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2ND EDITION

FAMILY MEDICINE

A Clinical and Applied Orientation

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Forewords
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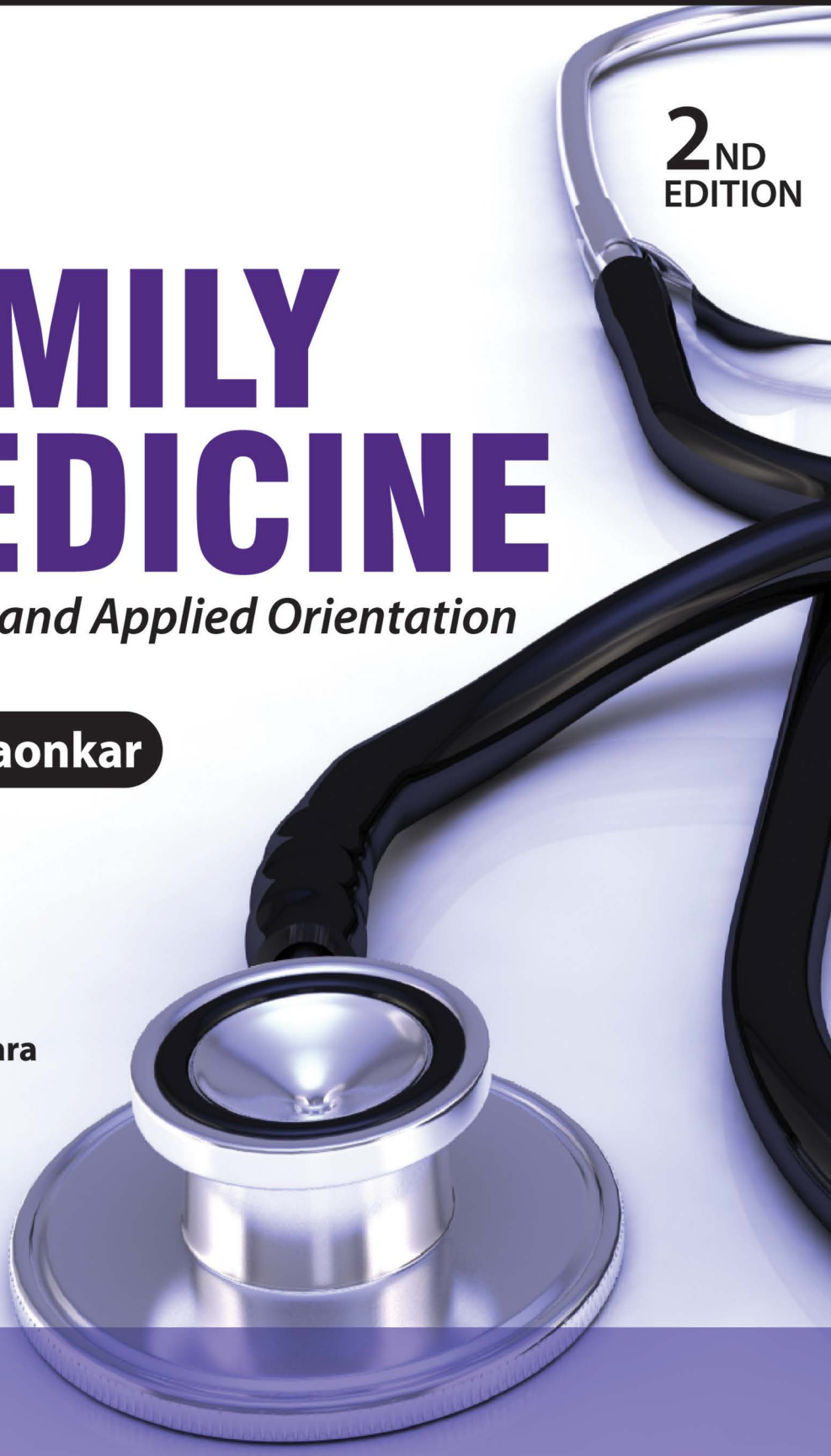

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2

SCOPE OF FAMILY MEDICINE

"The education of the doctor which goes on after he has his degree is, after all, the most important part of his education."

— John Shaw Billings (1838-1913)

Introduction

All around the world, family physicians are recognized as the essential link in the health care system. They work as an interface between the community on one hand and the health care system on the other. They are the doctors of first contact and provide primary, continuing, comprehensive, and coordinated care for patients and families in their community setting. They are strategically placed to understand the health care needs of the community and how the health care system can meet them.

Family, the basic unit of society, is the most fundamental foundation, which influences health status and health behavior of people. Therefore, it should be the focal point of health care delivery. Obviously, family medicine is neither a disease oriented nor a human organ oriented specialty; rather it is a health care centered on family as a unit. In the most comprehensive sense, the aim of family medicine is to promote positive health care of all family members, diagnose and treat disease at its early stage, minimize disability and also help in rehabilitation, if necessary. Therefore, the scope of practice is extended from personal care to family care, from first contact to an ongoing care, and from curative to health care prevention and rehabilitation.

Three Facets of Family Practice

Typically, family practice consists of three characteristic aspects, namely: Knowledge, skill and process knowledge, skill, and process.[1] While knowledge and skill may be shared with other specialties, the "process" of family practice is unique. At the center of this "process" is the patient-physician relationship with the patient viewed in the context of the family. It is the extent to which this relationship is valued, developed, nurtured and maintained that distinguishes family practice from all other specialties. The family physician must accomplish this function in the framework of an increasingly complex social system, characterized by rapid technological advances, taking into account the changing patterns of illness and changing expectations about health.

In the "process" of caring for the whole family, family physicians not only gain knowledge, but also enlarge their scope of action. Whenever situation arises, they can change their focus from individual to family and back again. In many situations in which illness of an individual is followed by family dysfunction, they can quite readily direct their actions to the family as a whole.

The family physician's personal knowledge of patients is a confidential information about

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particular patients who the physician has cared for over a series of encounters spanning several years. It is a detailed portrait painted with layers of fact, intuition, and experience and is comprized of a mix of clinical art, science, psychodynamics, and ethics.[2] This personal knowledge can be used in making hypothesis about problems they encounter in the family.

Matrix of Family Practice

Family physicians refer patients when indicated to other sources of care while preserving continuity of care. The family physician's role as a cost-effective coordinator of the patient's health services is integral to the care provided. If the patient is hospitalized, this role prevents fragmentation and lack of coordination of care. This role also allows the family physician to serve as the patient's advocate in dealing with mediclaim insurance and managed care policies that are in vogue in many countries.

The form of family practice follows the function of family physicians. Family physicians acquire and maintain a broad and varying array of competencies, depending on the needs of the population they serve, the communities in which they practice, and the environments in which both they and their patients work and live. Therefore, although all family physicians share a core of information, the dimensions of knowledge and skill vary with the individual family physician based on patient's needs and the physician's continuing education. As patient's needs differ in various geographic areas, the content of a family physician's practice and scope varies accordingly. At one end are family physicians who may be the only local source for health care for their community. Besides attending patients in outpatient department, they look after trauma cases, deliver babies, care for the seriously ill patients in hospital units, stabilize patients for transport if necessary, and perform autopsies too. Family physicians with such skills and capabilities are common in rural areas. At the other end of the spectrum are family physicians who limit their care to office practice and coordinate comprehensive care for their patients in a multi-speciality group.

Furthermore, the speciality of family medicine is ever changing. Depending on the needs of the patient and the resources required, family physicians provide definitive care, shared care, supportive care, or direct the care provided by their colleagues. The Keystone III conference[3] held at Colorado to discuss family practice in United States and its status after thirty years of development found that the emerging generation of family physicians (generation three) sees family practice in a wider variety of roles, choosing academics or research or public administration. They can be teachers to all their patients and to many of their colleagues. Family physician may also be a scientist, scholar and advocate of health care organizations and committees, chairing either independently or collectively, and helping to define the policies for the future of family practice. Some family physicians develop an area of special interest and expertise, such as sports medicine, geriatrics, preventive care, international health, women's health, adolescent health or emergency medicine. Family physicians who maintain a broad scope of practice may find themselves better positioned to demonstrate their relative value in the new century and justify higher incomes as the health care system continues to change (Fig. 2.1).

The family physician's practice continually evolves as competency in current skills is maintained and new knowledge and skill are obtained through continuing medical education. This growth in medical information also confers on the family physician a responsibility for the assessment of new medical technology and for participation in

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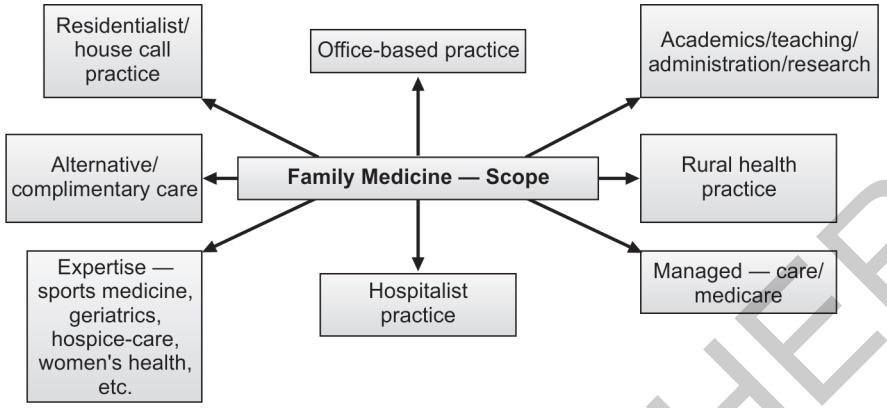

Fig. 2.1 Family medicine—scope

resolving ethical dilemmas brought about by these technological advances. Although family physicians should exploit the expanding technologies in the field of information and communication, they must guard against displacing the essence of patient-physician communication.

Proactive Role of Family Physician

At present, family physicians have been devoting most of their attention to curative medicine. But with the rapid changes in society, they are now obliged to get away from this traditional pre-occupation of diagnosis and treatment, though they are essential, to meet a more urgent challenge of keeping their patients in a state of complete well-being, using every paraphernalia at their disposal.

Thus, medicine today is no longer on the defensive in the fight against disease and its consequences and sequelae, but is now on the offensive with a positive dynamic promotion of optimum health. As the 20th century progressed and scientific medicine advanced and differentiated, the pattern of health care has changed dramatically. The concept of general practitioner has emerged in a new form with several disciplines to what has come to be called "primary care", providing broad-based care to their patients and families over long periods of time. The goal of modern medicine is no longer merely treatment of sickness. The more important goals that have emerged are prevention of disease, promotion of health and improvement of quality of life of individuals and groups or communities. It is this move from curative to preventive to promotive medicine that family physicians have to adopt, if they have to survive in their role of a friend, philosopher and guide to the family under their care. Therefore, family physicians have to be the best health educator of the family. The ideal patient-doctor relationship that exists—the confidence and the respect they have in their physician—can build an ideal house of perfect health; and to achieve this goal, the family physician can use health education as an effective tool.

Above all, the scope of family practice is dynamic, expanding, and evolutionary—encompassing healthcare for all the major events of the family—marriage, birth, infancy, childhood, adolescence, adulthood, aging, trauma, illness and death. Care devoted to the patient as a "whole person" all through these phases of life cycle enriches the knowledge of the family physician as well. The family physician need not be all things, to all people all the times. He or she should, however, try to bring something special to each patient, each

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encounter and something more over time. "What keeps the doctor devoted to the patient is the reflection at the end of the demanding day that he or she made a difference in the life of an important person. For the family physician this reward is enhanced by understanding the patient's life, knowing the family, and livelihood in the community."[4]

Conclusion

In summary, the scope of family medicine is extended from personal care to family care, from first contact care to an ongoing care, and from curative to a comprehensive health care, i.e. from health prevention to rehabilitation. In recent years the rapid growth in medical technology and information confers on family physicians the responsibilities to judiciously incorporate them to survive in their role of a friend, philosopher, and guide to the families under their care.

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FAMILY MEDICINE

A Clinical and Applied Orientation

The purpose of the second edition of *Family Medicine: A Clinical and Applied Orientation* remains the same as the first edition—to focus on subtle debate on the art and science of family medicine. However, time has moved on, and with challenges of modern medicine, the pattern of teaching and practice of family medicine has evolved into a vital and sustainable healthcare delivery system. Now in its second edition, with the increasing flow of new evidence-based knowledge, this book has been extensively revised; the core of essential information has been incorporated that every family physician needs to know and understand about the basic art and science of family practice. Each chapter discusses common encounters with patients in family practice, including important curricula that have been included in the academic specialty of family medicine, followed by a detailed discussion and its implications in the practice of family medicine. With its practical and clinical focus presented in a user-friendly format, this book attempts to reinforce and strengthen the medical knowledge of family physicians through their work with patients, interactions with colleagues in the medical community, and formal continuing professional development opportunities, without compromising the core competencies of family medicine.

KEY FEATURES

- Coverage of essential topics as per the syllabus in the specialty of family medicine
- Organized by typical patient encounters in family practice
- Coverage of critical issues in office practice
- Comprehensive and evidence-based information throughout
- Numerous tables make information retrieval quick and accurate.



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