

THE IATROGENIC PATIENT, THE APOLSTOLIC FUNCTION, AND

THE LITIGIOUS PERSON, VOCATIONAL IMPLICATIONS

PHILIP SPERGEL, ED.D.

Introduction:

As Vocational Experts it is our burden to determine whether or not a client or plaintiff is employable. To be employable one has to be able to satisfy the following variables:

1. Arrive for work daily and in a timely fashion.
2. Be productive; quantity and quality of work.
3. Be able to interact appropriately with supervisors and co-workers.

We do this by interviewing, administering a battery of vocational and psychological tests, review records and writing reports. Finally, of course, we testify. Our competence and credibility is determined by how well we do

the above. This involves many variables, not the least, the manner in which we “size-up” the evaluatee.

Definitions

1. Iatrogenic
2. Apolstolic
3. Litigious
4. Malingering
5. Hypochondriasis

Again, what helps us to determine whether or not the client or plaintiff falls into one of these categories is the interview, the test battery and the records you review. One of the handouts you received is the interview form that I use and the other is the range of tests from which I select based on the interview I conducted. You will find a copy of the interview form in your handouts as well as the list of tests I utilize.

Vocational evaluatees with severe problems, who have failed in their treatment programs, are often found to have a very strong iatrogenic component to the confirmation of their disease, condition or disorder. Examples include patients, individuals involved in litigation (malpractice, personal injury, and Workers' Compensation and Social Security Disability).

In our society health professionals are highly regarded and often revered. This is particularly true of physicians.

1. Awarding them with G-d like qualities, which unfortunately, they often accept.
2. Abraham Maslow's concept of a self-fulfilling prophecy.
3. The physician perceiving him or herself in an apostolic role.

Twemlow and Gabbard in an article entitled "Iatrogenic Disease or Doctor – Patient Collusion", feel that that the physician induces an untoward effect

in his patient and that the patient may be a collaborator in his own victimization.

4. The possibility of an unconscious collusion between doctor and patient. Of course, if it's conscious we can begin to consider malingering.
5. The Apolstolic functions and the Medical Model.
 - a. The diagnosis – the doctor impresses on the patient he is right – all knowing, infallible and omnipotent.
 - b. The patient assumes a passive, subordinate role, “Doctor, you are my savior – save me”. If, after many, many visits, the patient feels he or she is not being helped, the patient may perceive the doctor as incompetent and that leads to litigation – a malpractice suit.
6. In the vocational rehabilitation and psychology model this is less a problem because the individual participates in the process.

As Vocational Experts iatrogenesis is not our problem because we don't establish a treatment relationship with the evaluatee.

7. How a patient can be an instrument in his own treatment.

Norman Cousins

8. The unintended iatrogenic effect.

- a. The patient who observes himself too closely for symptoms.

- b. The sensitivity to effect – The widespread efforts of the medical profession of acquainting patients with early signs of serious disease, such as cancer. This can cause one to develop fear that a pathologic condition will occur or recur.

9. Transference and counter-transference.

- a. Transference: The unreal attributes the patient believes to be present in the doctor.

- b. Counter-transference: The irrational responses, which the patient's personality evokes in the doctor. This can include all the physicians and reactions directed toward his or her work with the patient. It can be either positive or negative – likes and dislikes.

10. Three roles resulting from the transference/counter-transference paradigms.

- a. The title physician can evoke unrealistic attributes placed upon him or her by the patient without grounds for such an opinion.

- b. The stimulus word doctor – This can result in over-generalization, attributing to the physician super human powers. Over-simplification occurs when the patient responds to a single outstanding impression and ignores all other cues.

11. There are **Three** basic patterns which are common in doctor-patient relationships and which serve as underpinnings or iatrogenic disease:

- a. One: The noted child-omnipotent parent posture – It can be extremely destructive if the patient denies his own responsibility for his problems and treatments.

The example of the model – an aged woman.

- b. Two: The Pollyanna Posture – The naïve, empty-headed patient who is the eternal optimist and the physician who is seduced into an optimistic collusion with the patient, i.e., “You’re looking well today” when the patient actually looks lousy – A conjoint denial.

- c. Three: The Persecutor – Victim Posture – After the unconscious collusion has arisen and all treatment fails, the patient may regard the physician as persecutor.

All of these patterns can occur if you are a psychologist, rehabilitation/vocational counselor or even as testifying vocational expert.

12. What can more primitive systems of medicine teach us?

- a. Care was the primary responsibility of the patient.

An example of the “Shaman” – If the patient didn’t recover the failure was not ascribed to the Shaman’s ritual.

- b. Unfortunately, scientific medicine with highly sophisticated technology encourages patterns which can result in iatrogenic disease.

13. Iatrogenic disease, once it develops, is difficult to treat.

- a. The best treatment is prevention – The patient is treated as a collaborator in an attempt to overcome the disease.

This would reduce malpractice suits and even shorten Workers’ Compensation cases.

Maybe a better term “Syndyadogenic Disease” – A disease by two people working together.

14. The Impact of Iatrogenic Disease

The *British Journal of Medicine*, Lancel, 1974, indicated that Iatrogenic Disease caused more suffering than all accidents from traffic or industry.

Who is more likely to become an Iatrogenic Patient?

- a. Hysterical Personalities – They tend to be vain, egocentric, labile, and excitable but with shallow affectivity.
- b. Socio-economic consequences

Impact on family members and on employability

15. Other problems that we in our field must deal with.

- a. Alexithymia: A loss of ability to communicate physical symptoms.
 - 1) Undiagnosed pain in multiple sites – Chronic pain patients and analgesic abusers.

2) Such patients are over-investigated and over-treated. They take up a great deal of medical and hospital time.

b. The paternalistic physician – More likely to foster iatrogenic disease.

Though it is a well intentioned attitude it is not always based on a complete awareness of the patient's psychodynamics or the social dynamics of his environment.

c. This is not exclusive to the health delivery system. It can happen to us – Vocational Experts.