

## **Course 1.**

- Definition and role of family medicine. Factors that promote family medicine
- The object and methodology in family medicine. The functions of family medicine
- Content of the activity of the family doctor. Specific problems faced by the family doctor. The difference between family medicine and other medical specialties.

### **Definition and role of family medicine**

Chinese proverb

WHO's definition of health: ... physical, mental and social well-being

#### **What is primary health care?**

Primary health care represents the first contact health care, no matter of the nature of the health problem, in the context of a continuous relationship with patients, in the presence or absence of the disease.

Primary healthcare is structured on prophylactic, diagnostic and curative activities including:

Family doctors

Labor medicine

School medicine

Ambulance and emergency units

Epidemiology services

Structure of the health system

A triangle:

Base: Primary health care

Middle: Secondary healthcare: specialized sections, recovery services, laboratories, health centers

Top: Third-party medical assistance: specialized sections, research institutes

#### **Definition of family medicine**

European Society of Family Medicine (WONCA) 2002:

"A specialty with its own identity that ensures the primary and continuous medical care of the population and which, through preventive, educational, therapeutic and recovery actions contribute to promoting the health of the individual, family and community"

Family medicine is an academic and scientific discipline that has its own educational, research, evidence-based and clinical activity content, as well as a primary care-oriented clinical specialty.

#### **Definition of the family doctor**

Royal College of General Medicine: The family physician provides primary and continuous assistance to the individual and the family.

Leewenhorst Group: Family physician provides primary care and continues to the individual, family and community, regardless of age, sex or illness.

## **The role of family medicine**

In regions without or with few family doctors, there is a cluster of hospitals, with additional costs of diagnosis and treatment. On the other hand, the specialties cannot resolve all the current problems of the population. The family doctor comes to compensate for the deficiencies generated by the specialization process.

The role of MF in the compensation generated by the specialization process:

- Ensures accessibility of patients to medical care
- Provides current medical care
- Treats the patient in all its integrity
- Performs diagnostic and therapeutic synthesis
- Coordinates medical services according to the needs of the patient
- Select the patients who need specialized medical care
- Ensures continuity of healthcare
- Supervises chronic patients

Although there are many specialties, there are still some areas of activity that are less approached. The family doctor deals not only with the sick man, but also with the healthy man, with his needs at different stages of development, with prophylaxis problems (primary and secondary), as well as with the transition from health to disease.

Family medicine studies also the family in which the patient is born, lives, becomes ill, heals or dies.

The specialization process causes less attention for certain health-related goals, which are taken over by family medicine.

The role of MF as a complementary specialty

- Health care of the healthy persons
- Family medical assistance
- Community medical assistance
- Primary prevention
- Specific prevention
- Assessment of the population health status

## **Factors that promote family medicine**

### 1. Biological factors

- The reaction of the body as a whole although it is apparently made up of distinct systems
- Human belonging to an ecosystem, with which it is interrelated (soil, air, light, temperature, plants, animals)
- Human development in a family and social environment
- Consequence: FD has a comprehensive approach to the patients, regarding to the different systems, as well as to the environment in which they live.

### 2. Medical factors

- The presence of non-specific manifestations at the onset of most diseases. The patient does not know which specialist to visit. He has to visit his own FD firstly. In some countries there is the obligation of the initial presentation to the FD.
- The presence of atypical onset of some diseases. The patient can visit another specialist than the one who can solve the problem
- Coexistence of several diseases. Diseases must be placed in a hierarchy and treated so as to avoid polypragmacy, adverse reactions or complications.

- Frequency of episodic medical problems. Most of the patients problems can be adequately solved by the family doctor.
- Consequence: MF guides the patient in the presence of atypical onset, coexistence of several diseases or drug incompatibilities

### 3. Organizational factors

- Complexity of the medical system, with multiple specialties, difficult accessible for the patient
- Inaccessibility of specialists in the territory
- Discontinuation of the specialized medical care, especially in the case of the hospitalized patient, after discharge, who must be observed in a continuous way by the family doctor
- Consequence: FD ensures the accessibility of the patient in the health system, according to his needs.

### 4. Economic factors

- The need for efficient use of a limited resource
- Efficiency of primary health care looking at costs
- Consequence: FD directly solves about 90% of the population's medical problems, often eliminating unnecessary investigations and treatments.

### 5. Psychological factors

- Affecting the mood in the context of the occurrence and evolution of the disease
- Consequence: FD takes into account the psychological factors and the personality of the patient and can offer psycho-social support in case of illness

### 6. Health insurance related factors

- The need for access to the primary medical assistant
- Consequence: FD coordinates the care in the health insurance system

## **The object and methodology in family medicine**

Unlike the other specialties, which have as object of activity a certain organ or pathology, the family medicine has certain specific activity objectives and another non-specific objectives are added (which can be solved by other doctors of other specialties).

### Specific objects of FD activity

- Health problems of the healthy subjects
- Health education for health
- Primary prevention
- Specific prevention
- The assistance of the patient suffering in all his complexity, with all his problems of health and disease
- Family assistance
- Social pathology

### Non-specific objects of the FD activity

- Secondary prevention
- Tertiary prevention
- Current and ongoing medical care of patients
- The medical problems of the community

Unlike the other specialties that have a predominantly analytical methodology, going into the depth of the phenomena through their analysis, family medicine has a predominantly synthetic

methodology, the diagnosis being made on history and clinical and paraclinical examination (no so much) finally achieving a synthesis.

### Particularities of the methodology of family medicine compared to the other specialties

#### Other specialties

- Predominantly analytical character
- Use advanced technology
- Predominantly paraclinical character
- It is based on investigations
- Provide intermittent care

#### Family Medicine

- Predominantly synthetic character
- Uses low technology
- It is predominantly clinical
- It is communicative
- Provides ongoing care

### The functions of family medicine

#### 1. Ensuring the accessibility of the population to healthcare

- It is most important because it is only through accessibility to healthcare that one can talk about fulfilling the other functions, which implies a direct doctor-patient relationship.
- Accessibility to healthcare means that any healthy person or with an acute, chronic or medical-surgical emergency can contact the family doctor
- To perform this function, family medicine offices must be as close as possible to the patients' home, with a visible program of activity that includes the office schedule (cabinet and home visits), with a visible telephone number for information purposes, scheduling, home visits requesting or indications in case of medical-surgical emergency.

The doctor-patient meeting can develop in the following ways:

- The examined patient is diagnosed, without special problems, can be treated by the family doctor
- The examined patient requires the help of a specialized doctor
- The examined patient has special problems, for which he will be admitted in a hospital

#### 2. Assessment of the state of health

- FD cares for sick and healthy patients also. In order to maintain the health of the individual, the family and the community, FD assess the health through regular checks and health education, without waiting for the patient to become ill.

#### 3. Preventive function

- Primary prevention, prevention of disease onset: combating risk factors, cultivating healthy behaviour, health education
- Secondary prevention, early detection of diseases through screening, periodic exams and activities within the current consultations
- Tertiary prevention: preventing complications, avoiding disability, social reintegration
- Specific prevention, for certain groups of acute or chronic diseases: childhood diseases, anemia,

#### 4. Promoting the state of health

It includes a series of measures with the direct involvement of the individual, family and community to maintain their own health by encouraging a healthy lifestyle and combating risk and pathogenic factors.

#### 5. Providing current medical care

- consultation
- paraclinical investigations
- establishing the diagnosis
- establishing the treatment
- monitoring the evolution of the patient

FD requests a specialist in cases where its possibilities of investigation and treatment are limited

#### 6. Facilitating patient entry and mediation in the medical system

Due to the multiple specialties, the patient does not know which specialist to turn to, having to be guided by the FD.

Ex: a viral hepatitis suspect will be sent to infectious diseases

Ex: a patient with a cough longer than 3 weeks will be sent to the phthisiology

Next, the FD checks its presumptive diagnosis, collaborates with the specialized doctors, follows the patient's evolution and finally will have a correct record of the morbidity in the territory.

#### 7. Diagnostic and therapeutic synthesis

After the interdisciplinary consultations, the patients return to the FD with several diagnoses and recommendations. It will rank the diseases according to their severity and observe the linkages between them to make a correct decision.

#### 8. Coordination of medical services according to the patient's needs

FD is a first contact doctor. He will guide the patient according to his needs to other medical services: laboratory, x-ray, ultrasound, outpatient specialized doctors, hospital, emergency services, recovery services.

#### 9. Continuous medical supervision

The disease may evolve to healing, chronicization or complication. In the case of chronic illnesses FD has to monitor the patient in clinical and paraclinical way, to supervise the treatment, to detect new pathological aspects, to detect aggravations or complications.

#### 10. Family medical assistance

#### 11. Medical assistance of the community

The health of the individual has an interdependence relation with the family health.

The family lives in a community whose health status is influenced by bio-psycho-social factors and depends on the status of the component subjects.

#### 12. Recovery and rehabilitation of the patient

In case of an incomplete recovery, FD will recommend a recovery program using other specialized services: physiotherapy, kinetotherapy, spa treatments. The goal of the recovery program is to integrate the patient into the workplace or into society also.

#### 13. Providing terminal and palliative care

In the case of the terminal stages, the FD should ameliorate the patient's suffering especially by maintaining vital functions and controlling pain.

#### 14. Scientific research

FD receives and transmits information in all directions, being a true relay for information processing and storage.

### **Content of family medicine**

The content of the activity of the family doctor can be expressed by the number of consultations / 1000 assisted persons / year and by the type of diseases for which the consultation is requested, also by managerial activity.

Statistics show that 50% of all patients visit the family doctor within one year, 80% within 2 years and almost 100% within 3 years.

One fifth of all patients (20%) have five or more consultations per year and only 7% have more than 10 consultations per year.

Children aged 0-4 years and the elderly visit a family doctor more often than other age groups.

Patients who visit the family doctor form the tip of an iceberg. Most of the illness patients are on the unseen, underwater side of the iceberg, resolving their symptoms by self-care.

The factors that determine the transition from the premedical phase (onset of symptoms) to the medical phase of the disease (when medical consultation is required) depend on the nature of the disease, its evolution, the way the patient tolerates the symptoms, his personality, the trust in the doctor, the previous experiences and on his social and economic situation (sometimes).

The reasons for which a patient visits the family doctor are: an episodic health problem in 46% of requests, a chronic illness requiring continuous medical care in 48% of consultations and an emergency in 4-6% of cases.

Depending on the pathology presented to the family doctor, the most frequent consultations are for cardiovascular and rheumatic diseases of the spine and limbs, then for cough, abdominal pain, headache, breathing disorders, diarrhea, sore throat and anxiety.

The most common chronic diseases treated by the family doctor are in decreasing order: cardiovascular, locomotor, respiratory, mental, digestive, genito-urinary and endocrine-metabolic diseases.

Medical care is provided in the cabinet, at the patient's home (in family medicine, a special importance is given to the home visit), in permanent health centers and sometimes in hospitals.

The family doctor will provide home medical care to patients who cannot move, major emergencies, diseases that evolve with major alteration of the general condition and diseases of the locomotor system.

### **The content of the FM can be analysed by following criteria**

From the point of view of the healing activities

1. By patient structure
2. By patients' requests
3. By the symptoms of the illness
4. By the presented diseases

From the point of view of preventive measures

1. Primary prevention
2. Secondary prevention
3. Tertiary prevention
4. Health promotion activities

From a managerial point of view

1. Coordination of the medical team
2. Management of cabinet funds
3. Relations with health insurance and medical institutions

### **The difference between family medicine and other medical specialties**

Investigated element	Family Medicine	Specialized Medicine
Patient	Known by doctor Investigated in his reference environment	Unknown Usually examined by outside from his environment
Epidemiological data	The population defined as healthy There is a broad morbidity range, with diseases in different stages of evolution	It has to do with patients only There are a lot of diseases in advanced stages
Establishing the diagnosis	Difficult No characteristic symptomatology in the initial stages	Diagnosis relatively easy to express Symptomatology more specific
Competence and expectations	The doctor must know all about something; The patient is waiting for help for all his problems	The doctor must know all about the suffering in question The patient's expectations are limited to this only
Therapeutics	Wide range of means, low risks	Small range of high-tech means, Side effects are frequent
Economics	Home care with the patient's means	Usually taken care of in the hospital, with the means of the state