Donald E. Nease, Jr., Heide Otten, Günther Bergmann (Eds.)
The Student, the Patient and the Illness

Ascona Balint Award Essays

Donald E. Nease, Jr., Heide Otten,
Günther Bergmann (Eds.)

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Ascona Balint Award Essays 2026

With a foreword by Tove Mathiesen,
President of the International Balint Federation (IBF)

With contributions by Jood Ghunaim,
Iben Armann Jeppesen, Jasmine Liew, Julia Carvalho Lima,
Amit Manor, Barok Marom, Spartan Nandal,
Yunis Alexandre El Jaroush Palhavan,
Pedro Henrique Docema Rodrigues, Sepanta Sadafi,
Tess Wheeler and Fabiana Benedini Galli Zambardino

Awarded by the International Foundation Psychosomatic
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Foreword

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Welcome – (again) to all readers of the Ascona students essay book series.

Congratulations to the Ascona Prize winners of 2026, to the Ascona Foundation and to all clinicians working with the relation to their patients and their illness.

Again 2026 has shown a rich harvest of contributions for the Ascona Prize, many were in close competition for the prizes, and I recommend to you to study all these essays in more details. They provide a rich material to be worked on further in the individual authors professional work and in their personal lives as it will be interwoven in their coming practice.

The essays also offer the more experienced Balint Group Leaders new thoughts and a fresh view at well-known experiences. They could be the basis of many discussion groups among professors at the medical faculties around the world.

It's a special honour to me to welcome the winners at the 24th International Balint Conference in Aarhus 'Connected, Committed and Contained' coming in October. I'm sure the presentation of these papers will influence the feeling during the whole conference and that we will share many interesting discussions in the plenary and in the Balint groups.

Tove Mathiesen
President of the International Balint Federation

Introduction

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Dear reader,

it is with pleasure that we present the most outstanding essays from the 2026 Ascona Student Prize competition, including the top three prize winners, which are the first three in the book.

This year we had a total of 56 student entries from 9 different countries, representing approximately 30 medical schools. This greatly exceeded the number of entries from the previous several competitions, and we hope reflects students' renewed spirit of interest in the relational aspects of medical practice.

As medicine itself continues to progress and adopt more technologies including most notably Artificial Intelligence in routine practice, the relational aspects of care take on ever more importance, and this is mirrored in the essays presented here.

Similarly, the impacts of violence from war, climate and relational disruptions are also a theme which is reflected in many of the essays.

As such the students' depictions and reflections offer a unique perspective on not just the medical, but also the current social, climate and political state of our planet.

The voices contained within these essays are to be treasured.

The prizes will be awarded to the three winners at the 24th International Balint Congress in Aarhus, Denmark, in October 2026. The three students are invited to participate in the Congress, take part in the Balint group work and will present their papers there.

You will find the three essays of the winners in Part I of this book. In Part II we present 9 more excellent essays from different countries, which had high rankings.

An international group of reviewers (n = 22) consisting of experienced Balint Group Leaders from different National Balint Societies performed the

initial evaluation and rating of the student papers, by using a scale of defined criteria according to the announcement of the Award.

Subsequently, a jury of representatives from the International Foundation Psychosomatic and Social Medicine and the International Balint Federation selected the three award winners.

Thanks to all who participated in the reviews and award selections. This was a valuable and competent work reading and rating the student essays, a model for our international partnership.

The Ascona Prize is awarded by the International Foundation Psychosomatic and Social Medicine, based in Basel (Switzerland) in cooperation with the International Balint Federation (IBF).

It is an important goal of both institutions to focus and improve the student/doctor-patient-relationship. To start early in the training with taking the "Doctor as a Drug" into account is important. As we can see and feel through the essays in early years it is a profound need to understand more about the patients and oneself and about the impact of one's own attitudes and beliefs. This is the case worldwide.

The Foundation and the IBF are pleased to have brought this work together again to an impressive result – the number of works received, the commitment of the students, the impressive encounters and relationships that are presented are evidence of the worthwhile outcomes of the effort to design and offer this prize again and again.

This volume also serves to set a stimulus among the students in and through the National Balint Societies. We are happy to offer them to all Universities. This book will also be presented in Free Open Access.

The next Ascona Prize will be awarded in 2028. More information will be given on our websites: www.foundation-ps.com and www.balintinternational.com

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Part I

Essays of the Three Winners 2026

Boldog Születésnapot

The Hungarian Phrase For "Happy Birthday"

Jood Ghunaim

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It hasn't been easy acclimating to my environment. I'm sitting in the cardiology Intensive Care Unit of my university's hospital. In small landlocked country in central Europe, Hungary, and South of Budapest, a tiny city called Pécs is where I call home for the next six years. There are not many people here who look like me, and even fewer that speak any of my languages. I like to call myself a linguophile, usually, capable of picking up languages quite easily and holding my trilingual status as a badge of honor. However, the Hungarian language is not one that comes easy to me, in fact, more than a few words and I feel my cheeks get flushed at the visible giggles I get from the native speakers listening to me attempt to speak their language. My accent is not quite right, and no matter how I twist my mouth and how hard I press my throat, the person across from me usually tilts their head to the side and gives me a confused look. After several classes, and several attempts, I decide, there's no need for me to speak, I'll do what I'm meant to do. I mean, that's what matters most, isn't it? Medicine is all about the practical aspects. Fill the syringe, prescribe the medication, and know the steps to perform procedures. So, I simply nod, and smile, and hope this can be the way I am able to communicate. I find comfort in knowing my practical skills will likely be sufficient enough to be my main form of treating patients. I hope that my smile is enough to help the patient across from me feel any type of comfort.

This is my first exposure to the clinical setting as a future physician. I have just finished my first year of medical school; and I'm doing my summer practice. It's a mandatory practice that my university requires students to complete, from year one all the way to year six. This first year's

practice is referred to as "Nursing Skills". As a student, I must practice the basic procedures in the hospital setting. Administration of medication, taking blood pressure, drawings of blood, and of course; care for the patients. This involves making sure they are fed; their gauze is changed should they have any wounds. My course director places me in the ICU of the cardiology unit; quite an intimidating unit for a student with no previous practical experience on real patients.

The ICU is a world of its own. There's a hurried rhythm, beeping monitors, alarms and footsteps I'm trying to keep up with. My first days are spent observing everything. I stay silent but diligently watch the way catheters, syringes and gauze are handled. I watch the small nods and gestures used to communicate without speaking, both nurses and doctors. Each room has its own rhythm. I am an outsider trying to learn. I carry a small notepad with me, writing down steps while watching the nurses perform tasks.

By the end of the first week, I have become flawless at blood withdrawal. I know which medication is for each patient, and I prepare syringes for the nurses in a timely manner. I neatly arrange them on the bedside table for the nurses. I earn a nod of approval and take it as a sign of a job well done. It's hard to communicate well, but I assure myself that if I do things in a procedural manner and if I follow every rule exactly, I will accomplish what I am meant to do. I feel an unspoken pressure to stay out of the way and not make anybody's job harder. So I do just that. I keep myself small and follow instructions without deviation; step by step, and meticulous in my performance.

It is during this first week where I feel my first real sense of accomplishment. I hear my name being called by one of the doctors and quickly make my way into the room. Inside, I find it crowded with nurses and doctors alike. A defibrillator is being set up next to a patient who is on a ventilator. The doctor explains to me that the patient has an abnormal heart rhythm, ventricular fibrillation. A life-threatening abnormal rhythm, he tells me. He dives into the theoretical material I've covered throughout this year. I smile as I recall the pathology unit on ECG's as he explains. As he continues speaking, I notice that that there is a lull in the room as nurses pause and wait for the doctor to finish his explanation and that's when a sudden realization dawns on me: I will be the one performing the defibrillation today.

I feel the blood drain from my face.

I listen intently to the doctor's instructions, while simultaneously trying to recall the safety steps from the first-aid class I took months earlier. No need to panic, I tell myself. Just follow the instructions; it's always just in the instruc-

tions. After a quick debriefing, it's time for me to perform. There is a heavy tension in the room as I walk over to the patient and ready myself. I hold the two paddles in my hand, feeling their weight; both physically and metaphorically. There are two silicone pads on the patient's chest to protect him. I position the paddles over the silicone and take a deep breath.

"Clear."

Everyone takes one step back.

I deliver the shock.

The patient's chest rises, then settles back down. My heart is pounding, yet I do not dare show any emotion. I earn a small round of applause from the attending physician and the nurses in the room. I place the pads back into the machine as another nurse wheels it away. The interaction is precise, and procedural. Everything was done correctly, exactly as I was taught.

Before leaving the room, I glance at the patient's roommate. He is an older man, watching me quietly after what I have just done. He has a tracheostomy tube inserted, and I think he may be my patient next week. In that moment, I still believe the lesson lies in what I have just performed, in the flawless execution of a life-saving procedure. I don't yet know that the deeper lesson will come not from the patient I shocked, but from the one in the bed beside him.

Meeting Laszlo

It's my second week in the ICU. My head nurse, Tunde, walks me into the same room I defibrillated a patient in, last week. She points me in the direction of his roommate. It is here I meet the patient I am responsible for this week. His name is Laszlo. I walk over, and grab his chart and I take an index of him. His file says he is only 65 years old, however he has a tracheostomy tube inserted, and he's unable to stand, walk, or even feed himself. Laszlo has suffered a severe stroke, and has concurrent cardiac events. This has left him unable to feed himself, clothe himself, walk, or communicate. And so, I take my time to familiarize myself with his background. Laszlo was a coal miner on the outskirts of Pécs. Through his job, he was chronically exposed to silica dust, unknowingly, Laszlo had now developed silicosis.

As I finish reading the file, my head nurse walks in. She hands me a orange colored jar with a spoon inside of it. I glance at the label, there's a picture of the baby on the front; pumpkin and carrot flavor. I understand, she wants me to feed him. I nod, knowingly. She smiles at me, and says "Birthday", while