix, not on a wave of nostalgia, but because modern science demands it. Placebo research and psychoneuroimmunology are beginning to clarify a role in which caring is no longer an act of compassion or indulgence but has everything to do with curing or, in the preferred modern term, 'effectiveness'. The modern GP, therefore, needs to develop skills as a physician healer in order to bridge the gap left by the impersonality of his medical science. In so doing, he should increase his therapeutic credibility, make his diagnoses seem more reliable, his medicines more effective, and, possibly, his work more satisfying.

Those who would have us become mini-specialists, or hand over most of our work to nurse practitioners, see general practice as simply a question of making the right diagnosis and issuing the correct treatment. In reality, consultations are far more complex, vague, generous, and difficult to measure. For instance, the consultation frequently is itself the treatment.[28] Our increasing skills in information technology, health promotion, and organizing health services are important but they are not the essence of general practice, which will always be about diagnosis, therapy, and healing. The physician healer is not an anachronism but a modern necessity.

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Address for correspondence

Dr Michael Dixon, College Surgery, College Road, Cullompton, Devon EX15 1TG.