Family Physician

Mrs. Sandhya Ghai

Introduction

The Family Physician is a Physician who provides and Co-ordinates personnel, primary, community and comprehensive health care to individuals and families. This physician provides health care to both sexes of all ages for physical, psychological and social problems.

It is not necessary to distinguish between family physician and private/ general practitioner as there is no difference and both have the same meaning and duties towards ailing humanity.

1) Clinical Competence:

American Board of Internal Medicine (1986) has adopted the following six criteria regarding the importance related to the overall clinical competence of the Practitioner.

i. Sound Clinical Judgement.
ii. Broad Medical Knowledge.
iii. Good diagnostic skills, including history taking and comprehensive physical examinations and proficiency in performing appropriate technical procedures.
iv. Personal integrity: respect for the patient and compassion in case of patients and their families, qualities that are often classified as humanistic.
v. Professional attitudes and behaviour, which include high moral and ethical standards and communication skills.
vi. The ability to provide adequate comprehensive medical care of high quality, responsive to the patients' need and desirous and efficient in the utilization of Laboratory tests and diagnostic procedures.

In old classics of Ancient India, it is mentioned that the Physician should possess a good money and be always amiable, cheerful, and collected. His language should be mild, candid and encouraging rather like that of a friend than an acquaintance and he should be ready to assist the sick. His heart should be pure and charitable and he should carefully follow the instructions of his guru (Teacher) and of his predecessors. He should be a man of sense and benevolence and his constant effort should be to serve to his best.

A good family physician will continue to visit his patients diligently, examine them carefully and be not fearful. He should be competent and quick in practice and have the thorough in depth knowledge of Sarira (Structure of body), Nidana (Cause and diagnosis of the Diseases), Chikitsa (Treatment), Upadraba (Side affects), Kolpa (Concerning poisons).

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Observations:

Lord Charaka (Ancient Physician of India) has emphasized that the physician should observe the circumstances carefully when he is called upon to attend the patient. However, it has been mentioned at large in the old classics that the true physician continues to be a student as long as he is in practice. As Lord Dawson has said, "A doctor is a student till death; or shall I say, when he ceases to be a student he dies".

2. Choice of a Family Physician:

There are number of physicians available to the patient, to the community and to the society. But, people must have liberty and opportunity to choose their own physician/doctor as per their faith and satisfaction. Once the particular family doctor is decided upon, he must not be changed every few days, as it takes a couple of days to understand the patient, his idiosyncrasy, susceptibility and the disease, specially in the early stages. If the physician is constantly changed he never comes to know the patient nor his diseases, nor get a chance to treat him properly. Unfortunately, in India, most of the patients get impatient and restless if they do not get quick result. Quick and spectacular results cannot always be possible for the patient, the patient should have enough confidence in his doctor and give him the chance of doing his best.

One of the first things a family or individual should do upon moving to a new town is to select a medical advisor, family physician or personal physician and then write or call him. Before illness occurs, to ask if he is willing to serve in that capacity. A still better idea is to visit the physician of one's choice for a routine physical examination before making a final decision. If the patient is not satisfied with the way the physician conducts the examination, if the rapport necessary for a good doctor-patient relationship seems to be missing in that initial contact, the patient would be wise to search further.

3. Need of the Family Physician:

Family physician has detailed knowledge of the family background, the family history, habits and behaviours of all the members of the family, hereditary factors, etc.

By virtue of his training and

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experience, the family physician should be more competent to treat common day-to-day problems covering many specialities. The family physician having intimate knowledge of the family can never be superseded by any highly priced specialist. He must combine curative treatment with the preventive aspects of the disease. Therefore, it is the family physician who will always be available and will be looking after the family.

4. The Role of Family Physician Toward Community Welfare:

The family physician not only looks after the patients and their families, but also looks after the community at large to which he belongs. He suggests preventive measures to check the Epidemics or any other communicable diseases. He informs the community as well as the authorities concerned, about the dangers which may be harmful for the community. He can also provide services in the community hospitals to serve the ailing community.

Community welfare depends to a large extent on the family physician. The family physician is the hub of the health programme of any community. The family physician recommends the use of other community health facilities like Dentists, Nursing personnel, technicians, and public health workers whenever adviseable/needed.

5. Qualities of Successful Family Practitioner:

Professional efficiency will be supreme of all the qualities, but to become a successful Practitioner, many other qualities required. Moral and spiritual qualities play a large part in his life as do the physical ones.

The common sense of a mankind has always recognised the performance of moral virtues. Never will you find a moral wreck or perpetual debauch a greater success in medical practices, because the first essentiality of a physician is that he would be able to produce confidence, in other people's mind. Dutta (1946) has assessed the qualities as follows:

Professional ability	35%
Moral sense of duty and righteousness	20%
Ability to create a confidence in others	20%
Ability to true responsibility on oneself	15%
Social ability	10%

Therefore over-intellectuals are not appreciated in the profession, if they do not have the human qualities.

6. Refresher Courses for Family Physician:

The Government or Medical Associations or other Health Agencies should launch some refresher courses to acquaint the family physician or general Practitioner with the recent advances in the health field.

7. Family Physician and Hospital Service:

Family Physician is a medium of contact between the hospital and public. The family physician must have a sphere in hospital work, and services of suitable and selected ones should be secured.

8. Medical Ethics and Family Physician:

The family physician must never forget the ethics of the medical profession. In practice, he should believe in the principles of medical ethics. The impact of modern society, change in the art of medical practice, greediness, and anything else which prevents the physician to go ahead for the betterment of society, is detrimental to his patients and the ailing community.

9. Medical Practice and the Family Physician:

The successful doctor is an enthusiast loving his profession, he wants to do his work well. If he did not love his profession, the calls upon him are such that life would be constant annoyance, worry and dissatisfaction. To be a member of this noble profession means willingness to work for results to accomplish the task begun regardless of time, effort and reward.

'A Doctor does not live for himself but for his patient'.

10. Patient and the Family Physician:

The relationship between the patient and the family physician is like that of oil and a lamp. A family physician is a middle man who gives to his patient the results of accumulated medical lore.

Therefore, success in medical practice does not depend on how much one knows, but on how much of accumulated knowledge he can apply to a particular human being. The patient is conscious, susceptible, and in a impressionable state of mind and expects the instillation of confidence, courage, sympathy kindness in words as well as administration of therapeutic measures.

Sometimes, there may be a clash between the medical ethics and welfare of the patient, here the patient's interest should get preference. More sympathy should be given to the poor class patient, who suffers physically, mentally and economically too, he deserves more kindness and attention towards his illness so that he recovers at the earliest and may be able to earn his livelihood.

11. Family Physician and National Programmes:

There are national programmes and every citizen of India has a duty to help in implementing these programmes. Family physician guides his patients about the different national programmes particularly in the field of Family Welfare Programmes. He awakens the patient and his other family members about the different family planning methods. If needed he refers them to the nearest hospitals for expert opinion and guidance.

12. Family Physician and Medical Associations:

The Medical Associations work for "the improvement of the science and art of medicine and the betterment of the public health". So every physician must become a member of such medical associations. There are other voluntary associations, like Lions Club, Rotary Club, and Red Cross Society, etc. With the help of such voluntary organisations he can also provide health care to the rural population through Medical Camps.

In India, no facility is available to those patients who do not have their own Family Physicians or those who have family physicians, but are not getting a satisfactory cure from their physicians. They require consultation of well known reputed specialists, and the patients usually of a poor class, have no money and cannot give consultation fee, investigation charges and sometimes very costly life saving medicines. Therefore, it means that there should be a way out whether at the level of different national voluntary organisations or at the level of Government, that in such special circumstances, the family physician may be able to refer his patient for expert opinion and management to the senior consultant with his personal letter with recommendations including history and medicines given previously or personally go with the patient. All the consultation fee, investigation charges and other charges may be paid by any one of the associations or through Government.

Unfortunately, there are very few, such organisations in India, and no attempts is made at the Government level.

In England, and other countries, this is afforded in the better class hospitals, where no patient is seen without a letter from his family physician. In this way the out-patient department of these hospitals are the places for free consultation for the general practitioner/family physician. By doing so it can reduce the burden of over-crowded O.P.D.s of P.G.I. and General Hospitals.

ii. Due care and attention will be available as their will be less rush and only deserving cases will be coming to O.P.D.

iii. Family Physician will be able to serve with more confidence and provide quality health care and the relationship with the patient will be maintained at an optimum.

Hence, it seems that family physician is like an axis of the medical profession and the whole profession rotates around this axis. It is a boon, a guide and a great help for the mankind.

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contribution to nursing literature and provides important and valuable information to nurses, on how to work productively with families.

There are three units dealing with introduction, concepts, framework, and process. Unit one covers history of family health nursing and its future as a speciality. This unit also covers theoretical aspects of family health promotion along with historical overview of an American family.

Unit II facilitates understanding of family dynamics which covers culture, family roles, family self care, family stress and social support along with assessment tool for data collection in these areas.

Contents of chapter III highlights the use of nursing process in areas like nutrition, sleep, sexuality, environmental health, recreation, stress management and protective health behaviour. It also covers health promotion during transitional situation like single parenthood, stress of death, remarriages, and unemployment of provider.

Although, author has mainly focused her attention on American families but despite differences in composition, socio-economic circumstances and culture, promotion of health is an equally important activity for every family in any country.

The book would be very useful for the student nurses as well as nurse teachers of community health nursing. Thus this book should be a part of library of all schools and colleges of nursing.

Chandigarh — Mrs. Rajinder

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