

What kinds of patients are discussed in Balint groups?

Any general practice patient may be discussed. Common examples include patients with psychosomatic symptoms, chronic pain, unreasonable demands, or poor compliance with treatment; or those who seem impossible to help, attend with another person (such as parent and teenager), come from a different culture, or are seriously ill or dying.

What difference will Balint group involvement make to my practice?

Participants often report feeling more confident, finding their work more stimulating and enjoyable, being able to treat a wider variety of patients more effectively and with less stress, finding fewer patients boring and finding challenging situations more enjoyable. Many feel their participation has reduced work stress and prevented or reversed burn-out.

How can I give Balint a try or find a group to join?

The Balint Society of Australia's website has contact information for each state. The Society regularly runs workshops and seminars or will run an event to suit local needs. You may enquire about joining an existing ongoing group, starting a new group, or about groups run via teleconferencing or video conferencing.

Can I get CPD points for being in a Balint group?

Generally yes.

How much does it cost?

This depends on whether group members pay the leader privately or whether the group is subsidized, perhaps by a Division of General Practice.

Are Balint groups used in other settings?

Yes. Balint groups are used in undergraduate medical training, and in postgraduate training, including vocational training for general practice and in training for other specialties. Specialties particularly suited to Balint work include paediatrics, psychiatry and obstetrics and gynaecology and Balint groups are also used for established practitioners in such specialties. They are also used in other helping professional settings, such as nursing, counselling, physiotherapy and pastoral care.

What is the Balint Society of Australia?

We aim to promote understanding of the psychological aspects of health care, particularly general practice. We are affiliated with the International Balint Federation. Our activities include supporting Balint groups, workshops and scientific meetings, a free Email newsletter and a website.

Contact details on website:

www.balintaustralia.org

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Should I join a Balint group?

Questions GPs ask about Balint groups



What is a Balint group?

A Balint group is a group of GPs who meet regularly and discuss clinical cases. The focus is on the psychological aspects of general practice, and particularly the doctor-patient relationship. The group is a supportive setting in which GPs can explore the human side of general practice, add a refreshing new dimension to their work, learn new skills and avoid burn-out.

Why do GPs join Balint groups?

GPs often feel “stuck” with certain patients. Interactions with such patients may leave them feeling frustrated, annoyed, puzzled or just unsettled. One way to get help with these challenging situations is to participate in a Balint group.

Why the name “Balint groups”?

Michael Balint, a Hungarian born psychiatrist and psychoanalyst, together with his wife Enid, a social worker and psychoanalyst, developed Balint groups in London in the 1950s and 1960s.

The Balints viewed the GP as part of the treatment offered to the patient, not just the person delivering the treatment. They also regarded general practice as an area of medicine with great importance, providing unique opportunities and challenges. The Balints’ work contributed in a major way to the emergence of general practice as a speciality in its own right.

What actually happens in a Balint group?

The group comprises 6-12 GPs and a leader, meeting regularly, perhaps fortnightly, for about 60-90 minutes.

A GP presents a case for the group to discuss. Any patient can be presented, particularly those where the doctor has experienced a strong reaction (such as frustration, difficulty or uncertainty). The case is presented briefly and informally without notes, emphasizing the doctor-patient interactions and including the doctor’s feelings and reactions. Then the group members discuss the case, trying to describe how they might feel from both the doctor’s and the patient’s perspective.

Diverse views often emerge, reflecting the group members’ varied personalities, life experiences and blind spots. There is no attempt to find the “right” answer and participants do not judge, give advice, or offer solutions. Instead, the presenting doctor is free to use the group’s reflections in any way and to make their own decisions about their ongoing involvement with the patient. The approach is free of jargon, and the atmosphere one in which participants may talk freely and spontaneously, without pressure to be theoretical or diagnostic.

As achieving sustainable change needs time, and some of the effectiveness of the learning in a Balint group comes from being a member of a professional and focused group over time, some Balint groups can continue to run successfully over a number of years.

What is it like to be in a Balint group?

Being in a Balint group can be very mutually supportive, as there is an opportunity to share experiences in a safe, non-judgemental setting. It can be empowering and inspiring to realize to what extent colleagues are facing similar difficulties and to realize how emotionally challenging general practice can be.

The Balint group approach can be difficult at first, as it is so different from most approaches to medical education. Once learned, it can be a liberating experience, fostering deeper thought and understanding. Most participants find being in a group enjoyable, stimulating and interesting.

What will I learn in a Balint group?

GPs gain skills in applying their medical knowledge in emotionally difficult, real-life general practice situations.

They learn to connect with and care for each patient as an individual. This is in contrast to learning specific treatments for generic conditions.

They learn to identify their feelings and responses to patients and to make use of them to aid understanding. Feelings and responses to patients thus become tools in understanding patients better, rather than sources of stress or unhelpful behaviours.

One aspect of this learning is that the GP may become more aware of their particular blind spots which create habitual and unhelpful ways of responding to particular sorts of patients and situations and become freer to respond more accurately to the needs of each patient.