Guest Editorial

Family Medicine Classification Systems in Evolution

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It is a fundamental principle of taxonomy that a classification must have a purpose; it must meet the needs of its users. For the discipline of family medicine, such a purpose can be set in three parts: (1) to define the stages of medical (health) care; (2) to aid in gathering information in a systematic way to establish priorities; and (3) to provide intelligence (understanding) which will allow the development of new conceptual models for systems of health care.

Historically, the first purpose identified was to define the end stages of disease, ie, mortality. The mid 18th century produced the first examples by Linnaeus and Sauvages.[1,2] Improvements in breadth and detail of these classifications continued steadily into the early 20th century, when, with the exponential growth of information on the mid stages of disease, classifications of morbidity became an absolute requirement. By the mid 20th century, information on the earliest stages of disease, its presentation, and symptoms began to be needed by the emerging discipline of family medicine. The *International Classifications of Diseases* Nos. 6 and 7 then available were inadequate for this purpose, and the early primary care researchers had to develop their own more appropriate classifications. Within a few years these appeared in Europe, Australia, and finally in North America. The culmination of this effort in 1975 was the development and publication of the *International Classification of Health Problems in Primary Care* No. 1 (ICHPPC-1) which came into being under the aegis of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA). This development attracted the interest of the World Health Organization (WHO), and in 1979, with the promulgation of the *International Classification of Diseases* No. 9 (ICD-9), arrangements were made between the ICD Unit of the World Health Organization and the Classification Committee of WONCA to produce ICHPPC-2, which became an authorized modification of ICD-9 for use in primary care, entitled ICD-9 General Medicine (ICD-9-GM).

If clinicians can accept diagnosis as the end of the definition process in medical care, diagnosis must also be seen as the beginning of the management process. The descriptions of family practice available from data classified by ICHPPC-1 and ICHPPC-2 and earlier primary care classifications highlight the fact that diagnostic information by itself is not enough to obtain the original three-part purpose. The elements of the whole process of care also need to be described. A prerequisite for this description must be a classification of the

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process of this care. In this issue of *The Journal of Family Practice*, Tindall and his colleagues from the North American Primary Care Research Group present the first available classification of this type. Pilot studies of the various elements of the classification have been carried out, but as yet there has been no full-scale field trial of it in the real world of family practice or in primary care environments in either developing or developed countries.

We can be extremely grateful for the work that Tindall and his colleagues have undertaken. The effort involved is enormous and the resource it provides is monumental. Inevitably it will have its critics, but as a discipline we should not criticize this effort unless we are willing to help with further refinement and development.

In 1957 Michener and Sokal wrote, "taxonomy, more than most other sciences, is affected by the subjective opinions of its practitioners. Except for the judgment of his colleagues there is virtually no defense against the poor taxonomist."[3] This work cannot honestly be judged from a taxonomic standpoint without further information. From all the evidence available, Tindall and his colleagues are not "poor taxonomists"; but to allay such criticism, field trials are imperative, and the willingness and commitment to undertake these field trials must come from the practicing members of the discipline. The need for field trials has been well recognized by the World Health Organization International Conference. In discussing the future 10th revision of the International Classification of Diseases, this conference recommended, in 1975, that "the International Classification of Diseases Unit be asked to explore the needs for new departures in the realm of health classifications . . . and be enabled to carry out extensive field trials of various alternative approaches that exist or may emerge in the future."[4]

The acceptance of ICHPPC-2 as ICD-9 General Medicine,[5] the co-opting of family medicine taxonomists by the International Classification of Diseases Unit to work on new classifications of "Reasons for Contact for Primary Care Services,"[6] the development of classifications of psychological problems and social problems,[7] and above all the overwhelming commitment of the World Health Organization to address the needs for primary care services in all countries[8] indicate that ICD-10 will be very different from ICD-9 and the previous revisions of the *International Classification of Diseases*. Almost certainly the usual decennial revision will be delayed until at least 1995. Its core classifications can be expected to be concerned with the needs of primary care and the generalist, and to include classifications of "the reason for contact with primary care services" as well as classifications of "diagnoses" such as ICHPPC. The needs of the medical and surgical subspecialists and special purposes (such as the consequences of disease, impairment, disability, and hardship) will be met by a family of more specific classifications linked with the primary care core classifications.

One member of this family of classifications will be a classification of the process of primary care. Let us make sure that it is derived from the discipline of family medicine. Thanks are due to Tindall and his colleagues for an excellent beginning; let us encourage them to carry this forward to field trial, not only in North America, but throughout the world.

References

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