

The Four Principles of Family Medicine – A Privileged Perspective

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Introduction:

During family medicine residency training, the four principles of family medicine are presented as guidelines designed to promote high standards and generate effective, competent physicians.^{1,2} As a result, many physicians have been exposed to the four principles in a theoretical context. The definitions of each principle are detailed and comprehensive, each providing adequate descriptions of what the principles represent. Our colleagues, who live and work each day as family physicians, encounter these principles ubiquitously through their individual practices. However, many physicians undoubtedly differ in opinion as to what impact the four principles have had on their careers.³ Individuals with limited clinical exposure, or those unfamiliar with the daily grind of a family physician, may find the four principles difficult to fully appreciate. Outlining and defining the four principles of family medicine alone may still leave readers wondering how the principles manifest themselves in clinical practice.

This project compiles four examples, seen through the eyes of a family medicine resident, which help illustrate and reinforce the ideas each principle attempts to convey. Through the illustrations and accompanying narrative, an attempt is made to explain what the four principles are and how each was realized through the privileged perspective offered during residency. The visual arts and medicine both have a process that facilitates the pursuit of clearer observation.^{4,5} It is my hope that the sketches will aid in sharing the four principles with an audience from many walks of life; providing new insight to some, and allowing others, regardless of medical background, to reflect on their own experiences.

I

One of the first patients I encountered during residency training was a young, well-appearing 36 year-old male who presented to an urban-based family practice clinic complaining of mild shortness of breath on exertion, worsening over the last two months. Subsequent clinical examination, investigations, and collaborative consultation yielded a diagnosis of idiopathic pulmonary fibrosis. Comprehensive follow-up over the next few weeks produced ample opportunity for both of us to communicate and educate ourselves surrounding the illness. Solid rapport and a good friendship formed despite the rapid clinical deterioration that occurred over the next few months. As the patient's worsening clinical picture became more apparent and familiar to me, our encounters progressed from home visits, to the ER, hospital wards, and eventually the ICU; settings that were increasingly unfamiliar to him. Gathering with his friends and family at his funeral service, I had a difficult time convincing myself that I demonstrated much skill as a physician during the five short months since our first office visit. Reflecting on what was achieved during that clinical encounter is how I grew to appreciate the first principle of family medicine:

The Family Physician is a Skilled Clinician

The features of this principle remind me that family physicians must demonstrate great skill in detecting and diagnosing a wide variety of diseases encountered at the frontlines of the health care system. Family physicians are often the first to face medical challenges at all stages of clinical presentation. In addition, family physicians are expected to understand their patients' experiences surrounding illness, provide relevant information, and be able to implement a comprehensive management approach. Family physicians require skill in proper diagnosis and management of illness, but when limitations or impediments arise that exhaust current technology, it seems that skill in the other arenas of patient care make a significant difference in achieving comprehensive care. Even in the face of rapid clinical deterioration and lack of effective treatments, helping the patient understand their illness and getting them involved in decisions demonstrates great skill. Family physicians must be understanding, caring, committed individuals, in addition to having expertise in medical knowledge and clinical tasks.

II

While attending hospital-based outpatient clinics I had the opportunity to meet and treat many new patients. Among the variety of new faces, I encountered equally varied attitudes and preconceptions that patients had towards physicians and the clinical experience. Some were apprehensive, while others were cheerful and trusting; with each new encounter I became a witness to emotion. Dealing with preconceived judgments or stereotypes became bittersweet. Some patients seemingly placed the resident doctor on a pedestal, while others simply rolled their eyes and would demand to be seen by a "real doctor." The sketch I drew shows a young mother and her toddler son whom I saw on a few occasions for various respiratory and ear infections. I recall how fun the little boy was and how interested he was in taking over the clinical examination by trying to grab my stethoscope, otoscope, or anything else I happened to use. I also recall how nice his mother was to all the staff, and how patient and loving she was towards her son. The medical problems they presented with were relatively straightforward. Increased rapport and further visits allowed me to learn beyond the medical issues. I soon began to appreciate the difficult social circumstances and adversity this family had endured so far. What eventually touched me most was that this young lady, who was immersed in a history of abuse, judgment, and disapproval, had fully entrusted me with the one thing that mattered in her life. I was humbled by her lack of prejudice and by the vulnerability she assumed in trusting me to care for her son. Although follow-up was sporadic at times, there was no question regarding how committed she was to her son, and in turn, how I became committed to their well-being. I remember this family often when I consider the second principle of family medicine:

The Doctor-Patient Relationship is Central To the Role of the Family Physician

This principle conveys the idea that the family physician is committed to the person rather than just the medical problem alone. It implies that focus is placed on the human condition and that a special relationship is fostered between the patient and the doctor. Even during times when patients may not necessarily be able to follow through on their commitments to health, family physicians must save judgment and remain committed towards the patient's well being. Family physicians must be aware of their strengths and limitations, recognizing when privacy or personal issues compromise patient care. They must also be attentive to the power imbalance that exists between physicians and patients, realizing the potential for abuse of this vulnerability. Through mutual respect, patient advocacy, and continuity of care, the physician-patient relationship builds, and a better understanding of the patient is achieved.

III

During my community-based family medicine rotation in Bridgewater, Nova Scotia, I was paired with a physician preceptor whom I was to join for ten weeks. The objective was to experience life as a family physician working in the community. It entailed a combination of an office-based practice, inpatient hospital duties, nursing home visits, house calls, and emergency department shifts. This framework provided first-hand exposure to a variety of roles a community-based physician may undertake. I was encouraged to “work as if it were your own practice”; utilizing appropriate resources as necessary, with available support within arms reach. Some of the best memories of my residency training took place in this great community.

The illustration depicts a memorable scene involving an elderly gentleman presenting to the ER with chest pain, having just arrived into the emergency department and being attended to by the ER staff. The patient happened to be well known to the staff, and the eventual management was seamless. Team members, such as nurses, respiratory therapists, and paramedics, working alongside physicians, were all ready to serve anyone in the community who would come through the ER doors. The ER atmosphere there was one filled with dedication and duty, as those who worked there were essentially responsible for serving the community in which they lived. It was through moments like these that made me feel I was part of the community as well. These experiences I had exemplify the third principle:

Family Medicine is a Community-Based Discipline

The importance of the community, in which a practice is based, is the focus of this principle. As a member of the community, the family physician must be able to judiciously utilize different resources in the community and respond to changing needs or circumstances that arise to best serve the other members - whether it is in the hospital, office, emergency department, or in the home. The family physician must be prepared to encounter and deal with a magnitude of health care problems; ranging from minor, to life threatening or terminal. Family physicians are part of a team comprised of other health care providers within the community who all act in collaboration towards the patient's best interests. The family physician is thus woven into the fabric of the community and is a key element of the network of health care providers that serve the population.

IV

A familiar sight to most resident physicians would be a typical resident teaching room. Numerous sessions such as Grand Rounds, research reports, or continuing medical education presentations are commonly delivered with the typical setup involving a laptop computer driving a data projector. The sketch illustrates a presenter communicating new information to a group of medical learners who actively review the relevant data. The stream of information, in the medical field, is continuous. Medicine is dynamic and ever growing with new developments, technology, and movement towards evidence-based care. During my years in medical education so far, significant efforts were made towards instructing students how to best manage the multitude of information that exists. Considering newly published research and internet-based sources alone, the amount of information can be overwhelming. We are taught to appraise new information systematically and use tools (such as the internet) wisely in order to extract the relevant and practical. As technology advances and reshapes itself, physicians are expected to learn, adapt, and adopt methods that eventually impact how we care for our patients. Keen family physicians always realize, no matter what new information or technology is present, their ultimate responsibility is to the well being of the patients.

The Family Physician is a Resource to a Defined Practice Population

The fourth principle reinforces the importance that family physicians are a valued resource to their community by ensuring that efforts are always being made to promote and maintain their patients' health. This requires adequate knowledge and skills to evaluate and implement new information that is relevant to patient care. The physician must be able to appropriate resources wisely and advocate new policies that yield the greatest benefit to health. Central to this principle is the strong commitment to lifelong, self-directed learning and research. The family physician utilizes all these strategies to best ensure that the health of the practice population is optimally maintained.

References:

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