S14-1

Psychosocial Conditions and Psychosomatic Disorders in Gynecology

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On average, 16 months following the first therapeutical consultation 190 female patients were requested in writing to report on their complaints. The results were as follows: One third of the patients presented with psychosomatic problems in connection with pregnancy, birth and the desire for a child. A further third of the patients suffered somatopsychic disorders with carcinoma and the final third complained of psychosomatic disorders with regards menstruation, somatisation and sexual disorders.

The effectivity assessed on the extent of knowledge as well as physical and mental states was rated highest in the group pregnancy/birth. Our opinion is that this group had complaints which they were able to cope well with. Despite the unfamiliar motivation concerning the first discussion with referral patients as opposed to personal motivation with females presenting as outpatients, little difference was found between both groups of patients regarding the effectivity and satisfaction of treatment. Also socio-demographic data revealed no influence. Females attending as outpatients demonstrated a significantly higher level of education compared to the referral patients. A high number of patients (80%) appeared to be most satisfied with the consultation. The only criticisms expressed were the wish for more concrete assistance and less reservation on the part of the therapists.

S14-2

Team Interactions Concerning Doctor–Patient–Relationship

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The therapeutical team in a clinic consists of medical, psychological, ergotherapeutical and nursing personnel. A constructive cooperation requires knowledge on the part of the team members of the professional perspectives of the other respective colleagues in order to ensure that discussions are held on equal terms to determine the activities towards a common goal. Maxwell Jones developed a principle for the therapeutical community. In this concept the professional competency of each team member was considered of great importance to ensure that the therapy in entirety was performed satisfactorily.

The director of the institution appears on the surface to carry the responsibility for the team, however, the fact is that the validity of only one opinion is inadmissible. More important is that the joint therapeutical efforts are the result of team work, reliant on the various competencies of the team members. Due to the differing personality structures and ways and means of communication, conflicts may arise, which in turn, could well be detrimental in deciding the optimal solution for the individual patients. Such conflicts prove to be a mirror of the patient–team or patient–patient interaction. Characteristic conflict situations are thus presented and ways to solve these conflicts are demonstrated.