

Medical Muddle

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As psychiatrists continue to do battle over the manner in which schizophrenia is to be perceived and treated, perhaps the single most important adage to keep in mind is, "first, do no harm" (Hippocratic Oath) or, at least, as little harm as possible. In this context, it seems that there exists an excellent case for the use of the medical model in dealing with schizophrenia. Indeed, the consequences of not using the medical model are at least frustrating and sometimes tragic. What follows is a personal experience which illustrates the consequences of a model muddle.

I have a history of kidney stones,* for which I have sought medical attention on five different occasions. On one particular occasion (the third I believe), I was visiting a friend in Brooklyn when I began to experience the familiar excruciating abdominal pain radiating to my lower back. I was taken by my friend to a nearby large teaching hospital. By the time we arrived, I was quite positive that this was a kidney stone, as I was experiencing the familiar and frightening combination of pain, nausea, and vomiting which I had felt before. Several minutes after I entered the Emergency Room, I was seen

hematuria, frequency, lumbar tenderness, and shock might be present."

by a nurse and a physician. In spite of my pain and distress, I became increasingly aware that their attitude toward me was one of suspicion and disdain. It was soon apparent that they thought I was a narcotics addict. It is now obvious that, in their minds, narcotics addiction warranted the retributive moral model (Siegler and Osmond, 1974). Yet there is also evidence that they were not completely able to dismiss me as a criminal and a malingerer. I was given medication, which would not have been the case had I been tucked neatly into the moral model. However, I was given 5 mg of Valium. Anyone who has ever experienced renal colic, or a painful childbirth, to which it has been compared, knows that 5 mg of Valium does not ease such severe pain. I was not an exception in this respect. One can only speculate that some derivative of the psychoanalytic model (Siegler and Osmond, 1974; Lee and Osmond, 1976) came into play here. Perhaps the Valium was used in an attempt to allay the "anxiety" which accompanied my possible "hysterical" symptoms.

Eventually, I lost consciousness as a result of the pain. When I awoke, about two hours later, I was commanded to put on my shoes and to remove myself from the hospital. My friend had had to go off to work, so I found myself alone on the streets of a strange city. I was physically weak, very frightened, and angry. Fortunately, the symptoms did not return. I assume that I passed the stone without any further problem.

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* Kidney stones (renal colic) are described in The Merck Manual of Diagnosis and Therapy, Twelfth Edition as follows: "Ureteral obstruction is ushered in by sudden severe pain in the loin radiating along the involved ureter to the genitals or inner thigh. Nausea and vomiting,

This is the only time I was treated in such a fashion. On the four other occasions there is no doubt that the medical model was fully and completely employed. I was awarded the sick role and, although renal colic is never a pleasant affair, my experience of the pain and its aftermath was substantially different.

In Brooklyn I was terribly frightened, yet unable to remove myself from incapable and uncaring hands. I could not just be sick. My integrity was in question. The mixed message from the staff was that either I was feigning the pain to get a "fix," or the pain was a product of an unbalanced mind. This situation was extremely frustrating. Yet I was fortunate in several respects: I had experienced renal colic before and I had been with my father during one of his several episodes of kidney stones, until the physician arrived. My father had also recounted an experience he had had with a hotel physician in Los Angeles which was similar to mine in Brooklyn. Luckily, these previous experiences hastened the recovery of my self-esteem, which the denial of the sick role had seriously threatened.

It frightens me to imagine what I would have thought and felt under similar circumstances had I not had the benefit of prior experience with kidney stones. By contrast, during my other episodes of renal colic, I was allowed the sick role and felt utterly assured that everything possible was being done to alleviate the pain and to trace its cause. I left the hospital on these occasions confident of the *raison d'être* of the practice of medicine. One should not underestimate the importance of the sick role. It is sometimes difficult and painful to assume this

role (Siegler and Osmond, 1974), but I found it infinitely more devastating to be cast in the role of a criminal or hysterical malingerer.

All too often, schizophrenics are faced with an experience similar to mine in Brooklyn.** But my frustration and fear as a result of this model muddle lasted only several hours. Schizophrenic patients are likely to encounter a similar ordeal which could last for years, depending on the combination of models employed by psychiatrists and others. The use of the medical model is, at this point, no absolute guarantee of a positive prognosis for schizophrenia. Its use does, however, grant the patient the sick role, and the right to a rigorous (and objective) pursuance of possible biochemical/physiological causes and treatments for the disease(s). When the medical model is not used, or when it is confused and/or unknowingly mixed with other models, these rights, so inherent to the practice of medicine, are forfeited.

Whatever one might think about the use of the medical model with schizophrenia, it seems that the patient is eminently more benefited when allowed the advantages of the sick role and when possible biochemical causes are thoroughly exhausted before his or her psyche is assailed.

REFERENCES

Hippocratic Oath

SIEGLER, M., and OSMOND, H.: *Models of Madness, Models of Medicine*. New York. Macmillan Publishing Co., 1974

LEE, MM., and OSMOND, H.: "John's Saga: A Case Study of Alcoholism in the 70's " *J. Orthomolecular Psychiatry*, Vol. 5, No 3, pp. 222-227, 1976.

** Alcoholics and drug addicts are two other notable examples.