Coda

Minding the body

‘You want me to see a physician?’ The patient was clearly aghast. ‘A physician?’

Dr Barton sighed inwardly. He wondered, yet again, why the patients he saw in his psychiatric out-patient clinic so often found this suggestion unacceptable. The stigma attached to physical illness was still very great, in spite of all that the medical profession and the media had done to educate the public. Almost daily, he saw patients like this. They were only too happy to confess their deep-seated feelings of insecurity, or their unmanageable sexual desires. But they would nearly all conceal from him if, for example, they had had their gall bladders removed, or had ever taken painkillers. The sense of shame was too great.

‘The fact is’, Dr Barton explained patiently. ‘We’ve investigated your symptoms very thoroughly. You’ve scored zero on the depression inventory. According to the interpersonal functioning scale, you’re coping superbly. It’s the same with all your other results. We really need to look at some other kind of explanation…’

‘But I don’t understand. Surely you’re not suggesting it’s all in the body?’

It was a familiar response. As a psychiatrist, Dr Barton heard it almost every day. For each patient who was grateful to receive news of normal tests, there were ten whose faces dropped when they learned that they were mentally healthy. It seemed as if they placed all their hopes on being told they had something like manic depression or anorexia. They regarded the lack of a firm psychiatric diagnosis as a rejection. The implication that they might have a physical problem instead was seen as a positive insult.

It must be tough being a physician, he reflected. As a high flyer, he had never really considered internal medicine as a serious option in his own career. Indeed, his professor of psychiatry at medical school had warned him not to squander his talents on a backwater specialty like cardiology. A few of his friends had gone on to deal with bodily problems; they were strange folk on the whole, but you probably had to be strange if you wanted to spend your life mucking around with problems like blood pressure and breathlessness. He recognised that physicians did perfectly respectable work in their own way. He was just pleased he was doing something so much more prestigious and lucrative.

‘Please don’t misunderstand me’, he continued to explain. ‘I’m not questioning your symptoms. I certainly don’t think you’re making them up. It’s just that we could waste a lot of your time doing more and more tests and still coming up with the same answer: you’re basically sane.’

‘So what exactly are you suggesting then?’

Dr Barton took a deep breath. ‘Look, I’d really like you to see a colleague of mine called Dr Kreinschpindl…’

‘And with a name like that, I suppose he’s a physician?’

‘Well in a sense he is, but he’s a special kind of physician, who tries to help people like you when we chaps can’t find anything wrong mentally. He works with a team of colleagues from all sorts of fields: lab scientists, physiotherapists and so on. They nearly always come up with something. We call it our Pain Clinic.’

‘But I keep telling you, I’m not in any pain.’

‘Not consciously, no—but that’s the whole problem. The body can work in strange ways. Sometimes people think they’re miserable, when the real problem is that they’ve got pain all over. I’ve sent lots of people to our Pain Clinic and they’ve often been every bit as sceptical as you. They didn’t think for one moment that their problem might be a rheumatic one, for example, or neurological. But once they see Dr Kreinschpindl they come away realising they were actually in tremendous physical discomfort. They’ve been very grateful.’

In private, Dr Barton actually had some reservations about Frank Kreinschpindl. He was a real oddball, even for a physician. His conviction that everything could be reduced to physical illness bordered on the fanatical. Yet, unusually for a physician, he had made a considerable name for himself in the academic world. He had published a ground-breaking study of a group of patients...
who were convinced they had borderline personality disorders, until Kreinschpindl showed that they all had nutritional deficiencies, multiple allergies or systemic candidiasis. His paper ‘Toxic Megacolon masquerading as Obsessive-Compulsive Disorder’ was also a classic. Kreinschpindl’s clinical results were impressive too. Dr Barton would never forget a young woman he had seen who thought she was agoraphobic, until Kreinschpindl confined her to a wheelchair and put her on massive doses of steroids and immunosuppressants. She had never looked back since.

‘Well, it doesn’t sound as if you’re giving me much choice. So how soon can I see this…this physician?’

The patient spat out the last word with the usual mixture of fear and contempt. However, Dr Barton recognised it was a victory of sorts. At least he could now discharge the patient from his clinic, even if it turned out that Kreinschpindl could do little to help.

As he drew the consultation to a close, he began to wonder what the next patient would be like. With any luck, it would be someone with a more straightforward problem like paranoid delusions. He glanced at the clinic list and gave another sigh, but this time it was one of relief. He really was in luck. The next patient was a woman he knew well and always looked forward to seeing, someone he regarded as having real insight and integrity. And she suffered from the kind of problem that would inspire sympathy and commitment in any doctor: chronic somatization.

John Launer