

## The BATHE technique

*““A Primary Care Physician that is locked into the biological role is much less effective than one who incorporates the psychological and social aspects of health care. The mind-body approach is not a dichotomy but a dualism that promotes improved patient care and views the doctor-patient partnership as a complex interaction involving emotional, relational, and belief systems...Primary Care Physicians use supportive psychotherapy with almost every patient, reinforcing a patient’s defences and relieving symptoms without probing deep psychological conflicts or altering the basic personality. Psychotherapy is not as ominous and difficult as people believe. It is often most effective when given frequently in small doses by a physician who knows the patient well and enjoys the trust that comes from a long relationship.”*

From the forward of the book “The Fifteen Minute Hour”, by Stuart and Lieberman (available on import on Amazon.com)

Anyone who works in general practice will know the variety of baffling symptoms that enter the consulting room with the patient. As long ago as the 1960s studies by Stoekle et al in the UK and by Cummins & Follette in the USA were showing that between 50 and 60% of medical symptoms of patients could not be explained by the medical profession. The traditional medical model of training teaches that every symptom is potential underlying disease. In practice, the patient seems not to read the same medical textbooks as we do and rarely do their symptoms neatly fit into a simple disease category.

How many of our patients leave the consulting room frustrated, without a meaningful explanation by the doctor for their symptoms, often being told their symptoms might be stress or a virus, but without a helpful solution or maybe without an explanation at all?

Many of our patients may continue to present with poorly defined physical symptoms, because of our failure to recognise and tackle their underlying emotional problems. On top of this, existing medical conditions they may suffer with, will exacerbate any emotional distress. Through counselling and support, the practitioner 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.

The most helpful simple technique for these patients has been devised by Stuart and Lieberman, the BATHE technique, which effectively turns a physical consultation into a mind-body one, allowing a patient to get in touch with their feelings and then focus on the most pressing problem. They then show the practitioner how to hand the problem back to the patient, whilst still showing them human love and understanding, all in a primary care consultation time.

The simple but incredibly effective sequence is as follows;

The B stands for Background. It is first vital that the patient feels listened to. On average in primary care the patient is interrupted at 12 seconds, yet if we let the patient have their say, it is rare for them to talk for more than two minutes whilst we nod encouragement with positive noises and body language. Then it is normally appropriate to check for physical disease with further history and examination, before choosing the right moment to ask, “What is going on in your life?”

Many of us may feel that we will be opening a can of worms at this point and will be well aware of how much our patients trust us and will tell us if invited. But unless we help them tackle the underlying problem, they are likely to somatise their symptoms and continue to seek our help. In the example in the box below, the patient answers that her husband is having an affair. With the BATHE technique we move onto the next stage without further details.

The A for affect question turns the consultation into mind-body by connecting the patient with their feelings. It also finds out what the patient really feels, as she couldnt be delighted that her husband is having an affair, if he is a drunkard or violent and she can now leave him. It also allows the patient to reflect on their feelings and to know that their emotions are being recognised .

Rather than reflect further we move onto the T question by asking, ” what Troubles you most about that?” This is the key question as it helps the patient and doctor focus on the most important problem. We know too well that some patients, particularly the most time consuming ones, present with five or six problems, so this can be a huge time saver.

“How are you Handling that?” is the H question and includes a presupposition that the patient is handling it at some level, however badly. Sometimes it is better to ask “How could you handle that?” as this can empower the patient to find new solutions to their problem.

Finally they suggest using what is probably the greatest medicine of all, E for Empathy. This demonstrates understanding and normalises the situation. It is important to state that things must be difficult for them rather than saying “I know how you feel” because of course you don’t know how they feel and they are likely to point this out to you.

## Table 1

# “BATHE TECHNIQUE” - AFTER A BUCHANAN AND MARIAN STUART

**B: BACKGROUND**                      *What is going on in your life?*  
**The first two minutes belong to the patient.**

“ my husband is having an affair”

**A: AFFECT**

*How do you feel about that?*

**Summarise the feelings – the underlying message is “I have been listening/ I am here for you” It helps the patient to hear their own feelings externalised reflected and summarised**

“I feel angry, depressed...”

**T: TROUBLE**

*What troubles you most about that?*

**What is the worst thing about this situation? = a *focus* Underlying messages 1. We can talk about anything here 2. Our time is short so we must focus**

“I have 2 children, I don’t want to be a single parent”

**H: HANDLING**

*How are you handling that?*

**The important thing is to manage this situation and not get stuck in overwhelming feelings. The underlying message is “You can handle this situation”**

“badly. I am shouting a lot I think this is affecting the children”

**E: EMPATHY**

*That must be very difficult for you*

**Normalise the situation for the patient - empathy means it sounds awful, and anyone would feel like this in this situation.**

“yes it is ...”- obvious empathy

When applied early in the consultation the BATHE technique allows for a basic mental health screening and every consultation takes into account mind and body. The patient feels more understood and understands the underlying issues that may be causing their distress.

In my experience the practitioner becomes far more effective particularly with the patients who cause him the most problems and I would challenge all practitioners out there to try the BATHE technique out on those patients first.