

The Family as Our Patient

Hiram B. Curry, M.D.

Charleston, South Carolina

We are frequently asked why the practice of medicine should be directed to the family. Why not to a cell, an organ, or a system? Why not to a town, a county, a state, or the whole nation? What is so special about a family?

The cell has been studied but it is important in man only as a part of an organ, which is important in him as a part of an organ system, and this in turn is important in man only as a part of a whole person. It is a whole person who comes into the office complaining of a headache, a backache, or swelling of the legs.

What are the characteristics of man which make him human? An illness has far greater ramifications than just the perception of discomfort by the person who is dis-eased. There are those to whom he has a responsibility — he fears that he may fail them. There are those who look to him for support — they feel fear and insecurity and they are dis-eased along with him. Future plans which involve others are clouded over with doubt. This man or whole person we mentioned earlier is now a human being because of all the relationships he has about him, all the feelings that exist between others and himself, especially with members of the

From the Department of Family Practice, College of Medicine, Medical University of South Carolina, Charleston, South Carolina. Requests for reprints should be addressed to Dr. Hiram B. Curry, Department of Family Practice, Medical University of South Carolina, 80 Barre Street, Charleston, South Carolina, 29401.

nuclear family, the simple family, the extended family, and even the community.

The family is the oldest recorded institution of man; it preceded even the church and the state. Every recorded civilization had a nuclear family as its foundation. There is little doubt that the sex urge and the necessity for its being satisfied led men and women to share their lives. But with this sharing of life and needs there was the primitive and very strong instinct to protect and nourish the product of their union. From the beginning there has been more involved than satisfying the sex urge — that could have been done with promiscuity and without responsibility — but this has not been the history of our human family.

Through the ages the family has served the purpose of procreation, continuation of the species, and socialization of the young. As children grew up they were oriented to the world through their family relationships. They first experienced love, care, had their needs met, realized sex differences, learned to work, learned to relate to members of an extended family, the community, and a wider circle of people through the family. After they were so oriented they matured, found a mate, and started the cycle all over again, all to be repeated thousands of times in the history of mankind.

Through the ages there have been many variations on this general theme of the nuclear family, but never a single society without it. There has been polygamy, polyandry, monogamy, adopted children, divorce and remarriage, but this

basic unit of man's living that satisfies his basic needs and instincts lives on. There have been experiments of commune living, of centralized child rearing, and many other models, but the simple family continues.

I am aware that some say the family is a vanishing institution. The divorce rate is quoted to support this view. The rate is higher than I would like to see but it represents a wish to be happily married, not to be unmarried. A high percentage of divorced persons remarry and find happiness — and fulfillment; and they become a part of this cycle of procreation and orientation that began at the very beginning.

Historically, it is not unwise to predict the family will continue. I believe the family will continue to be the basic building block of society — that unique, happy institution in which the individual becomes humanized by becoming a part of a society, and in which the society becomes humanized by focusing on the needs and contributions, the joys and sorrows, of individuals.

It is the relationships within the family that make health so treasured and disease so dreaded, for it is our loved ones who are also affected. If our vision of illness is only broad enough to encompass the whole man concept only as a solitary individual, we completely miss the larger and more beautiful picture of human concern and feeling for each other. It is, in the last analysis, our relationships with others which make our lives happy and meaningful, which gives us our humanity.

There is ample evidence that much of our disease and many of our diseases are related to emotional disturbances. Most of these are related to faulty relationships with others and perhaps most often within the family. To study all the etiological causes of disease in the world and eliminate those based on emotional causes would omit the majority of complaints. A great majority of backaches, headaches, and many other complaints would no longer receive our attention. There is great danger for the patient who receives episodic treatment repeatedly for various somatic complaints when the underlying causative emotional disturbance is not recognized and dealt with properly.

We must provide society with a physician who can ably serve each member of the family and be aware of the important relationships between family members. This means he must have appropriate medical knowledge for understanding every member of the family and be able to provide care for the unborn and the aged. He must be accepted as a member of the extended family so that tender feelings are shared comfortably — from planning for a future child to sharing the grief long after the funeral of a loved one. At the same time this physician must be a competent clinician who is equally comfortable in giving digitalis for congestive heart failure and counseling the tension headache patient who has a family problem. It is this physician who will view the family as his patient as well as the whole person within it.



The author wishes to acknowledge many helpful suggestions from members of the Department of Family Practice in the preparation of this paper.

Definition of Family Medicine as an Academic Discipline: A Current Controversy

Edward Neal, M.D.

Healdsburg, California

Since Family Practice is seen as a major approach to the delivery of primary health care in our society, its place in medical education and in research for the academic discipline which serves as its base should be a prominent one. Its academic discipline should encompass the body of knowledge and skills that are the tools of the family physician. As a horizontal specialty, Family Practice should naturally be involved in a broad range of research activities including such areas as the traditional diagnosis and management of common disease entities as they impinge upon the family, the investigation of screening procedures for health maintenance and disease detection, the study of family inter-relationships which play a role in the genesis and perpetuation of altered health states and the study of the influence of our threatened environment on the family ecology. This academic discipline, of which Family Practice is to be the applied science, is best termed Family Medicine. Such a discipline deserves departmental status in medical schools because of the important role it occupies in health care delivery.

It is the conviction of many interested in health care delivery that the family represents the unit of society toward which a physician might best direct his efforts in attempting to optimize the health of patients under his care. The modern family physician would be quick to acknowledge the importance of family dynamics in health care and illness. The role of family inter-relationships, both in biomedical and behavioral aspects of the genesis of disease and maintenance of health, is without question. Certainly these inter-

Requests for reprints should be addressed to Dr. Edward Neal, 717 Center Street, Healdsburg, California, 95448.