

REPORTS

THE FIRST INTERNATIONAL CONFERENCE OF THE BALINT SOCIETY

The Balint Society in Great Britain held an international conference at the Royal College of Physicians on 23–25 March, 1972.

The Society plans to help interdisciplinary and an international communication between doctors in the field of the doctor-patient relationship. The Society itself has as its overall aim the promotion of research and the dissemination of knowledge in this field especially in general practice. The conference established a forum to discuss the relevance in the 1970s of Michael Balint's work with special reference to new advances and treatment. An editorial in *The Journal of the Royal College of General Practitioners* (1972) stated that the publication of Balint's classic *The Doctor, His Patient and the Illness* "marked a watershed in the development of general practice. Even now, 15 years later, it can still be claimed that this is the most important book on general practice to be published this century."

The five half-days of the conference were arranged so that the first session comprised a memorial to the work of Michael Balint; the morning session on the second day offered the audience an opportunity of witnessing a Balint seminar, and the remaining three sessions were devoted, in turn, to papers on the *doctor*, his *patient*, and the *illness*.

We, in Great Britain, tend to be insular and it may have come as a surprise to many who attended the conference to discover that the testimonials to Michael Balint came from nine speakers from seven countries. Similarly, there were some 400 delegates representing 18 countries, several of which have organisations similar in purpose to that of the Balint Society in Great Britain.

With 57 papers being presented in a total of five rooms to such a large audience, it is only possible to report on the feeling rather than the details of the academic side of the meeting. The elation of the delegates must have been apparent to all present. The rapidity and ease of the conversation between people who shared ideas, concepts, and perceptions of medicine without sharing a common tongue, was an astonishing experience.

What must have been seen as the central part of the conference by those delegates who had not received training in Balint's methods, was the seminar held on 24 March. This did not seem to me to be an unqualified success as it tended to show the punishing character of such an experience without being able, in the time available, to demonstrate the warmth, pleasure and intellectual stimulus which those who have experienced the training for the full period receive. This was, in many ways, a pity since, despite the eulogies with which Michael Balint's work is now received, it remains a bitter fact that fewer than 500 general practitioners in this country have taken the minimum two years of training and a smaller number still the five years which many feel to be necessary to achieve a facility in the practice of patient-centred medicine.

None of those attending the conference can have any doubt that the ideals represented by the term 'patient-centred medicine' are central to the development of general practice and of primary patient care in all parts of the world. Certainly, those students who attended as ushers were uniformly enthusiastic, as also were qualified doctors who had not received Balint training. It is not surprising, therefore, that there were informal discussions throughout the last day of the conference between the trained delegates attending which touched upon the ways in which more doctors might be encouraged to undertake the training and the means of implementing it. This problem is not unique to Great Britain and it may be that the solution already achieved in Holland may also be chosen in this country.

In Holland, the function of the Balint Society is served by a committee of the Netherlands College of General Practitioners, and they are already examining the employment of certain general practitioners trained in Balint's methods as leaders of fresh Balint groups.

The proposals made by Marinker (1970) in his Upjohn report have yet to be adopted by either our College or by the Balint Society in Great Britain. Despite the proverbial fate of prophets, it is to be hoped that Michael Balint's work will be continued in this country, not only in terms of research and development, but in terms of the education of an increasing

number of general practitioners throughout the whole country, both in vocational training schemes and continuing education.

Similarly, it is to be hoped that the university departments of general practice will include Balint trained general practitioners among their staff so that the experiences offered to medical students, which were described at the conference, can be extended to all medical schools. In this way it may be possible to decrease that 55–60 per cent of doctors who Michael Balint himself described (1966), “as finding our offer of training in its present form . . . unacceptable.”

REFERENCES

- Balint, M. (1966). *A Study of Doctors*. London: Tavistock Publications Ltd.
Journal of the Royal College of General Practitioners (1972). Editorial, 133–135.
 Marinker, M. L. (1970). *Journal of the Royal College of General Practitioners*, 19, 79.

PAUL FREELING

SPECTACLE FRAMES

More attractive plastic spectacle frames will be available for children under the National Health Service from 1 April, 1972. They will generally be available in four colours and will be free of charge to children under 16, and older children attending school full-time.

HEALTH NEEDS IN THE COMMUNITY

. . . Looking back at 1948 it is remarkable how much the community undertook what today would be the job of the social work department. It was this working together and this reporting back of the care committee to the central organisation, always preserving confidentiality that gave the district its first feeling of cohesion and pride in self-help.

The work of the care committee soon became extended to general problem families and individual problems, the cases being alerted by the doctors, headmasters and representatives of the various religious denominations for investigation and solution by the social worker. This working together soon branched out into aid schemes for the old age pensioners, people living alone, and general organisation of the district.

Political pressures for community centres was expressed forcibly as well as the establishment of children's playgrounds, safety crossings, benches in parks and similar amenities. Over the years the committee has gradually shifted its emphasis grappling with the problems of the tower flat dwellers, the increasing evictions and related problems, the guidance of voluntary organisations, to provide schemes during school holidays for unsupervised playgroups for the under-fives as well as developing and sponsoring football competitions, music and drama festivals, and all kinds of subsidiary activities. This example is used to demonstrate how if there is a cause the community will knit together. The question of health in the widest sense can be an example of such motivation.

The involvement of the general practitioner in these activities is essential. He, like the headmaster, is one of the few professionals fully associated with the district. The sporadic lectures to young wives and other groups on health matters can well be done by the local health authority department, yet it is essential for one of the 'real' doctors to be involved in this. Many doctors will disagree and state that this is not part of their job. The new general practice, which is not only concerned with disease but with prevention and early diagnosis can ill afford to be separated from such community efforts, if for no other reason but to keep the community's counsel and deliberations so orientated. This must not be seen as a busy body of do-gooders but as a deliberate policy to feed into the community activities the problems associated with health, whether they concern prevention, early diagnosis, pollution from surroundings or by self-administration, mental health attitudes, abortion or contraception.

Kuensberg, E. V. (1972). *Proceedings of the Royal Society for the Promotion of Health, Health Needs in the Community*, April.