

The family doctor's family

Our husbands are proud to work as family doctors. They spend their lives dealing with the problems of other people's families. The time has come to consider the family doctor's own family.

Jill Pereira Gray (1978)

WHATEVER the latest sociological fashion, the family remains the central unit in society and of all the doctors in all the branches of medicine it is the general practitioners who are most concerned with family life. Not only is 'family doctor' a common title used for general practitioners in the United Kingdom but the word 'family' has been formalized in the title of the medical generalists in most of the English speaking countries of the world. It is indeed on the basis of defining the discipline of family medicine that the most rapid developments on the North American continent and in Australia and New Zealand have taken place.

The recent advances in understanding the family stem from a growing awareness of doctors in many disciplines of the subtlety and significance of human relationships and the tremendous impact ill health and behaviour have on other members of a family group. The doctor as patient, however, has received relatively little attention and society's growing concern with the 'sick' doctor has found recent reflection in the 1978 Medical Act which provides the General Medical Council, a statutory body in the UK, with new and rather more civilized ways of dealing with some of the problems which arise.

What, however, has not been considered is the doctor's family as a vulnerable group of patients and a potentially vulnerable group of people. When the medical profession is associated, as it is throughout the world, with a relatively high prestige and in many countries outstandingly high incomes, it seems almost a contradiction in terms to consider the doctor's own family as vulnerable.

Nevertheless, as Nelson so neatly shows in this issue (p.585), the professional strain of acting the role of doctor in society makes the doctor, and husband or wife, difficult to cope with at home and places a special strain on the other members of the family.

In the UK since 1948 the balance of power between practice and family has been shifting steadily in favour of the family and there is little doubt that most general practitioners today enjoy much more time off duty and more time at home with their families than in previous generations since the introduction of rotas and deputizing services.

Such arrangements are much less common in many other parts of Europe, North America, and Australia, and especially where the doctor is still in private practice, and most particularly where he is the sole practitioner available for many miles, the strain can be intense and professional isolation and loneliness almost unbearable (Walpole, 1978).

It is interesting that much attention has been given to training doctors formally for their role in society and it is now commonplace to study the sociological perspective and the analysis of roles in many vocational training schemes. It is, however, virtually unheard of in the UK for trainees' wives to be offered any help in adjusting to their new roles, whereas in the University of South Carolina Curry (1978) reports offering just such support, as does Walpole (1978) in Australia.

One important safeguard for doctor, spouse, and family is to have access to an independent family physician of their own. Paradoxically few families need a family doctor more than one with a family doctor member. However it is still a relatively common tradition for family or practice care to be perpetuated. It is sad but tragically true that many members of many doctors' families, whether specialists or generalists, receive either too much or too little care at important times in their lives.

The discipline of family practice is being progressively refined and one of its characteristic features is the cool, hard look it is taking at almost every aspect of the job in turn. It is not surprising that as the scope of the job is being progressively mapped out attention should now turn to other aspects of a doctor's life, not least his or her home or family.

At the recent WONCA conference in Montreux in Switzerland earlier this year 600 doctors and their wives tackled the topic of the doctor's wife. The latent anxieties in that room will long be remembered and marked the turning point when the subject of the doctor's family moved from the shadows to the stage. The time has indeed come to consider the family doctor's own family.

References

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