

Editorials

Probing The Mystery Of Clinical Work

Howard Stein is surely the most prolific contemporary author to have emerged within the family practice movement, yet his work transcends that parochial interest and applies equally to all clinicians who see patients directly and continuously.

No other writer has come close to his deep understanding of the pervasive power and ubiquity of nonrational, irrational, even absurd forces at work in modern medical practice. No amount of tinkering with the politics and economics of our medical care system, which does not take cognizance of such forces, can hope to improve the personal quality of clinical interactions, enhance their therapeutic potential, defuse their escalating adversariness, and rationalize the clinical behavior of both patients and physicians.

One can even imagine that, if a new generation of clinicians were to become familiar with the practical adaptations of Stein's work, the costs of medical care would be affected beneficially. At the least, clinical burnout might be reduced and patient satisfaction increased. Strong claims, perhaps, but it is hard to see how things will get better between clinicians and patients unless something close to what Stein describes is generally practiced.

Stein has an uncommon grasp of a theory and a method that can disperse the darkest shadows that fall on the modern meeting of clinicians and patients. Shadows from their pasts emanate from unrecognized beliefs, feelings, assumptions, expectations, and fantasies, which brood over their surface relationships. The theory and method work in perfect synergy to counteract the potential excess of each and keep Stein from succumbing to false promises, naive optimism, solipsistic dogmatism, and faddish enthusiasm. He does not oversimplify and underestimate the profound and utterly necessary requirements for a therapeutic relationship.

He offers no bag of tricks to dazzle patients and seduce practitioners into believing in delusions of power. There are no ten easy lessons to better communication, no shortcuts to growth and understanding, no panaceas or elixirs of truth that can be packaged for quick sale to a crowd. Yet, despite his realism, Stein's theory and method are not beyond the grasp of clinicians who work in the trenches, requiring from them a greater attention to what they already know and can do. His recommendations are not foreign to their experiences.

Stein's theory is psychodynamics. He is no cultic psychoanalyst, but he has profound respect for the truth of unconscious motivation and its unavoidable effects upon all human life, especially the intimacies of clinical work. The simplest transactions between clinicians and patients are deeply rooted in symbolic meaning. Whether they get on well with each other or find their behavior mysterious to themselves, they often do not know how to modulate their good will and gratification any more than they know how or why they get on each other's nerves. It is true that the fortunes of psychodynamic psychology have fallen in medicine during the last two or three decades, but its truth has never depended upon popularity. No better psychology has replaced it—not behaviorism, developmental psychology, learning theory, social psychology, or the various "pop" psychologies that inundate the self-help sections of modern book stores. Dynamic psychology never disappeared from intellectual and artistic circles as it did in medicine.

Stein's method is borrowed from anthropology. It is old-fashioned field-work, participant-observation, wherein the scientist shares the life of the group under study. He calls it ethnography, an unfamiliar and somewhat off-putting word in medicine, but it is accurate and reflects what clinicians actually do in immersing themselves in the world of patients. No one who has ever spent a day in a medical office or a hospital should have trouble understanding ethnography.

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From Birmingham, AL.

More than any social scientist I know, Stein has immersed himself in the academic culture of clinicians and patients for the past 20 years. He did not bring with him a means of escape from us, no secret weapons to mollify our stubbornness, no connections to powerful deities who could rescue him when the going was tough, no luxury of convenience or comfort beyond our common experience. He gave us his best in order to be among us and with us in an honest way.

Stein's method, his chosen vulnerability, keeps his psychodynamic theory in line with experience. Any judgments that might derive from the theory are immediately correctable by what emerges in the daily tasks of the method. Over-interpretation is counterweighed by life. What he chooses to write about are patients and clinicians whose prototypes are known to every practicing clinician. They are not irregular, extreme, or bizarre; they are the stuff of everyday work, troublesome but not exotic.

What he does is help clinicians and patients discover and invent their own stories of life, of illnesses, of their relationships with each other. The painstaking reconstruction of these stories, which through direct observation and conversation are tried, refined, and sifted, occasionally leads to cure, sometimes to healing, and usually to some better grasp of the truth about what happened and what continues to happen.

It turns out that what happens between clinicians and patients is paralleled between teachers and students and clinical supervisors and residents. Not infrequently, it is also reflected in the relationships among clinicians in a group, and between practitioners and the larger profession, what Stein calls the culture of medicine. How society and its professions interact, what they believe and value, always filters down to patients.

Stein's three books, recently published, compose a trilogy that reinforce each other. Of the three, *The Psychodynamics of Medical Practice*¹ contains the basic description of clinical work and should be read first. *Clinical Stories and Their Translations*,² coauthored with Apprey, is an advanced reader for the theory and method in action with real patients. *American Medicine as Culture*³ shows how the larger system of medical

care is influenced by and influences the work of clinicians.

I believe that Stein's works should be included in medical education at all levels. He has captured fundamental ideas from the history of medicine and medical practice, mixed them with a theory and a method, and produced a nourishing and humane diet of clinical skills that are sorely needed at this stage of medicine's evolution into technological captivity. He is not anti-technological, by any means, but he offers us a way to preserve the personal dimensions of medical care in the interest of better therapeutic effectiveness, better patient satisfaction, and better professional gratification.

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References

1. Stein H. *The psychodynamics of medical practice*. Berkeley, Los Angeles, London: University of California Press, 1985.
2. Stein H, Apprey M. Volume 3: clinical stories and their translations. In: *Ethnicity, medicine, and psychoanalysis*. Charlottesville, London: University of Virginia Press, 1990.
3. Stein H. *American medicine as culture*. Boulder, San Francisco, London: Westview Press, 1990.

Outcomes Research, Patient Preference, And The Primary Care Physician

The report from the Washington Family Physician Collaborative Research Network (WFPCRN) by Berg in this issue of the *Journal* tells a familiar story in a new and important context. By and large, the studies of variations and outcomes research have concentrated on the "big ticket" items, on the evaluation of alterna-

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