

FAMILY MEDICINE – A HISTORICAL INTRODUCTION

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During this session

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- Clinicians providing health care in Sri Lanka
- Brief history of modern Medicine
 - 17th – 18th century
 - 19th century – age of the general practitioner
 - 20th century – age of specialization
- Development of family medicine
- Pathway for FM specialization in SL

Clinicians providing health care in SL

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□ Primary care

□ Out Patient Departments (OPD)

- Government (MBBS +)
- Private (MBBS +)

□ General Practitioners / Family Physicians

- Private (MBBS + DFM / MCGP)
- Private (MBBS + DFM + MD) – Specialist in FM
- Government district hospitals - (MBBS + DFM + MD) – Specialist in FM

□ Other doctors

- Private practice (MBBS only, after completing the Internship)
- Quacks
 - No recognized qualifications in Western or Ayurveda

□ Secondary care

□ Medicine, Surgery, Paediatrics, Obstetrics & Gynecology, Psychiatry

- MBBS + (MD / MS) – Specialist

□ Tertiary care

□ Cardiology, Neurology, Gastroenterology, ENT, Eye

- MBBS + (MD / MS) – Specialist

Going back.....17th century

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Medical Profession 17th – 18th century

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- The profession (allopathic system) as we know it today has existed only since the nineteenth century
- During the 17- 18th century western society was served by
 - Various healers
 - Tradesmen who sold medications
 - Craftsmen who did surgery
 - Physicians – very small group educated in UK and European universities



Le Goût.
Voici du chien l'Apothicaire
Aussi l'habile médecin
Avec le remède canin.
La potion est bien amère;
Toujours il faut que le malade
L'aride comme marmelade.

Das Geschmack.
So bald als einem Hund was fehlt
Bräust man sich durch Glühde-Argeren
Um von dem Welp. das ihn quält,
Die guten Tränken zu befreien.
Werden er nach gedrängten sehn,
Kraut geht sie dem Geschmack nicht ein.

The Apothecary

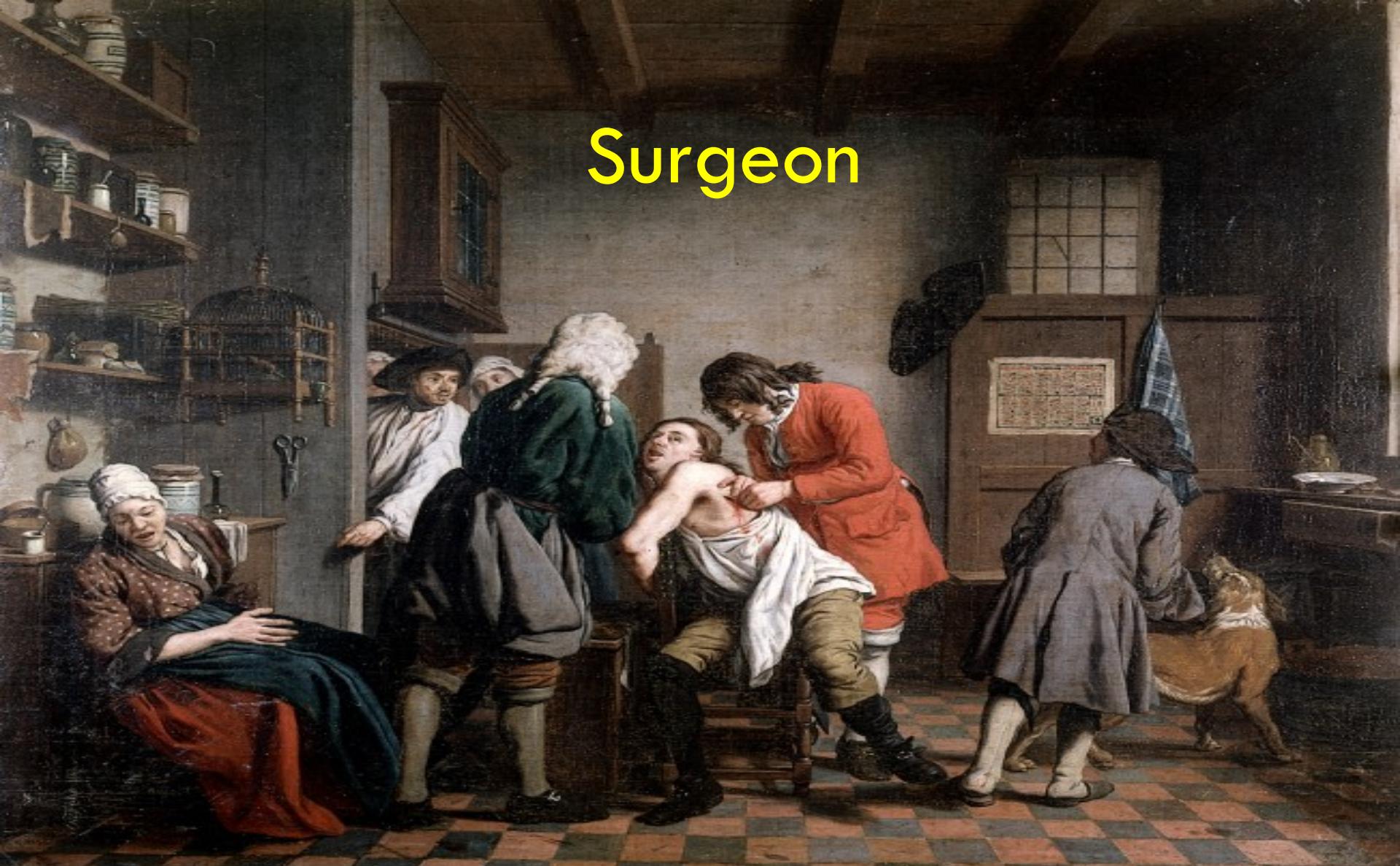
Apothecaries were tradesmen who originally dispensed and sold drugs

In response to need, gradually took the role of medical practitioner

Physician



- In the 17th & 18th century small percentage, elite group of learned men, educated in universities were Physicians
- Practiced among rich & affluent
- Did not perform surgery or dispense drugs
- Did not associate either professionally or socially with the craftsmen and tradesmen who ministered to the medical needs of poorer and rural people



Surgeon

Wellcome Images

Surgeons were craftsmen trained by apprenticeship

Kumara Mendis 2016 May

Country Surgeon in England

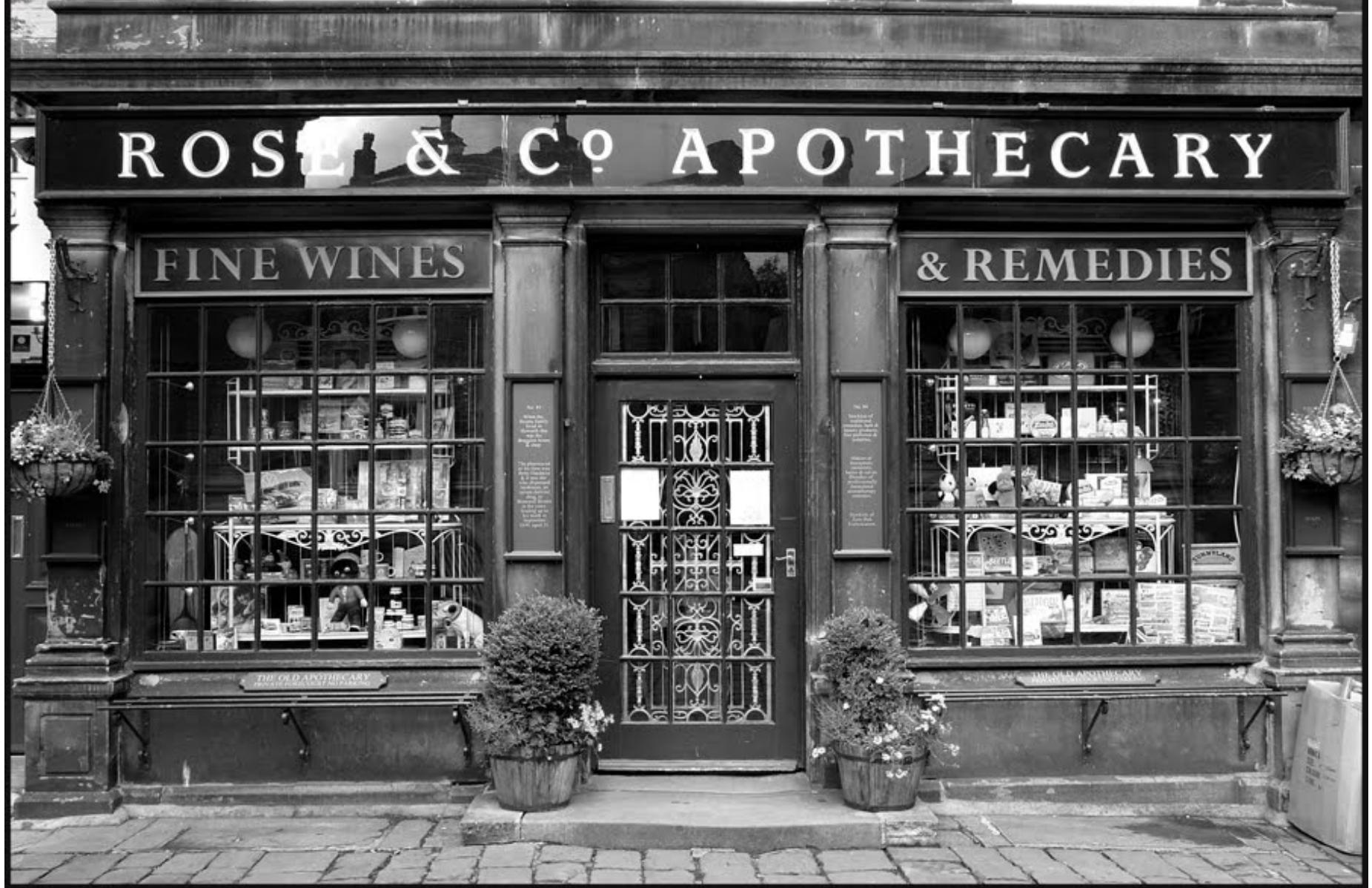


EDWARD JENNER (1749–1823)

Il protège la vaccine pour la première fois

Wellcome Images

Surgical training improved and Royal College of Surgeons had an examination combined with apprenticeship/hospital training - **MRCS**



UK - 1815 Apothecaries Act - right of apothecaries to give medical advice and supply drugs. Compulsory training with 5 year apprenticeship to study anatomy, physiology medicine etc. that lead to LSA.

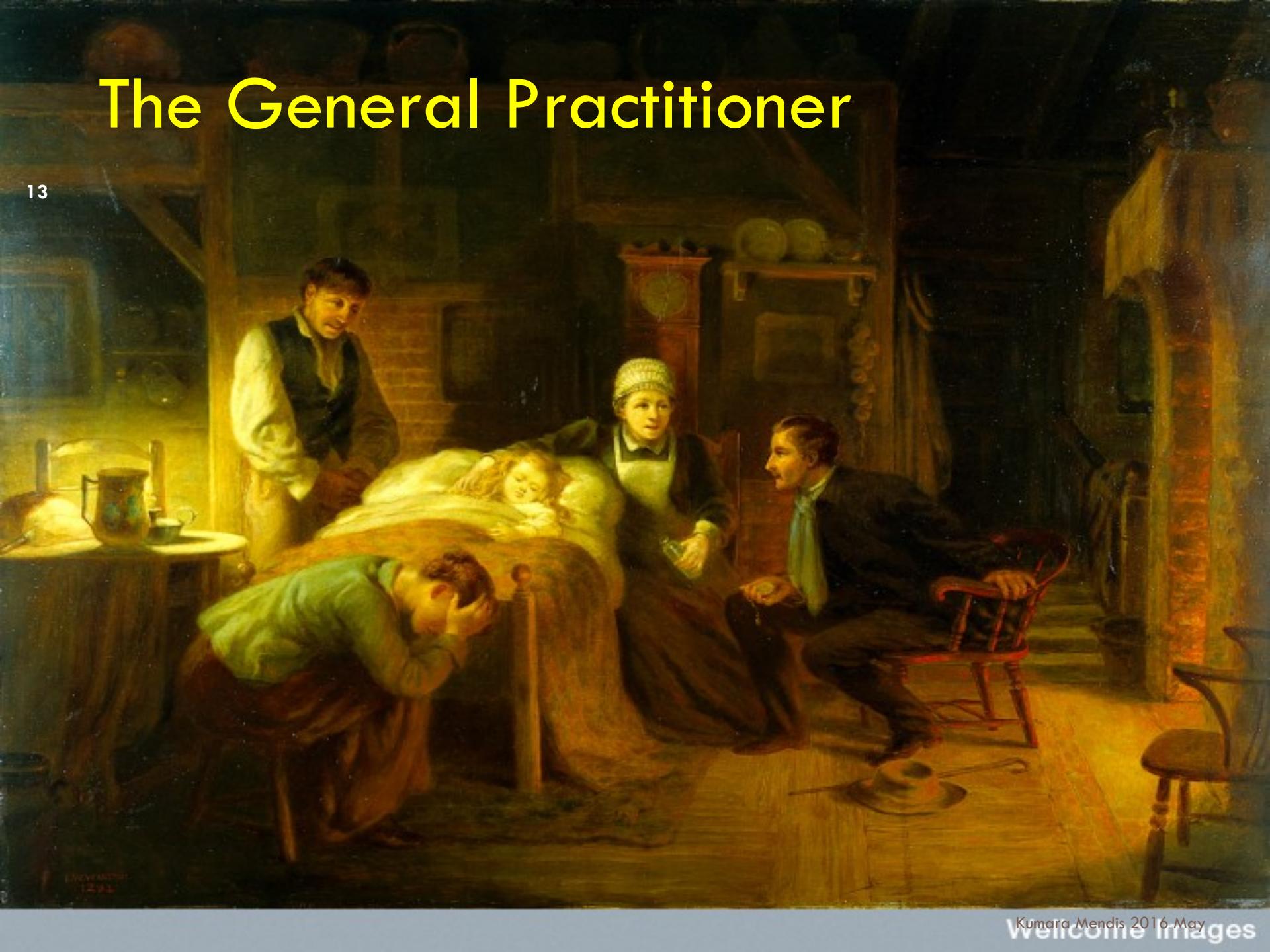
The birth of the general practitioner in UK

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- Practitioners took double qualification
 - MRCS
 - LSA
- Also added
 - Midwifery
- Lancet first used the term ‘general practitioner’ in the early 19th century
- ‘By a slow process of **response to social demands**, surgeons and apothecaries were gradually integrated with physicians to form the modern medical profession. The process took many years to complete...’

The General Practitioner

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- Medicine changes in response to many influences
 - Scientific
 - Technological
 - Social
- New disciplines arise in a number of ways:
 - Transformation from an older craft
 - Surgery
 - Fragmentation from a larger discipline
 - Paediatrics – area of need, being neglected by existing disciplines
 - De novo
 - Radiology, Otolaryngology - new technology
- Family medicine (FM) is only one of many new disciplines that have developed in the course of medical history
- Family medicine has evolved from an older branch of medicine, ‘general practice’
 - USA – FM
 - UK, Australia, Europe - GP

- 19th century was the age of the general practitioner in Europe and America

20th Century - Age of Specialization

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- Medical education report in the USA
 - Abraham Flexner in 1910 reported the appalling conditions of small medical schools in US/Canada
- Founding Johns Hopkins in 1889 was a landmark development of medicine
 - Firm scientific foundation
 - Staff consisted entirely of specialists
- Report on Indian medical schools - 2015

20th Century - Age of Specialization

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- Rapid technological progress
- Investments on research
- Medical education became increasingly oriented towards laboratory science and technology
- Major specialties with training programs and qualifying exams
- Increasing prestige accorded to 'Specialists'

- Value of technology and research skills over personal care made 'general practice' unpopular as a career

Paediatrics

- 1892 – Remarks on Specialism – William Osler



"And on his shoulders, not a lamb, a Kid!"
3. G. G.



Radiology



Dentistry

Geriatrics

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- Recent speciality for senior citizens

Clinical Informatics - 2011



How did Family Medicine evolve?

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- The number of general practitioners (GPs) steadily declined from 1930s
- Fragmentation of the profession and emphasis on technology had serious effects
 - Deterioration of the doctor-patient relationship
- “the very intensity with which scientific medicine is cultivated threatens to cost us at times the mellow judgment and broad culture of the older generation at its best. Osler, Janeway, and Halsted have not been replaced.”
 - *Universities, American, English and German – by Flexner*

How did Family Medicine evolve?

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- As the age of specialization reached its culmination, therefore, there was a need for a new kind of generalist
- The new generalists, however, must be different from the old general practitioners
- Instead of being the undifferentiated bulk of the profession, denied by the lack of special training and qualifications, they had to have a well-differentiated role and a defied set of skills
- In UK, USA, Australia, Canada etc. the requirements for the new generalist were set out in very clear terms.

New developments in Behavioral Sciences influenced the development of Family Medicine

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- Study of human behaviour has always been important to general practitioners.
- Instead of the intuitive approach, the influences of the BS were studied and applied in a much organized and scientific manner.
- BS has directed the attention to
 - the process by which people seek medical care and
 - how doctors ourselves deliver care and how determines the quality of care we provide (decision making and prescribing)
 - the huge iceberg of hidden illness that we never see
 - Knowledge of behavioural and social factors involved in the causation of disease

Behavioural Science

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- ‘Behavioural sciences is the collective term given to a number of disciplines which focus on the study of the behaviour of humans.’
 - ‘collective’ - is the study of human behaviour from a number of different subject (discipline) areas. It also highlights that one subject on its own will not give a good holistic understanding of behaviour
 - ‘discipline’ when used in an academic context refers to a body of knowledge. The disciplines which contribute to an understanding of human behaviour are generally listed as follows:
PSYCHOLOGY, SOCIOLOGY, POLITICS, ECONOMICS, HISTORY, LAW, PHILOSOPHY, ART / MUSIC, RELIGION

New developments in Behavioral Sciences influenced the development of Family Medicine

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- The effects of BS to medicine may be similar to how chemistry, physics etc.
 - ▣ These new sciences demanded integrating with medicine that
 - Changed curriculum
 - Changed clinical practice by the clinicians who had mastered the new knowledge
- The clinicians who had mastered BS integrated these to clinical practice and started practicing a 'Patient-centered method'

What's in a name – GP or FM?

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- With all these changes taking place there was a move to change the name 'general practice' (GP) to 'family medicine' (FM) in the US
 - Reasons
 - GP was associated with obsolete type of medicine
 - To impress FM was something new and different from GP
 - Repercussions
 - Many of the 'GPs' were providing exemplary care and were functioning in precisely the way expected of the new family physicians
 - FM was based on the best of GP
 - Sometimes it was difficult to explain even the difference

Family Medicine – speciality in medicine

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- UK – 1952
 - RCGP recommended that every medical school have a dpt. Of GP
- USA – 1969
 - Accepted as the 20th clinical discipline in Medicine
- South Asia
 - SL first country to teach FM
 - Joint departments of Community & FM 1984
 - Kelaniya
 - SJ
 - Separate Dpts. of FM - 2006

Specialization in FM in SL - PGIM

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- MBBS & Internship
- Government service 5 yrs
- Diploma in FM (screening test)
 - Full-time 1 yr
- MD in Family Medicine
 - 3 years + 2 years training
- Board Certified Specialist in FM – PGIM
 - Consultant Family Physician
 - Private practice
 - Ministry of Health
 - Appointed in district hospitals as clinical heads – Kandana, Dompe, Divulapitiya, Thalangama

- 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>



Any questions?

THANK YOU