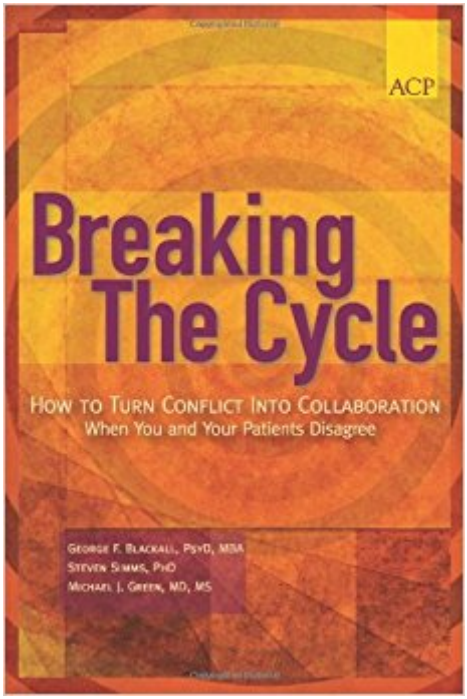
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Breaking The Cycle: How To Turn Conflict Into Collaboration When You And Your Patients Disagree



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Synopsis

Doctors want to help their patients. Patients want their doctors to help. But when conflicts arise and lead to an impasse over issues as simple as prescribing antibiotics for a cold or as complicated as end-of-life care physicians can be left feeling frustrated and helpless. As their relationship deteriorates, both doctor and patient feel misunderstood and cut-off. Inspired by the authors' experience with a twelve-year-old girl who struggled to take life-saving medication and based on principals and proven techniques from the field of family therapy, the authors present a unique approach to the problem of doctor patient conflict. This practical guide focuses on how changes in a physician's thinking can improve challenging interactions. Breaking the Cycle features: A wealth of real-life experiences and case studies that show how impasses arise and how best to respond. A systematic approach that helps readers overcome impasses by building relationships with their patients, not withdrawing from them. The knowledge, insights, and experience of an internist, health psychologist, and family therapist. Breaking the Cycle explains how physicians can understand, approach, and resolve doctor patient conflict in a way that breaks down barriers and builds stronger, more gratifying relationships.

Book Information

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Customer Reviews

Breaking the Cycle will be of enormous help to physicians of every stripe. The authors present important lessons about shifting from conflict to collaboration gleaned from Salvador Minuchin and

other family therapists. They analyze cases in depth to make these lessons vivid, real, and compelling. A special feature of this book is the presentation of both physicians and patients in a narrative, biographical context, which provides more complete psychological insights for problem solving. This humanizes physicians and is also especially respectful to patients. The cases beautifully show us something fundamental about caring for patients: effective care begins with genuine interest in building relationships with patients, and is sustained by genuine curiosity about the patient s perspective. --Jodi Halpern, MD, PhD, author of From Detached Concern to Empathy: Humanizing Medical PracticeAs medical paternalism has declined over the past 50 years, doctors have increasingly encountered the refusing patient, both in ambulatory and inpatient settings. Often, such patients frustrate doctors, polarize health care teams, and drive a wedge between the doctor and patient. The authors have developed a practical approach that actually helps physicians, patients and families reduce conflict and power struggles in order to provide the best care for patients. Their creative and original model, amply described with many real case examples from internal medicine and pediatrics, applies a systems approach from family therapy to resolve the kind of real-world challenges that patients and physicians face every day. Speaking as one of the frustrated physicians who has tried to resolve these issues in practice, I am delighted to report that this book by Blackall, Simms and Green is just what I've been waiting for! --Mark Siegler, MD, Author of Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical MedicineBlackall, Simms, and Green provide a valuable map for those of us striving to navigate the murky waters of challenging physician patient interactions. Their model is clearly presented, lucid, and practical. --Dan Shapiro, PhD, author of Delivering Doctor Amelia

In Breaking the Cycle, George Blackall, Stephen Simms, and Michael Green have drawn upon their considerable expertise in psychology, family therapy, and human relations to deliver practical processes that can develop and maintain mutually beneficial relationships between doctors, patients, and families. Having worked in the pupil services arena of public education throughout my career, I am quite familiar with conflict between educational professionals and both families and children. Breaking the Cycle provides a logical, no-nonsense, and positive approach not only to remediate dysfunctional relations, but also to prevent school/family relations from breaking down in the first place. In the issues that confront students in today's schools, everyone wants solutions that are beneficial to the child, but for many reasons--lack of trust, misunderstandings, assumptions, and so on--the teamwork so necessary for the successful resolution to educational problems can disintegrate and become non-productive. Blackall, et al clearly and succinctly lead the reader to an

understanding of the cycle of conflict, proceed to an explanation of unproductive cycles in relationships, and finally bring the reader the tools and processes by which he or she can effectively respond to difficult relationships. By understanding and following the approaches outlined in Breaking the Cycle, educational professionals as well as medical professionals can build synergistic relationships that benefit all stakeholders.

This book is an easy read with no jargon. The authors have clinical experience with tense patient care situations including upset family and with non-compliant patients. They offer their cumulative wisdom. The book contains some paradigm-shifting concepts and tools to defuse these situations and make them more productive. I think to get the most out of the book you would have to do some role-playing. My principle objection is that it puts everything on the doctor and other health care providers, eliminating even more responsibility from patients and families to follow medical advice and basically behave themselves.

Great

The ten minute doctor’s appointment. Medical education teaching "problem-based learning" and the skills to arrive at an answer quickly with the right medicine or therapy for the correct problem. Medical research looking for single mechanisms of action. The culture of medicine teaches that the physician is the expert. In my experience physicians are not very good listeners and it’s built into our culture. This is the world of modern medicine. It’s no wonder that patients voice dissatisfaction with medical care. And it’s no wonder many physicians voice regret regarding the choice of their vocation. Each year I have medical students come to me discouraged about their choice once they experience the rapid-fire approach to seeing patients and they begin to realize their ideal of being a healer is not likely to happen.There are times in medicine when the problem-focused approach works and works quite well, especially in acute situations. But in complex or chronic situations, the quick fix is not enough. In systems thinking lingo, ala Peter Senge and others, the situations described in Breaking the Cycle by Blackall, Simms, and Green are similar to the systems archetype called "Shifting the Burden". As the quick fix is applied, things don’t go well and the quick fix turns to solving the "patient problem" of not complying with the expert. The authors beautifully describe this cycle, so typical of difficult medical situations, as a result of the quick fix, "Physician-As-Expert" model, gone wrong. At its best, the Physician-As-Expert brings the patient back into balance. But when it spirals out of control (as described in their chapter The Harder I Try, The Worse It Gets) a

negative symptomatic cycle develops. In this downward spiral cycle, pure expertise fails and the patient is viewed as the problem and feels isolated and helpless. Left to its own downward spiral, energy is poured into the symptom with no energy left to change course.The meat of this book is the authors' description of the "Physician-As-Collaborator" model as the alternative to the "Physician-As-Expert" model. In a "Shifting the Burden" systems archetype this represents an alternative fundamental solution to the failed quick fix. Implementing the "Physician-As-Collaborator" model is not easy. Physicians are not generally taught collaboration in the power structure of medical school or residency. But easily understood tools are presented in this book. They detail the five universal principles of collaborative relationships: competence, connection, control, contribution, and collaboration. And these principles are not what you may immediately think. For example, they teach that control is a myth (quite contrary to what is usually implicitly taught). At the heart of collaboration is the principle of inquiry in conversation. Again, the authors do a superb job of clearly providing tools to remember the essence of inquiry called ARCH: A Great Impasse Prevention Tool.The latter part of the book provides entertaining, intense, and familiar case studies to show the application of the "Physician-As-Collaborator". Like any fundamental solution cycle, they take time compared to the quick fix. This can be difficult in a time-starved world. But becoming proficient as a physician collaborator has important advantages and will build a healing capacity that physicians yearn. And that will increase satisfaction, efficiency, and save time for all involved.Breaking the Cycle is concise, well written, and essential reading for the physician. I plan on using it in advanced classes for medical students who want to become better communicators. Perhaps equally importantly, I think this book is good reading for patients, particularly for those who have complex medical issues or feel the system has failed them. It gives insights into why things go wrong with their relationships with their doctors and how to develop collaborative partnerships in healthcare.Disclosure: I am a faculty member at the University with Drs. Blackall and Green and was the physician who asked for help with Bridgette, the patient who inspired this book. I was pleased to hear they were putting these useful principles into print. I read the book only in its final form.

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