Shapiro, Johanna

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Sent: Tuesday, January 11, 2000 11:28 PM
To: 'jfshapir@uci.edu'
Subject: Balint session 5

Resident presented a 28 yo male patient with history of Crohn's disease, IV drug abuse, and malingering. Diagnosed with Crohn's age 12. Parents separated, but very enmeshed with son. Son lived in apartment and did work. Hospitalized for flare-up of Crohn's, complained of "intense" abdominal pain. Few clinical findings. Pt anemic, so at one point was receiving transfusion. Nurse found him in the lavatory putting blood from transfusion onto his stool. At another point, pt claimed his central line had inexplicably "popped out." Had history of friends bringing him drugs on unit during previous hospitalizations. Parents in denial: "He says he's currently clean. Why don't you believe him?" Pt behaves in manipulative, controlling manner, gets angry whenever doesn't get his way. Dr approached patient knowing history, resolved to be sympathetic. Immediately "got her buttons pushed" by immature, exaggerating behavior. Says has a special feeling of irritation with patients who "won't take responsibility for their own behavior." Dr. seemed very annoyed that although patient was grown man, acted like child. She stated that she "didn't understand" how an adult could behave in this immature, childish manner. Family played enabling role. A psych consult had been requested, but patient rejected, saying "he was not crazy."

Interpretations: Resident defined dysfunctional pattern as the argument: Pt: "I'm sick" Dr.: "You're not sick." Defined goal as "How to get a patient like this off your service as quickly as possible" (in reality, pt was there for an entire month, much longer than most staff felt was necessary). Group responded with supportive humor, suggestions such as turf him to psych, starve him, dump him on the street. Other residents reported similar feelings of being "ticked off" and frustrated by the description of the patient. One resident said she "felt sorry" for the patient because of how bad his life on the outside must be if he wanted to stay in the hospital so much.

Discussion turned to malingering, and how much of this behavior was under the patient's volitional control. Comment that perhaps there was common ground to be established in that the patient might actually be "sick," although not exactly as he meant it. Comments about the disabling psychological effects of chronic illness on patient, in the sense of regression, arrested emotional development; and on family, which also may have become stuck in treating pt like 12 yo child. Discussion of how patient with a chronic illness can "become" his disease, that his identity becomes so bound up in his sickness that to remove it, or to suggest he "isn't sick" threatens the very core of his being.

Discussion of secondary gain of illness - patient gets attention (even negative attention in the form of hostility from staff may be better than nothing); patient's hospitalization reunites parents, even if temporarily; hospitalization is a break from the responsibilities of the real world, which at 28 the pt is expected to have mastered, but may lack the skills because of lack of emotional/social development.

Many residents had attitude that not much could be done with a patient like this because of physician limitations in this situation. Most expressed belief that "unless the patient is motivated," "unless the patient will meet you half-way," there's nothing much that can be done to promote change.

Acknowledgment of difficulties of treating malingerer as a family physician, and need to extend the system to get psychiatric support. Also suggested looking for ""typical""positive behaviors --when did encounters "work" between resident and pt? Resident claimed never. This was regarded as a poor prognostic sign. Patient point of view was explored, but resident felt patient lacked any insight, or had any fear - just complained he was sick

and in pain and not getting any care. Discussion closed by focusing on how to treat adult patient who acts like child - concept of "good reparenting" was introduced by another resident. Idea that pt must be gradually grown up, but initially treated like the child he appears to be emotionally - but rather than enabling, as does the family of origin, communicate clear rules, have clear boundaries and consequences as well as rewards.