

College of Family Physicians Singapore  
Sreenivasan Oration 2010

**“Re-defining the Art of Consultation”**

22nd Sreenivasan Orator

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**Dr. B.R. Sreenivasan (1910-1977)**

LMS MRCP Hon.LLD  
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# Art of Consultation as 'Clinical Instinct'

Dr GF Abercrombie in the 5<sup>th</sup> Mackenzie lecture 'The Art of Consultation' in 1959 at RCGP quoted from Sir James Mackenzie's book 'The Future of Medicine' (1923) defining Art as

'... the curious knowledge which some physicians & GPs acquire after many years' practice.

The knowledge is un-definable & they are unable to express the reasons in language sufficiently clear for the uninitiated to understand'

# Art of Consultation as 'Hospitality'

Patients re-defined as clients &  
doctor as care-provider in the healthcare market.

Clients' wants and care-provider's fear of complaints comes to the forefront.

# The Art & Science of Consultation

**'ART'**

**caught**

**Clinical Instinct**

Clinical Mastery

**Hospitality**

Doctor as Provider

Patient as Client

in healthcare market

**'SCIENCE'**

**taught**

Disease-Centred Medicine

Evidence Based Medicine

Assign patients with shared characteristics to

**LABELLED** groups

Validity in group can be tested by **scientific method based on evidences**

Seeks **explanation** WHY – causes of the diseases

Management based on EBM Guidelines of **groups in which patients are assigned.**

# 'Lessons from a Label Maker'

Y. Pritham Raj. . Ann Intern Med, Nov 2005; 143: 686 - 687.



- 'quickly learned that navigating the world of medicine required an ability to correctly identify and **label medical disorders**'
- Patients sometimes **do not quite fit** the requirements of the labels
- '**Labels** (inappropriately assigned) had left **gummy marks** that could not easily be removed. ....'
- And labels alone could not communicate contextual information required for integrated care across providers

## *Strike a balance between Art & Science*

*“Care more particularly for  
the individual patient  
than for  
the special features  
of the disease.”*

Sir William Osler  
(1849- 1919)

# Re-define the Art: Idiographic & Nomothetic Approach to Knowledge

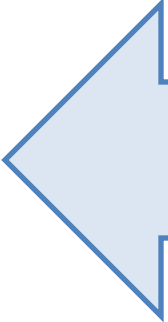
Kantian philosopher Wilhelm Windleband (1848-1915)

*The Idiographic approach* is based on what Kant described as a tendency to specify, and is expressed in the humanities. It describes the effort to understand the meaning of contingent, accidental, and often subjective phenomena.

*The Nomothetic approach* is based on what Kant described as a tendency to generalize, and is expressed in the natural sciences. It describes the effort to derive laws that explain objective phenomena.

# Re-defining The Art Of Consultation

Idiographic approach <b>'ART'</b>
Person-Centred Medicine Narrative Based Medicine (NBM)
SPECIFY Focus on complexities & uniqueness of individuals based on the <b>person's unique STORY</b>
Validity judged by reliability of data & <b>plausibility of explanation</b>
Seeks <b>understanding</b> how, what may be the reasons for the problems
Management based on <b>person's unique story or narrative</b>

Nomothetic Approach <b>'SCIENCE'</b>
Disease-Centred Medicine Evidence Based Medicine (EBM)
 <p><b>'Not everything that can be counted counts, and not everything that counts can be counted.'</b></p> <p>Albert Einstein (1879-1955)</p>
Management based on EBM Guidelines of LABELS

# We can practise the RE-DEFINED ART as

1

1. Extended Doctor-Patient Relationship
2. Formulation of Reason For Encounter
3. Augmenting the potency of 'Doctor as Medicine'

## 1. Extended Relationship

Extending the  
ambit of the  
relationship  
requires  
Extended  
relating &  
inquiry skills

## 2. Formulation & Diagnoses

Explicit  
Formulation  
of R.F.E. as  
\* Predisposing  
\* Precipitating  
\* Perpetuating  
\* Protective  
Factors

## 3. 'Doctor as Medicine'

'The doctor  
herself/himself  
is a powerful  
medication.'  
Michael Balint

# TRADITIONAL ROLE

Clinically Detached

Emotional Distance  
but appearing congenial

Comforting

*'To Cure sometimes,  
To Relieve often,  
To Comfort always'*  
Ambroise Paré (1510 -1590)

Expert

Doctor as Expert,  
Patient to be patient  
( & not impatient)

# EXTENDED ROLE

Engaged

Direct or Indirect affirmation  
Self-affirmation in  
collaborative relationship

Challenging

To move from entrenched  
position to one more adaptive

Collaborator

Doctor as Collaborator,  
Patient to be participant  
( & not spectator)

## Doctor as Expert, Patient to be patient ( & not impatient)

*'Principles of Diagnosis & Treatment in Heart Affections' by Sir James MacKenzie 1916*

'It often happens that there is an unconscious struggle who is to be dominant.

Many patients come full of ideas as to the nature and cause of their sensations and eager to impart their own opinions.

This must be quietly and firmly repressed.'

## Doctor as Collaborator, Patient to be participant ( & not spectator)

*'How Participatory Medicine improves healthcare' by Dr. Daniel Sands AAFP 2010*

'Doctors need to let go and admit they don't know everything.

From the patients' standpoint, patients have to be comfortable taking more ownership and getting more engaged in their own care.

Patients have to know that healthcare is not a spectator sport.'

# EXTENDED RELATING SKILLS

'I.C.E.' Model of interactivity

Ideas, Concerns & Expectations

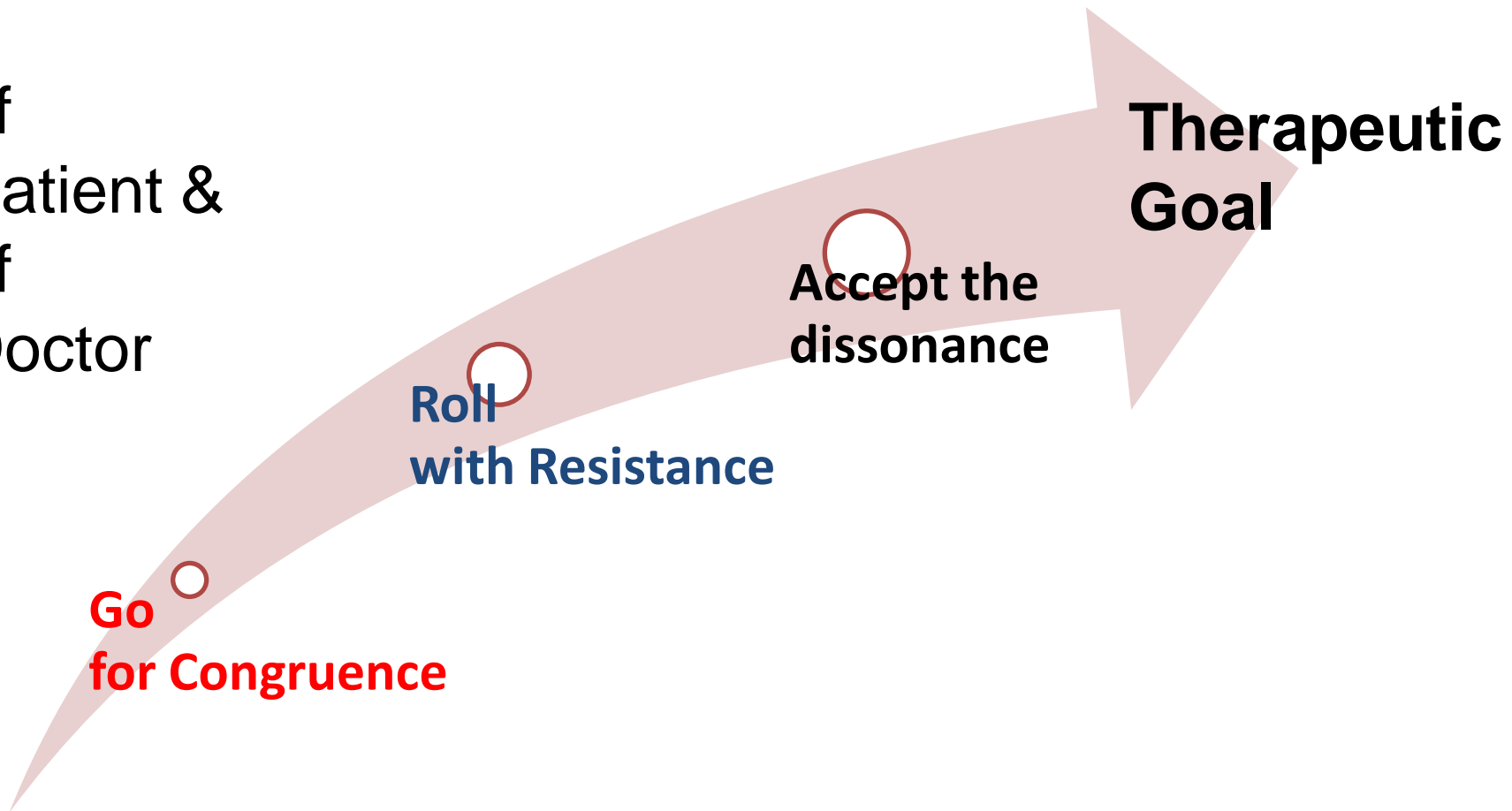
of  
Patient &  
of  
Doctor

**Therapeutic  
Goal**

**Go  
for Congruence**

**Roll  
with Resistance**

**Accept the  
dissonance**



# EXTENDED INQUIRY SKILLS

*“If the doctor asks questions  
in the manner of medical history-taking,  
he will always get answers  
– but hardly anything more.”*

Michael Balint in ‘The doctor, his patient and the illness’ 1957

## **Open Questioning**

Socratic questioning of thoughts, feelings, beliefs

## **Active Listening**

Invites patients to generate their own questions/feelings  
& to answer/respond to them in context

**Doctor /Others**

**Patient /Self**

**Open**

Known by both  
Doctor & Patient

**Blind**

Unknown by patient  
Known by Doctor

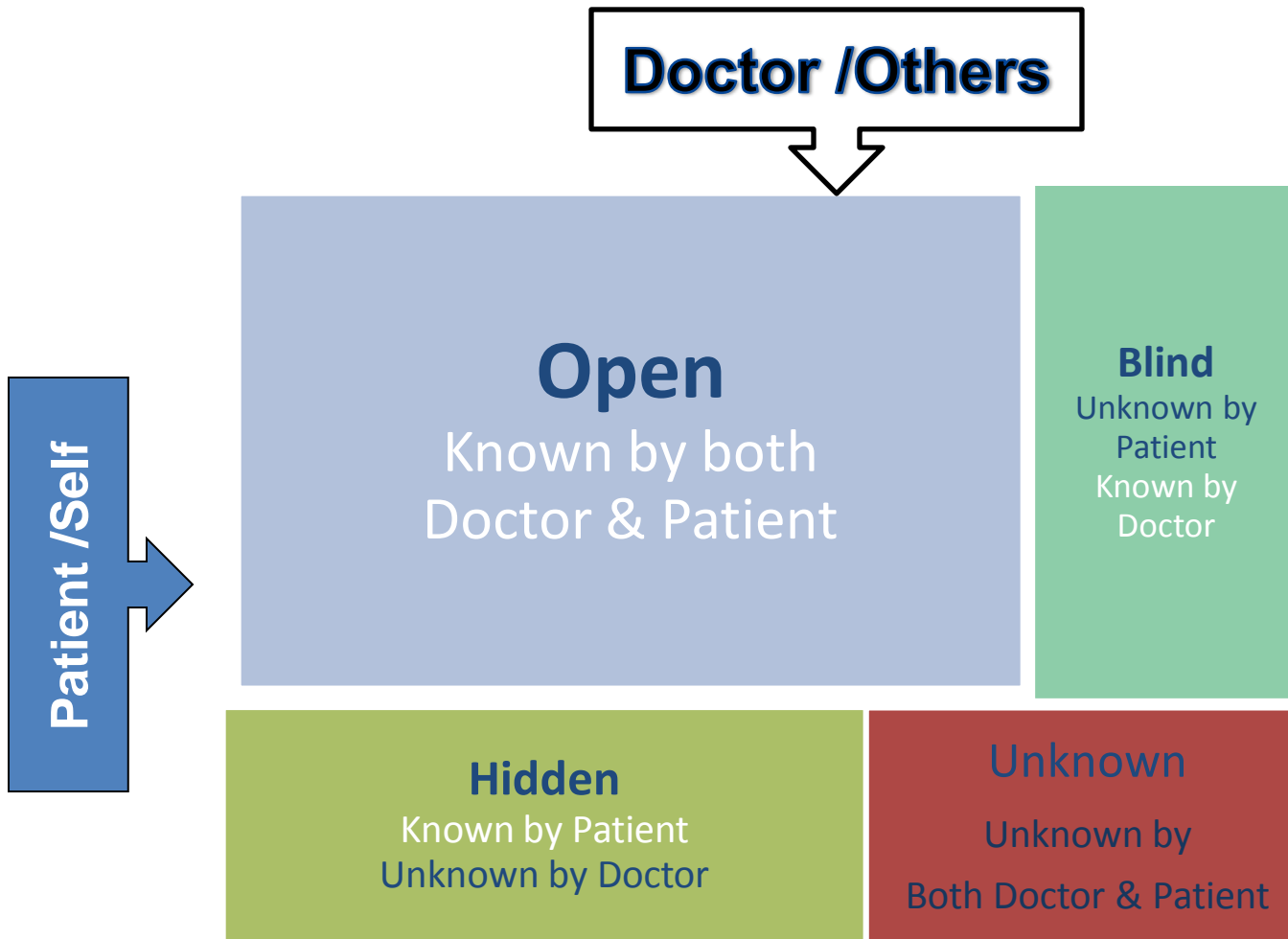
**Hidden**

Known by Patient  
Unknown by Doctor

**Unknown**

Unknown by  
Both Doctor & Patient

OPEN QUESTIONING & ACTIVE LISTENING  
The Johari (Joe Luft & Harry Ingham) Windows



OPEN QUESTIONING & ACTIVE LISTENING  
to open up the Johari Windows

# *Extended Inquiry Skills*

**Invite patients to generate their own questions in their mind & to answer them in context**

## **Clarification**

How does this relate to

- length (present, past, and future events)
- breadth (people, events, situation, culture, beliefs, society)
- depth (thoughts, feelings, behaviour & body interoception)

## **Assumptions**

What have you assumed? What can we assume instead?

## **Rationale & evidence**

How do you know this is true, correct, valid?

# *Extended Inquiry Skills*

## **Alternatives:**

- Viewpoints – What may be another way to look at this?
- Confrontation – Are you implying that ? How likely is ... valid?

## **Consequences:**

- What generalisation can we make?
- What is the outcome of each alternative / scenario?

## **Experience:** (Circular experiencing / Relational questioning)

E-on-E, Q-on-Q Example: Suppose you went to bed tonight & a miracle happened & you woke up in the morning with all your problems gone,  
(1) **how would you feel** (2) **on seeing that** (3) **your wife is so overjoyed** (4)  
that you're no longer depressed?

# RE-DEFINED ART as

2

1. Extended Doctor-Patient Relationship
2. Formulation of Reason For Encounter (RFE)
3. Augmenting the potency of 'Doctor as Medicine'

1. Extended Relationship

Extending  
ambit of  
relationship  
requires  
Extended  
relating &  
inquiry skills

2. Formulation & Diagnoses

Explicit  
Formulation of

- \* Predisposing
- \* Precipitating
- \* Perpetuating
- \* Protective

Factors of RFE

3. 'Doctor as Medicine'

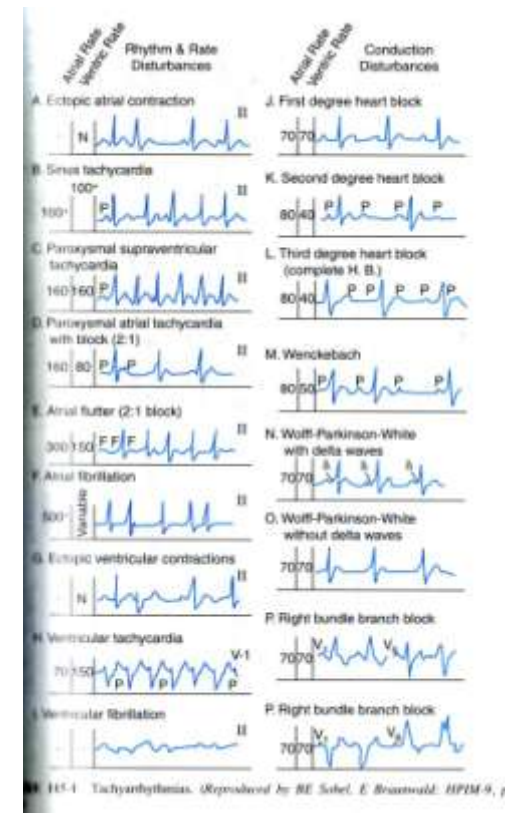
'The doctor  
herself/himself  
is a powerful  
medication.'

Michael Balint

# FORMULATION & DIAGNOSIS OF A MEDICAL STUDENT WITH PALPITATION & CHEST PAIN

Palpitation of the heart in a medical student may be the result of a lobster salad the night before or the girl he left behind.

Sir William Osler

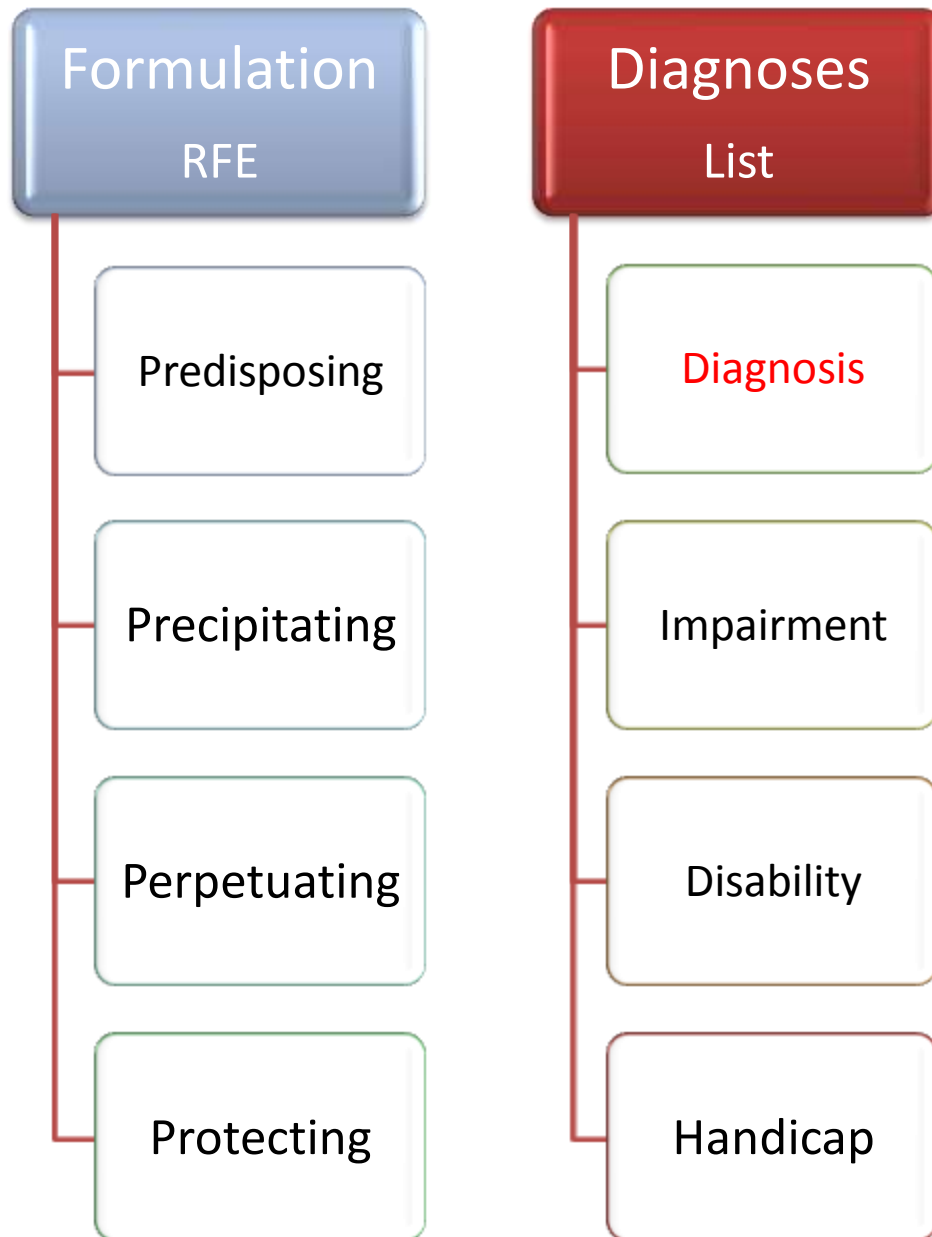


From Harrison's Manual of Medicine

ART 'Formulation' NBM

SCIENCE 'Diagnosis' EBM

## 2. ART AS BIO-PSYCHOSOCIAL FORMULATION & DIAGNOSES



Family  
Genogram  
with emotional  
connections

Bio-psycho social  
Development  
& Time-line of  
significant  
events

Wide-angle &  
Zoom Lenses  
Perspective

Formulation Tools to provide perspective of issues

# RE-DEFINED ART as

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### 3. Art as augmenting 'the Doctor as Medicine'

#### Brief Integrative Psychological Therapy (BIPT)

(Prof Kua EH, Cheong PY, Goh LG, Voon F & Wee ST)

- A special interest group, M-BIG (Mind-Body Interest Group) in National University of Singapore (NUS) has developed a programme to teach psychological skills.
- Using a trans-theoretical model, 4 approaches are used towards achieving psychological balance viz.

Problem work

Process work

Positive work

Pattern work

- The BIPT model has been used to train NUS faculty members counselling students, doctors and also lay counsellors.

# PROBLEM WORK

## Behavioural Therapy

- Counter-Conditioning
- Contingency Management

## Cognitive Therapy

- Identifying & Disputing
- Negative Automatic Thoughts

# PROCESS WORK

## Mindfulness

- Here-and-Now
- Without Judgment

## Polarity

- Awareness of disparate 'parts' of Self
- To be Owned & Managed

# POSITIVE WORK

Present

- Flow
- 'Happiness'

Future

Past

- Hope & Optimism
- Contentment /Acceptance

# PATTERN WORK

## Patterns

- Life patterns are told to others and self as stories
- Themes link salient events to give meaning to stories

## PSS

- Problem Saturated Stories (PSS) often created by self
- Can be inserted by doctors using totalising language

## PPS

- PSS can be reconstructed into Positive Preferred Stories (PPS)
- 4 Ps of Re-Authoring, Re-Membering, Re-Framing & Re-Telling

## ‘ Totalising Talk’

‘ You have cancer in your breast. I am referring you to the surgeon to operate on your cancer after which your breast area will be irradiated. I shall then prescribe medicine to you for 5 years to treat it.’

## ‘Externalising Talk’

‘ You have a breast lump that is cancerous. The surgeon would remove that lump from your body after which we shall shine rays on that area to kill any cancer cells that remain. You can then take medicine for 5 years to prevent cancer cells from re-appearing.’

## EXTERNALISATION

- **SEPARATION**

Creating a separation between persons, their stories & problems;  
Avoid totalising language

- **‘THE PROBLEM IS THE PROBLEM’**

‘The Person is not the Problem’

‘The Problem is the Problem’

- Externalised by counter-language

- **NAMING & PERSONIFICATION**

- Explore the issues created by ‘he/she/it’ and how the combined healing power of the dyad can bear on he/she/it.

# From Problem Saturated to Preferred Positive Story PSS to PPS



# Art of Consultation re-defined as humanistic discipline



- Art as the Extended Doctor-Patient Relationship



- Art as both Formulation & Diagnosis of a consultation



- Art augments the potency of 'Doctor as Medicine'



1993 with Dr Wong Heck Sing

Family Medicine



1999 With Profs Chee Yam Cheng & Tan Siang Yong at New Orleans American College of Physicians ASC to receive Fellowship

Internal  
Medicine

**SREENIVASAN ORATION**

Psychotherapy



2008 Valedictorian at Convocation  
With Prof Ian Young VC Swinburne University



The late Dr. Koh Eng Kheng *in the Obituary for Dr. BR Sreenivasan.. August 1977,*  
Journal of Royal College of General Practitioners. P510

*'He was a scholar in every sense of the word and  
his knowledge of the classics was greatly to be admired.  
His love of Shakespeare made him the complete physician.'*