

General Practice is a complex affair. Our patients persistently frustrate us. They fail to read the medical textbooks and to get the proper diseases that we were taught to diagnose in medical school. Instead they persistently present with a confusing array of symptoms so that in the vast majority of cases, we will not diagnose an underlying medical cause. They come with headaches, fatigue, dizziness, numbness, or palpitations and we spend valuable resources doing multiple tests to reassure them, telling them that there is nothing to worry about as there is nothing medically wrong with them. Medication will not cure such patients, so how best do we help them?

Using the biological approach alone fails to take into account that our patients needs are complex and their health and their presenting symptoms are influenced by many things including their belief systems, what is happening to them in their relationships and family, their current work situation and what may have happened to them in the past. There is a mind-body influence and the only way to separate the mind from the body that I know, is with an axe!

Most of us accept that for 90% of patients presenting with a headache, some form of psychological stress will be the underlying cause. There are, after all, no pain receptors in the brain, so it can't physically hurt. Yet headache seems to be the only symptom that is readily accepted not to have a medical cause, but instead may be psychosomatic, by both physician and patient. I would propose that similar explanations lie behind the half our patients for whom we cannot provide a precise medical diagnosis, and that includes those that use the words functional or non-specific.

Our patients therefore, many who may present frequently, may continue to present with poorly defined physical symptoms, because of our failure to recognise and tackle their underlying emotional problems. As a GP, through counselling and support, we can give the patient the ability to understand and take enhanced personal responsibility for their own health, so helping the patient come to terms with and face their illness and find the best way for them to be as much in control as possible. I intend to show you how all this is possible in a standard consultation, using a simple series of questions devised by two American psychologists, one of whom went on to become Dean of a Medical School. This has greatly enhanced my effectiveness and well-being as a GP and I challenge you all to at least try it out, particularly with those patients that you find the most frustrating.

The basis of this approach, the so-called BATHE technique, is outlined in the book "The Fifteen Minute Hour", by Lieberman and Stuart, the two psychologists mentioned. I was delighted to discover recently that the book is now available through the RCGP bookshop. Each of the five letters of the word BATHE are a reminder of the sequence of five questions that we might ask our patients, particularly those patients who bring their life's problems bundled up with their illnesses into the consulting room and yet they allow you to keep your sanity, keep to time and leave the patient feeling better.

This simple but incredibly effective sequence is as follows;

- B - Background:** What is going on in your life?
- A - Affect:** How do you feel about that?
- T - Trouble:** What troubles you about that?
- H - Handling:** How are you handling that?
- E - Empathy:** That must be very difficult for you

First it is vital that the patient feels listened to. They will have rehearsed what they are going to tell you whilst sitting in the waiting room. It is better to let them say what they need to say with active listening, positive grunts and body language and encouraging nods of the head. Hurrying them on, by interrupting them, tends to take longer as they repeatedly go back to what they want to tell you. When they come to a halt, generally after 90 seconds or so, we need to ensure that there is no obvious physical disease, with our usual history and examination.

Then, at an appropriate moment we should summon up the courage to ask the first question, looking into the **B**ackground, "What is going on in your life?" This may well open up what can seem a can of worms, as the patient gives us poignant background information, but the rest of the questions will come to our rescue and unless know the underlying problem, how can we help the patient tackle it?

The **A**ffect question is the one that connects the patient with their emotions and feelings and in doing so tackles the mind part of the mind-body connection. It allows the patient to reflect on their feelings and to know that their emotions are being recognised.

We do not waste any time by reflecting further but move on to the next question which is, "What **T**roubles you most about that?" This is a key question, as it helps the patient and doctor focus on only one thing, the most important problem. The most time consuming patients present with five or six problems, so this can be a huge time saver.

"How are you **H**andling that?" includes a presupposition that the patient is handling it at some level, however badly and ensures that the problem belongs to the patient and is not for us, the GP to take on, so protecting us from transference.

Finally we empathise. **E**mpathy demonstrates understanding and normalises the situation, using words such as "That must be very difficult for you"

Thus the BATHE technique effectively turns a physical consultation into a mind-body one, allowing a patient to get in touch with their feelings, focus on their most pressing problem, allowing the practitioner to hand the problem back to the patient, whilst still showing them human love and understanding, all in a standard consultation.

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