

PRINCIPLES AND ROLES OF FAMILY MEDICINE

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- Play video
- Why should you see a family doctor?

Family Medicine

- Definition

- ‘Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family.
- It is a specialty in breadth that integrates the biological, clinical and behavioral sciences
- The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity.’ (AAFP)

- <http://www.aafp.org/about/policies/all/family-medicine-definition.html>



What is the main characteristic of Family Medicine?

- 'In the increasingly fragmented world of health care, one thing remains constant: family physicians are dedicated to treating the whole person. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care.'
- AAFP - <http://www.aafp.org/about/the-aafp/family-medicine-specialty.html>

What is the main characteristic of Family Medicine?

- It's a discipline that is relationship based and focused on person centered care
 - It's the PERSON who has the disease that is important than the DISEASE the person has
- Cuts across the physical-psychological-social lines that separates the disciplines
 - **Defining the discipline in terms of relationships sets it apart from most other disciplines**
 - (McWinney 3 Ed. Ch. 2. Section - implications of the principles)

Family Medicine

- Speciality in breadth not in depth
- Requires a wide knowledge of several other disciplines (medicine, surgery, paediatrics, psychiatry etc.) without getting into depth of any single speciality
- Family physicians are generalists with a knowledge of the common illnesses within any clinical discipline that are prevalent in the community and rarely seen in hospital

Ecology of medical care

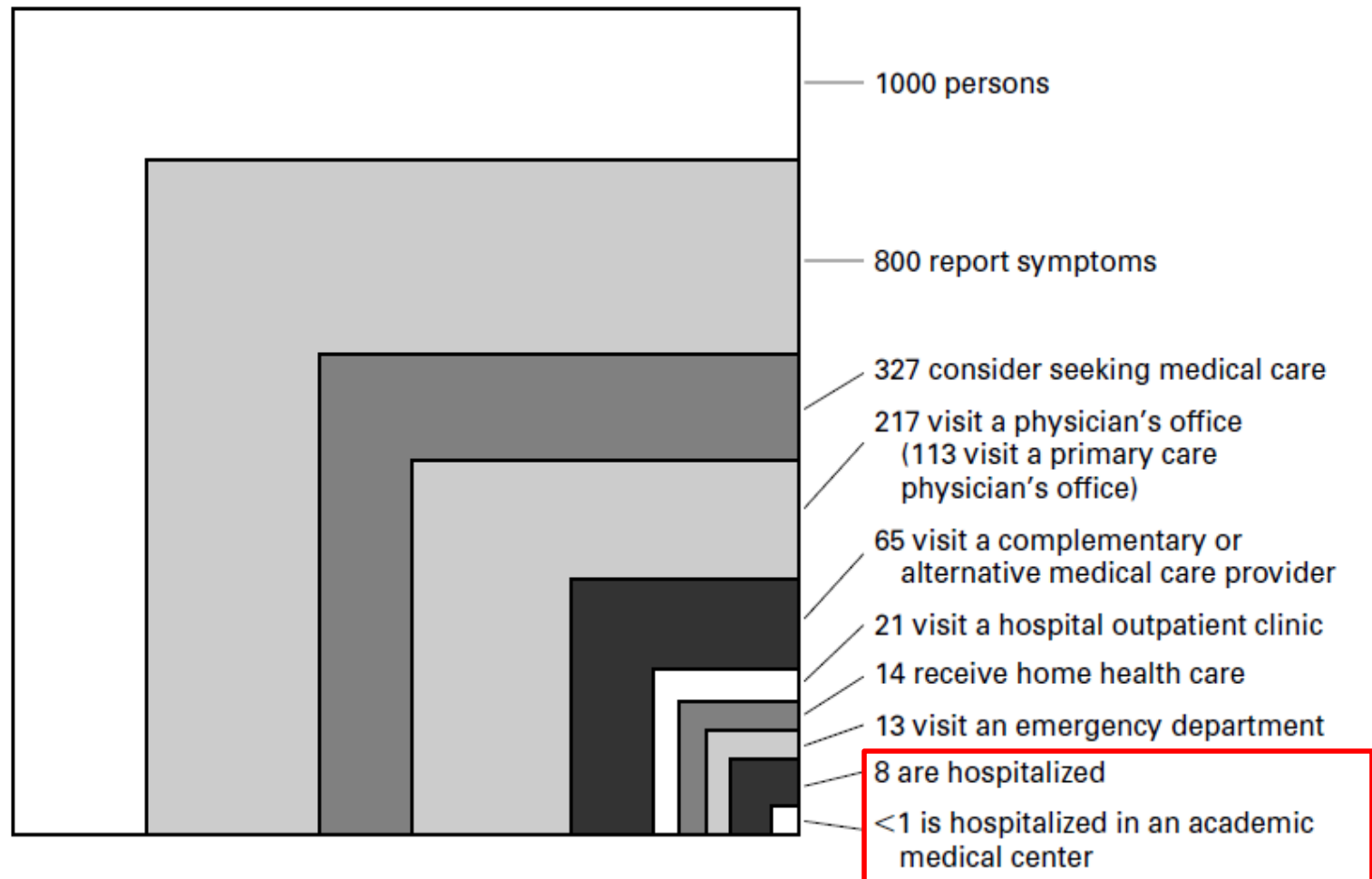


Figure 2. Results of a Reanalysis of the Monthly Prevalence of Illness in the Community and the Roles of Various Sources of Health Care.

Each box represents a subgroup of the largest box, which comprises 1000 persons. Data are for persons of all ages.

Family Medicine

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- Requires a wide knowledge of several other disciplines (medicine, surgery, paediatrics, psychiatry etc.) without getting into depth of any single speciality
- FP are generalists with a knowledge of the common illnesses within any clinical discipline that are prevalent in the community and rarely seen in hospital
- FP use their clinical acumen in diagnosis using minimal investigations
- FP will
 - Assess illnesses in physical, psychological and social terms
 - Adopt a holistic approach to the management

Family Medicine

- Because of the wide range of knowledge about clinical disciplines FP are able to identify patients who needs specialized care
 - eg. pt with headache, fever
 - Viral fever
 - Dengue / DHF
 - Meningitis
- In addition FP has knowledge of 'Behavioural Sciences'
 - Sick role, illness behaviour
 - Doctor-patient relationship
 - How a family functions in health & disease
 - Effects of bereavement

Family Medicine

- Skills

- Communication skills
- Counselling skills
- Solving undifferentiated illness
- Cost effective management
- Preventative and health promotion

- Attitudes

- Respect the patient as a person who needs help and
 - NOT as a disease that needs to be cured
- ***“Its much more important to know what sort of patient has a disease than what sort of disease a patient has” (William Osler)***

Principles of Family Medicine

- Committed to the person
- Seeks to understand the context of illness
- Every contact with patients as opportunity for prevention
- Views the practice as a 'population at risk'
- Sees him/herself as part of a community wide network of supportive and health-care agencies
- Ideally shares the same habitat as their patients
- Sees patients in their homes
- Attaches subjective aspects of medicine
- Is a manager of resources

Roles and functions of family physicians

- First contact care
- Personalised care and family care
- Continuity of care
- Comprehensive care
- Preventive care
- Coordination of care

Clinical scenario

- It's a Saturday morning. You are at your family practice clinic.
- The Fernando family has been your regular patients for the past 10 years. Mr. Fernando is a businessman in town and Mrs. Fernando is a teacher. They have three children aged 7, 4 and 1 year. You are the family doctor to Mrs. Fernando's mother for the past 5 years who is bedridden after a stroke.
 - Medical records are available for the Fernando family
- This morning
 - Mrs. Fernando has brought her one year old baby for her immunization and check-up
 - Mrs. Fernando also states that her three month family planning injection is due today
 - Mr. Fernando has accompanied his wife and baby
 - To show his 'sprained swollen ankle' which happened the previous evening
 - To show his lipid profile and HbA1C report you had ordered during his last visit

First contact care

- FPs are primary care doctors
 - Function as first contact doctors
 - Patients either sex and all ages
 - Irrespective of the nature of the presenting complaint
 - Accessible and available to patients
 - Live in the same community (ideally)
 - Know the common health problems
- Work in less than ideal circumstances
 - Initial assessment of the problem – (medical, surgical, psychological etc.)
 - Manage or refer
- Deal with undifferentiated illnesses
 - When symptoms are vague and signs are minimal
- Respect patient autonomy in all instances

Personalised care and family care

- FP thinks not in terms of disease, but in terms of patients who have problems that need attention
- Ability to deliver personalized care because of the personal relationship that exists between doctor, patient and family over long periods
- Easy to understand the context of the disease and advise regarding the nature of the illness, natural course and management
 - When necessary will guide them through specialized hospital care
- Gets a rich satisfaction due to personal commitment towards their patients

Continuity of care

- FP care for patients and their families for many years
 - Womb to tomb or cradle to grave
- Patient is the continuum of care and the episode as the disease
 - (different from hospital – diabetic clinic)
- Undertakes the responsibility of care from the onset to its conclusion
 - Hospital referral, communicate with specialists, follow-up care after discharge
 - If the disease cannot be cured – rehabilitation, palliative care etc.
 - When a death occurs – help the family cope with the grief, psychological support

Continuity of care

- Medical records are essential to provide quality continuity of care
 - Paper / computer based
 - Includes
 - Present and past problems
 - Medications
 - Family and social history
 - Visit notes
- Advantages to both patient and doctor
 - Medical care is more economical
 - Less investigations, hospital admissions, spend less
 - Patient compliance is better
 - Doctor-patient relationship increases confidence
 - Doctor can use his own personality and a therapeutic tool
 - 'doctor is the most powerful drug in general practice' – *Michael Balint*

Roles and functions of family physicians

- ✓ First contact care
- ✓ Personalised care and family care
- ✓ Continuity of care
- Comprehensive care
- Preventive care
- Coordination of care

Comprehensive care

- Provision of **total or holistic** health care
 - Three dimensions
 - Assessment of the patient
 - Physical, psychological and social terms
 - Managing the patient
 - Individual in the family and community
 - Using measures
 - Preventive – primary, secondary and tertiary
 - Curative – advice, medication, surgery etc.
- Managing patient - consider
 - Cultural and religious beliefs
 - Fears, expectation and interpretation of illnesses
 - Socio economic status and health facilities available

Preventive care

- Opportunistic prevention
 - Unique aspect of prevention in FM
- FP also sees patients as a population at risk
 - Screening procedures at asymptomatic stage – check BP, BMI
- Primary prevention
 - immunization, family planning
- Secondary prevention
 - BP control in hypertensive pts. to prevent complications
- Tertiary prevention

Coordination of care

- FP is not an expert in many disease conditions where highly skilled knowledge is need for patient management
- Making use of all health care resources for the benefit for the patients (must have a good knowledge of available resources)
 - Government hospital, MOH
 - Community – e.g. Alcoholic Anonymous, Sumithrayo
- Referral to the appropriate specialist in private sector
 - Primary - physiotherapist, dietitian
 - Secondary, tertiary
- Alternate health care resources

Clinical scenario

- Can you identify from the clinical scenario what 'roles and functions of FM' did the family physician demonstrate at this consultation?
- First contact care
 - Mr. F's ankle sprained
- Personalised care and family care
 - Mr. F's different issues – ankle, DM, LIPIDS
 - Mrs F – family planning, care for baby
- Continuity of care
 - Mr F's chronic disease care – DM, LIPIDS
 - Baby & Mrs F
- Comprehensive care
 - Mr F mainly on this occasion
- Preventive care
 - Baby – immunization, Mrs F – family planning and also check up
- Coordination of care
 - If there is a fracture – Ref Mr F to relevant place

What is the main characteristic of FM?

- It's a discipline that is primarily focused on 'person centered care and relationships'
 - It's the PERSON who has the disease that is important than the DISEASE the person has
- Cuts across the physical-psychological-social lines that separates the disciplines

References

- Lecture notes in family medicine
 - Nandani de Silva
 - First edition 2006
- Textbook of Family Medicine.
 - McWinney & Freeman.
 - 3rd Edition 2009

THANK YOU

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