

# Family Medicine: Behavioral Science Contributions

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The trend in medicine has been towards specialization which promotes a philosophy that extensive knowledge of a limited field is necessary for competence. Little emphasis has been placed on behavioral sciences as an important aspect for assisting the specialty physician in dealing with patients. Family medicine reverses this trend by emphasizing a breadth of medical knowledge with inclusion of behavioral sciences as a part of training. Behavioral sciences contribute heavily to the education of the family physician in the areas of character, culture, and counseling. The result is a humanistic physician with excellent skills in patient management. The inclusion of behavioral sciences in family medicine places this specialty at the forefront of a new direction in medicine and may well be emulated by other medical specialties.

## A Medical Dilemma

The role of behavioral science training in the teaching of family medicine appears to be an enigma. This interesting premise, in the face of some claims that family medicine is primarily a behavioral specialty,<sup>1</sup> appears to be the result of both a vast explosion in the technology upon which the practice of medicine is based and the conservative attitude which has traditionally surrounded the scientific practice of medicine.

The scientific data upon which the practice of medicine is based doubles approximately every ten years.<sup>2</sup> This has led to a tremendous increase in the amount of scientific knowledge the physician must master in order to practice responsible clinical medicine. While this technology has produced the benefits of more effective medical practice, progress in biomedical knowledge has been at the expense of the human aspect of medicine. Thus, it has been rightfully noted that there is indeed a gap between bench and bedside.<sup>3</sup>

This trend is most evident in the practice of specialty medicine. The onslaught of technology has created specialists who have a depth of knowledge in a limited area based on technique, organ system, age, or a specific aspect of medical technology.<sup>4</sup> The area of specialty appears to be becoming increasingly restricted, as

greater amounts of time must be spent to master the volumes of data required for competence. Despite increases in data which have led specialties to more sophisticated explanatory decisions and treatment, managerial decisions continue to be "doctrinaire dogmas, immersed in dissension and doubt."<sup>5</sup> It appears that specialty medicine, despite technical gains, has made little advance in the face-to-face interactions between physician and patient.

Likewise, specialty medicine has been conservative in accepting the input of disciplines not related to medicine. Medicine strongly projects the value that science is truth, leading to some chauvinism regarding data which do not meet medicine's rigid standards for scientific inquiry. Imbedded in the intellectual tradition of modern science and medicine are a trio of unquestioned beliefs. These are: "(1) To know an object best, one must know it in its smallest dimensions. (2) All complicated systems eventually can be reduced to physics and chemistry. (3) In principle, all human problems have a technological solution."<sup>6</sup> The maintenance of these concepts as fundamental and unquestioned has been expressed in medical conservatism and is exhibited by specialty medicine. Data which do not conform to these concepts are often dismissed as being unscientific and unacceptable. Much behavioral science input has thus been discarded, since few behavioral sciences, given their present level of technology, can match medicine's rigid demands to "always be scientific."<sup>7</sup> This has resulted in physicians receiving little useful training in behavioral science skills.

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## A Humanistic Insurgency

Family practice arises as a humanistic reply to the trend of specialty medicine and appears to be the one clinical specialty, other than psychiatry, which seeks to blend scientific medicine with behavioral concepts. Family medicine is its own unifying discipline, blending the techniques of surgery, the science of internal medicine, and the primary care of pediatrics with preventive medicine and behavioral science skills.<sup>8</sup> It is the only specialty which, by name, places man in a social context. Thus, family medicine is without a doubt the clinical medical specialty, along with psychiatry, most concerned with human considerations.

There has been much debate regarding the area of competence of family physicians, no doubt because family medicine is somewhat counterculture to many of the aforementioned assumptions of medical science. The family physician reverses the depth-of-knowledge-of-a-limited-area trend of the other medical specialties by possessing a breadth of less in-depth medical knowledge. Further, family medicine seeks to raise what is often referred to as an "art" to the level of the science of patient management through inclusion of behavioral concepts.<sup>9</sup>

Patient management has been hailed as the prime specialty of the family physician.<sup>6</sup> The development of the science of patient management requires an interdisciplinary approach to the training of the family physician due to the breadth of skills and sensitivities which effective patient management requires. As Tumulty recognizes: "Management means that the physician comprehends and is sensitive to the total effects of an illness on the total person, the spiritual effects as well as the physical, and the social as well as the economic."<sup>10</sup>

Traditional medical education does not include training which can adequately equip the physician to deal with the demands of patient management. Family medicine has sought to correct this deficiency through inclusion of behavioral sciences in its residency training. These demands have created a developing technology for the training of family physicians, as attempts to produce family practitioners through an amalgam of traditional training programs has been

noted to be doomed to failure.<sup>11</sup> The creation of any new technology results in the use of experiment, which aptly describes the present level of much of the behavioral training given family physicians.

## Behavioral Contributions

Within the academic discipline of family medicine, there is a need to clarify ways in which the behavioral sciences can augment the training of a family physician. Experience in the residency training program at Madigan Army Medical Center has shown that behavioral sciences contribute in three critical areas, aptly described as character, culture, and counseling. An understanding of these three areas is felt to be essential to the practice of family medicine.

*Character* refers to those qualities of personality which are manifested by the physician. The kinds of responsibilities which physicians assume require considerable personal adjustment if the physician is to accomplish his/her task. Medical students have been noted to be emotionally vulnerable while adjusting to the realities of medical practice, and group process has been used to facilitate adjustment.<sup>12,13</sup> Carmichael has noted that a physician's affective skills, or personal comfort with emotions, are crucial for effective clinical practice.<sup>14</sup> This appears to be an issue of emotional economy: the better the physician's personal adjustment, the less energy spent in reconciling professional demands with personal needs, and thus the more efficient the practice of medicine.

Other considerations of character relate more specifically to the family physician. His/her commitment is to the holistic care of patients, many of whom may be chronically ill. This commitment to stay with the patient, no matter what the outcome, requires a physician with "a high level of insight, maturity, and self-knowledge."<sup>15</sup> Behavioral sciences provide necessary and helpful input to the physician's formation of a character that provides for both personal and professional adjustment and satisfaction.

*Culture* refers to the total pattern of human behavior and its products as reflected in social groups. An understanding of culture is imperative for

the family physician since family medicine addresses itself to a social group, the family.<sup>16</sup> The family physician must thus have a sound understanding of marital and family dynamics, parenting techniques and skills, personality growth and development, and medical ethics in order to effectively interface with his treatment field.

Psychopathology and broader dysfunctional life patterns will be encountered by the family physician, who must understand the ramifications of these problems. Whitehorn has noted that physicians are not particularly well informed concerning man as a pathogenic agent.<sup>17</sup> Behavioral sciences provide useful input to the family physician regarding the emotional needs of patients, and assist in the recognition and understanding of functional components of patient problems.

*Counseling* refers to a process designed to guide an individual to a better understanding of his/her problems and potentials, using modern psychological principles and methods. Learning to counsel augments the family physician's communication, treatment, referral, and managerial skills. Effective communication skills have been noted to be necessary to avoid a mechanical approach to medicine.<sup>18</sup> Learning to counsel widens the range and variety of people with whom the physician can effectively relate as well as increases sensitivity to the psychosocial issues which patients experience.

While some physicians may indeed become skillful counselors, the teaching of counseling should not be aimed at producing mini-psychiatrists. The role of the family physician as counselor has been appropriately noted as supportive.<sup>19</sup> Holistic care involves many crisis situations for which the physician should be capable of providing support with sophistication. The physician should be able to recognize those areas which are beyond the limits of his training and which require referral, and he should possess skills in initiating referral with a minimum of trauma to the patient. The family physician must also possess an armamentarium of skills with which to deal with the difficult patient to whom he is committed, but whose character results in management problems.

Behavioral sciences have much to offer in the teaching of counseling skills to family physicians. Most medical curricula are lacking in this area, since counseling has little to do with the medical model. As Steiner states: "Competence as a therapist depends on training and experience in therapy and medical training is of no particular relevance."<sup>20</sup>

### Hope for the Future

The teaching of behavioral sciences is thus an essential ingredient in the training of a family physician. The contributions of these disciplines in the formation of a family physician are no less important than the physician's understanding of anatomy or a biochemical process. Responsible programs aimed at teaching behavioral sciences to family physicians should include input which addresses physicians' needs related to character, culture, and counseling. A humanistic physician should result, with not only

a breadth of technical skills and medical knowledge, but also a sophistication and skill in dealing with people and their primary social groups. The inclusion of behavioral training for the family physician is an advancement in medicine and probably will result in similar actions from other specialties as awareness grows that family physicians are well prepared to deal with people. The importance of this for clinical medicine cannot be underestimated, for, from a behavioral perspective, the vehicle by which the clinician practices medicine is the relationship he/she succeeds in forming with his patient.

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