

Balint Group 4
5/15/00

Patient presented was an African-American 31 yo female with sickle cell anemia. Her brother died from same disease age 28. She is single mother with 4 children. Multiple medical problems. Frequent hospitalizations. She met current doctor during one hospitalization while doctor was intern (now graduating third year resident). Resident felt like “climbing the walls” whenever patient appeared on schedule. Liked patient, felt invested in her life, but also felt couldn’t help her sufficiently. Worried frequently she would die, leave children orphans. Patient is entitled, demanding. Found resident’s home phone and pager, frequently calls her at home, pages her off-hours. Enters nurses station and resident room at will. Resident tells her she has to wait in waiting room, but otherwise has not confronted her. Resident feels patient is making her crazy. In addition, patient will not attend specialty clinic to get her blood levels monitored. Resident feels this noncompliance puts patient at direct risk.

Discussion focused on imagining explanations for patient’s behavior. Discussed how initiative and assertiveness can become entitlement and demandingness. Also suggested that fear of death was related to demanding behavior. Also some discussion of African-Americans’ historically based mistrust of health care system – Tuskegee, experimentation, second class health care, suspicion of white doctors. Courage of patient to take risk and bond with white doctor. Possibility that patient worries she will not get proper care unless demanding; possibly she worries that only her primary care doctor is trustworthy, and that she will be mistreated at specialty clinics. This point of view confirmed by AA resident who attended session.

Some discussion of “saying goodbye” and finding appropriate resident to assume care. Concern about issues of abandonment, lost trust surfacing. Emphasis should be on establishing good relationship with new pcp, rather than trying to get her into specialty clinics. Reinforce patient for courage in trying to seek care. Explored resident’s fear that patient would die – helplessness and lack of control – even if patient was more cooperative. Eventually AA resident volunteered to assume care, felt he had special skills in establishing rapport with AA patients.