

**Box 1. The biomedical paradigm**

“First, all disease is caused by a specific agent (the ‘disease entity’), such as a virus, parasite or bacterium. Second, the patient is to be regarded as the passive target of medical intervention, since scientific medicine is concerned with the body as a sort of machine, rather than a person in a complex social environment. Third, restoring health requires the use of medical technology and advanced scientific procedures.”<sup>5</sup>

“Patients suffer from diseases which can be categorised in the same way as other natural phenomena. The disease can be viewed independently from the person who is suffering from it. Each disease has a cause and it is a major objective of research to find the causes of disease. The physician’s main task is to diagnose the disease and, wherever possible, to prescribe a specific remedy aimed at removing the cause or ameliorating the symptoms. To do this, the physician is provided with an intellectual tool—the clinical method known as differential diagnosis. The patient is usually a passive recipient of the prescribed remedy.”<sup>7</sup>

**Box 2. A ‘difficult’ patient**

I met Mrs X for the first time recently, but as I read the clinical notes I felt a familiar sinking feeling. She had been presenting to my colleague fortnightly for a year with mysterious pains in the neck and difficulty swallowing. She had been thoroughly reviewed by specialists in ENT and gastroenterology. She had denied being depressed, but was on antidepressants. On arriving, she gave a long story about ‘collapsing’ while visiting a friend and elaborated at length on further throat symptoms. My naïve attempts to switch the discussion from problems with her body to more personal feelings were met with disdain. After 20 minutes, I was becoming increasingly frustrated, the waiting room was filling fast, and the chances of making a personal appointment in town looked remote. I felt like screaming...

(Resolution in Box 3)

**Box 3. Personal resolution**

Choosing an exercise in reflective writing<sup>21</sup> to review my ‘difficult’ patient, I realised I had fallen into an old trap of ‘competing’ with my colleague to show how effective I was with such patients. In retrospect, this patient had frustrated my usual interventions; I had become disrespectful of her suffering and impatient she was not more responsive to my ideas. It seemed that neither a ‘body’ nor a ‘mind’ focus was helping this patient; neither of us was finding a way to bridge the gap. I resolved to approach her next time without trying to ‘fix’ her, and to use a little more humility...