A Critique of
The Fifteen Minute Hour:
Therapeutic Talk in Primary Care
by Marian Stuart, Ph.D.
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Due to my interest in fostering improved access to mental health care in the State and due to the fact that the majority of mental health care is administered by the primary care physician, I have been asked to provide a critique of a book co-authored by a distinguished member of our Society. The book has been a tremendous success, now in its fourth edition. It serves as a guideline for the busy primary care physician in approaching the patient suffering from the pressure that our society places upon them in their daily lives. I must admit that prior to this request to review this text, I had not read it.

I do admit that I wish I had discovered this text years ago, as it is a very concise, educational, and practical study of the mind-body connection, as it applies to the primary care physician’s everyday encounters with those suffering from mental illness.

As is well known, the primary doctor sees many individuals in a day at the office with ailments that may be physical, but have their root deeply embedded in the caverns of the mind. Even the simple sore throat or the cough of post nasal drip, though “real,” may be founded in a sour relationship or pressures from a patient’s home or work life. It is the onus of the doctor to look beyond the “chief complaint” and peer into the depths of the patient’s mind. Simple and concise questioning may put these patients at ease and may make them “open up” to the physician, gain their trust, and allow the true issue to come to light.

Drs. Stuart and Lieberman have provided a simple, yet eye opening way to pull valuable information from the patient to gain an understanding of why the patient presented to your
office. How many times have you seen a patient complaining of ear pain, that on examination has a normal ENT evaluation but has temporal mandibular joint dysfunction from teeth grinding or clenching created by a stressful situation in their lives? The treatment would be radically different, i.e., counseling vs. an antibiotic.

Once realized that the physical complaint is secondary to a “mechanical” problem created by the turmoil in a patient’s life, what then? The Fifteen Minute Hour gives the reader specific methods to help the patient see the true nature of their problem lending to a resolution of their symptoms. I particularly enjoyed the authors’ “BATHE Techniques.” BATHE is an acronym for: 1) Background – what is going on in your life?; 2) Affect – how do you feel about that?; 3) Trouble – what troubles you the most?; 4) Handling – how are you going to handle that?; and 5) Empathy – I understand “that must be difficult for you.”

Once you have established this type of relationship with the patient, they realize that you are listening and you care about how they feel. The patient then feels at ease and will open up to you and leave your office feeling relieved. “BATHE is all that is minimally required to make the patient feel supported.” This technique will allow you to identify an underlying depression, anxiety, or more serious psychological problem. This technique does not require a lot of time and may set the stage for a future dialogue, which may be rewarding to the overall well being of the patient.

Drs. Stuart and Lieberman give numerous examples of how effective this technique can be. Their examples made me feel that they were standing behind me during my many encounters with patients whose somatic complaints were a mere segue to the deeper psychological problem.

In today’s highly stressful environment, the primary care physician, who is like a family member to many patients they have cared for over the years, must look to lessen the “allostatic load” carried by the patient. Allostasis, as defined by the authors, is “a coping mechanism used to deal with stress to maintain stability and to promote adaptation and coping.” This load has a “cumulative effect” and the price the body pays for this load may lead to numerous somatic manifestations – some minor, others more serious. Getting to the “root of the problem” may quiet the somatic burden.

I could go on for pages, as I thoroughly enjoyed this text. This should be required reading for every physician and student of medicine. It now sits in my library and serves as a quick reference for understanding and dealing with the mind-body connection. I encourage you all to read it.

The Fifteen Minute Hour: Therapeutic Talk in Primary Care may be ordered from the Society of Teachers of Family Medicine’s website, www.stfm.org. Please make certain to order the Fourth Edition.

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