

Family medicine

ALTHOUGH general practice is now generally recognized as a discipline in its own right in the United Kingdom, in many parts of the world the battle for separate existence is still being fought against those who maintain that generalists merely practise a variety of specialties at a superficial level.

One of the key themes which link developments in general practice and family medicine across the Western world is the concept of looking after several members of a family at once. Indeed, such is the emphasis on this aspect of the generalist's work that in many countries the discipline has been relabelled 'family medicine'. In many parts of the North American continent family medicine is arising from the ashes of the old general practice.

Nevertheless, despite world-wide recognition that family doctors/family physicians do look after families there is still a widespread reluctance in many countries to accept the importance of this concept in medical care. Even today on the continent of Europe there are many countries where general practice/family medicine is not yet recognized as an independent discipline in its own right. This simple fact challenges all family physicians to follow the academic rules and provide objective evidence of the importance of their work.

Although family doctors know instinctively from their day-to-day practice that looking after several members of the family is of fundamental importance and offers unique and valuable insights into the care of individual members of those families, family medicine as a discipline has largely failed to provide satisfactory scientific evidence to convince colleagues in other branches of medicine.

Most specialists practise on a one doctor/one patient basis, and certainly in hospital there is usually little doubt that the patient is the one in the bed! Nevertheless in family medicine a broader and much more flexible concept needs to be maintained, and family doctors know that the key patient may not be the one with the presenting problem and may not even be in the consulting room at all.

One of the great historical difficulties faced by generalists is that they have been trained almost ex-

clusively by doctors in other branches of medicine who are practising medicine within a pathological model of ill health. Because the number of conditions in organic medicine where pathology co-exists in two or more members of the family are few, the relative importance of family medicine has been neglected. Whilst it has been true for years that many infective agents (in the past notably tuberculosis) ran rife in families, and whilst the geneticists have constantly re-emphasized the importance of familial conditions, in most medical and surgical conditions treated in hospitals the family history and relationships with other members of the family are but of secondary importance.

Related disciplines

Generalists, however, no longer stand alone in looking to the family as the main focus of their care. They have three natural allies among the other branches of the profession: psychiatry, paediatrics, and geriatrics. These three share the theoretical principle that patterns of ill health in one member of the family may be intimately related to, and even be caused by, patterns of behaviour in other members of the family. Paediatricians have long had to recognize that they work with two patients, and that the views and attitudes of the parents may be of crucial importance, both in diagnosis and management of the child. Indeed, child psychiatrists have changed their focus so much that they almost assume that behaviour conditions in children are related to the behaviour of their parents and are renaming their discipline 'family psychiatry' in some parts of the world.

All three branches have had to escape from the traditional pathological model of ill health and recognize the importance of behavioural aspects of medicine in order to observe, clarify, and understand phenomena observed in families.

Impact of maternal depression

A recent important paper from the Institute of Child Health in London illustrates these principles. In a classic study of depression in mothers of young children Richman (1978) has produced new evidence of the interrelationships and patterns of behaviour in two or

more members of a family. A random survey was made of three-year-old children living in a London borough. The families were first visited at home and baseline characteristics of behaviour of both parents and children established. Of particular importance to family doctors were Richman's findings of the effects of the mother's depression on the child, which was shown by an increased fear of losing control of the child in depressed women and frequent thoughts of leaving the home. She writes: "The importance of family relationships is shown by the significant association between a poor marital relationship and maternal depression". This is bread-and-butter medicine for family doctors.

Principles of family medicine

Another important principle of general practice which Richman has underlined is the multiplicity of factors which operate in emotional conditions. She calculated a 'stress score' by adding together all the serious stresses which a family had experienced the previous year such as death, inadequate housing, or redundancy. "Where there was both a depressed mother and a child with a behaviour problem the family was most likely to have had three or more serious stresses over the previous year."

Finally, at a time when general practitioners have a reawakening interest in patient's homes, Richman underlines the traditional involvement that the mother's mental state is highly significantly ($p < 0.001$) related to the type of housing, and that even within a block of flats women living four or more floors up were highly significantly ($p < 0.001$) more likely to be depressed than those living on the first three floors.

Richman's conclusion is of fundamental importance to family doctors throughout the world. "The complex interaction between the child's behaviour, family relationships, and social factors which is apparent in this group suggests that focusing on only one aspect may not always be effective if there are a number of problems in the family. Effective intervention may require taking into account several aspects of disturbed functioning."

Perhaps most important of all, and one of the key justifications for family doctors: "On the other hand, improvement in one family member may shift the balance of strain so that the whole family is left less vulnerable".

Reference

Richman, N. (1978). Depression in mothers of young children. *Journal of the Royal Society of Medicine*, 71, 489-493.

Family medicine – the medical life history of families

ALL connoisseurs like to feel they can spot a classic when they see one, and journals are no exception. The track record, however, for identifying classic books in general practice is far from good. Some of the greatest went relatively unrecognized for many years whilst books which were reviewed as classics often rapidly disappeared.

The discipline of family medicine is particularly short in scientific facts, and as Schmidt (1978) has noted, "Popular support for family medicine cannot last indefinitely. If family physicians, as a group, do not, in addition to demonstrating clinical confidence, establish a firm foundation of new knowledge, they must accept the unpalatable result that family medicine will become a vocational training scheme rather than a respected part of a learned profession".

We welcome today a new book which helps establish that "firm foundation of new knowledge" within our profession. *Family Medicine—the Medical Life History of Families*, by F. J. A. Huygen, of the Netherlands, is a description by a family doctor of his work with families

of patients for 30 years. Professor Huygen has somehow achieved the miraculous combination of providing continuity of care as a rural family practitioner with the post of Professor in the Application of Medicine in the Family at the University of Nijmegen.

The book is reminiscent of one of Britain's first classics in general practice, William Pickles' *Epidemiology in Country Practice*, and similarly contains painstaking personal observations meticulously recorded over long periods of time. Pull-out charts at the back of the book speak vividly for themselves. Professor Huygen's experiences greatly enlarge the base of our knowledge of the family in relation to ill health, and in passing he emphasizes the importance of the home: "The opportunity to meet and observe the family as a whole, to see where it lives and how it interacts, is diminished [by the transfer from the home to the doctor's consulting room]. I think this is a serious loss, endangering the general practitioner's chances of developing a fuller comprehensive knowledge of the families in his practice in their own homes".