

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

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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-

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relationships would be one of the most fruitful areas of research.

It would be a distortion, however, to allow this important area to be emphasized at the exclusion of the many other important areas in the discipline of Family Medicine. Carmichael has emphasized the behavioral aspects of family health care to the point of considering Family Medicine as a behavioral discipline.¹ Ransom and Vandervoort feel that Family Practice should be conceptually separate and distinct from the discipline of Family Medicine, which they define as one which "investigates relationships of life in primary groups for health and illness" seeking further to develop methods of intervention encompassing the group in the immediate environmental level."²

Family Medicine has been described by Geyman as a functional discipline encompassing a body of knowledge, skills and attitudes applied by the family physician as he provides primary, continuing, and comprehensive care to families. Incorporated in his definition is the concept of sharing portions of all other clinical disciplines from which it is derived, but applying such derivative portions in a unique and holistic way to families. He interprets Family Medicine as "the only field of medicine which directs itself primarily to total health care needs of the patient and his family with emphasis on the integration of health care services with the least degree of fragmentation."³ Based upon this view, it is therefore not exclusively a behavioral discipline, medical discipline or surgical discipline, but its own unifying discipline. Stephens emphasizes the academic uniqueness of Family Practice as an emphasis on "wholes rather than parts, for that is what the clinician deals with — illness as well as disease, the person as well as the body or mind, the family as well as the individual, the community as well as the group."⁴ This interdisciplinary completeness or wholeness is what is new about the discipline of Family Medicine as he envisions it.

Much as the discipline of Internal Medicine, as applied in the internist's practice, is the repository for the knowledge, skills and research in that particular field, the discipline of Family Medicine should be developed in Departments of Family Medicine with family practitioners as the applied arm thereof. McWhinney makes the important point that most disciplines of medicine derive from a number of others, citing surgery as an example in which anatomy, physiology, pathology and biochemistry represent roots from which the discipline of surgery amalgamates its unique spectrum of skills and research. He states "the knowledge required by

general practitioners is different both in degree and kind from that needed by the specialist in any of its derivative disciplines."⁵ He emphasizes the human qualities of the family physician, his interest in the individual before disease and a strong awareness of the part played by his own personality as a therapeutic tool.

There is then great risk that areas of uniqueness or major emphasis, such as the behavioral aspects of family interrelationships, be thought of as the only elements to be contained in the discipline. It is the principal goal of the family physician to meet the health needs of the family for which he is responsible in as personal and efficient a manner as possible. Currently family physicians spend most of their time in the diagnosis and treatment of symptomatic somatic disease. As a horizontal specialty, Family Practice will be concerned with the refinement and teaching of applied skills used in the diagnosis and treatment of many common illnesses. The family physician's perspective should include an awareness of the relationship of family interactions and the health status of his patients. It is not always necessary, however, to see families conjointly to practice family medicine. The place of conjoint family therapy has yet to be established. There are obvious indications for this approach, but as with any therapeutic modality, its use depends on the clinical situation under evaluation and treatment, the skill of the practitioner, and alternative approaches to care.

The discipline of Family Medicine should be defined in nonrestrictive and broad terms as a functional discipline which will change as to scope and emphasis as the needs of the family physician change in his effort to serve those families who come to him for health care. Family medicine is a discipline of synthesis and integration dealing with primary health care delivery in its broadest terms. Let us resist the temptation to be overly theoretical or unduly restrictive in its definition.

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