
Guest Editorial

Family Medicine: The Science of Family Practice

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In this issue of the *Journal*, William T. Merkel, PhD, a family therapist, raises the question of whether family physicians should be treating the family unit.¹ It is tempting at first to regard this piece as the clarion call to yet another turf battle, especially since the author recites the usual territorial arguments, such as the following: "The field is too complicated even for the specialists." "You family physicians don't know enough about this area." "How will you figure your charges?" But beyond these commonplace arguments over turf, there is a major and significant issue that should be addressed. The most unfortunate aspect of Merkel's approach to this important subject lies in its intellectual development and involves the fact that the primary question—as stated in the title—is based on an incorrect assumption not supported by the scientific evidence about the relationship between the family system and health and illness. Merkel believes that family physicians became interested in patients' families for political reasons and that it is therefore possible simply to divorce the family system from the medical care equation. Research data show otherwise.

The assumption that the family can be electively excised from family practice is not supported by work that documents the relationship between dysfunction of the family system and the causes of illness, including increased morbidity and mortality for streptococcal infections, tuberculosis, pneumonia, cerebrovascular accident, and a variety of cardiovascular illnesses including atherosclerotic coronary artery disease.² Other work has revealed a relationship between the functioning of

the family system and the course or treatment of illness including progress in rehabilitation programs,³ compliance with prescribed medical regimens,⁴ treatment of chemical dependence,⁵ and treatment of schizophrenia.⁶ Furthermore, work is underway today in a number of family medicine departments that examines the influence of the family system on reproduction (University of Washington and University of Oklahoma), on the course and treatment of chronic obstructive pulmonary disease (University of Oklahoma), on the attack rates and immune response to influenza infection (University of Oklahoma), and on the recurrence of herpes simplex infections (Case Western Reserve University). Thus, the evidence of much investigative activity supports the contention that the family plays a major and *nonelective* role in health and illness. The family did not "marry into" family medicine but was there from the beginning and represents the unique focus that differentiates family medicine from the other primary care medical specialties.

The general practice founders of the family practice specialty acquired a great deal of knowledge about family systems (as have many current family physicians, even though such knowledge is not expressed in systems terminology) that was used to care effectively for the family unit. General practitioners developed their knowledge of family systems through repetitive observations and interactions with the family and its members during the course of home visits. General practitioners, possessing little of today's scientific armamentarium, had to rely on knowledge and skill in treating the patient in the context of the family through participation in the important comings (births) and goings (deaths) of all family members. The challenge that excites so many family medicine researchers today involves unraveling and

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scientifically documenting these relationships that the general practitioner knew so well and integrating them into the biomedical facts of life as we know them.

Rather than considering the divorce of a non-existent marriage, we should applaud the growing emphasis on the family system in medicine today, as exemplified by the publication of a new journal, *Family Systems Medicine* (published by Brunner/Mazel). In fact, I believe that an exciting new science is developing. I propose that the new science be called family medicine and that it primarily describe the relationships between the family system and the body's three major regulatory systems: the nervous, immune, and endocrine systems. The new science would secondarily define the family system's involvement through the body's regulatory systems with a number of biologic or clinical processes such as disease, aging, and reproduction. The language of family medicine would be developed from molecular biology and chemistry and from family social sciences. An important characteristic of the new science is that it would evolve from the collaborative efforts of workers in different fields: basic, clinical, and behavioral sciences.

The development of the science of family medicine will involve striving to attain three goals: (1) the design of reliable, quantitative, and clinically useful methods for measuring various aspects of the structure and functioning of the family system that will enable increasingly complex research questions to be addressed and will also facilitate communication among family scientists, (2) the elucidation of molecular and cellular mechanisms through which family systems interact with the body's regulatory networks to influence biologic and clinical events, and (3) the development of family-oriented treatment interventions that will promote health, improve the outcome of illness, or substantially and positively affect its course. Such treatment methods should be based on our knowledge of the family system's role in the pathophysiology of illness and the recovery from illness.

Progress is being made in all of these areas. Significant work has been done to develop models depicting variables in family functioning that can be measured in a reliable and quantitative way. Hoffman⁷ and Reiss⁸ have made progress in defining symptom transformation in families, while McCubbin and Patterson⁹ have developed methods for measuring family functioning. Several workers are investigating the family system's influence on

cellular function, including Schleifer's recent demonstration of decreased lymphocyte stimulation following the loss of spouse and his suggestion that this may explain the excess morbidity and mortality during the period of bereavement.¹⁰ The volume *Family Therapy in Family Medicine* by William Doherty and Macaran Baird¹¹ summarizes the experience of utilizing a family-based approach to treat depression, anxiety, stress, chemical dependency, parent/child problems, and marital and sexual problems. This work, which focuses on dealing with the patient in the family context, was developed and tested over a five-year period in a rural primary care setting. Fogarty¹² has recently indicated that it is necessary and possible to treat the family through the care of the index patient.

Thus, there is a scientific basis for the family in family medicine. The family was not "put" into the specialty of family practice for political or any other reasons. It was there from the beginning of the practice of medicine. Working to define the science, family medicine, and to translate new knowledge into improved treatment methodology based on the family system-biologic-clinical interactions is a worthwhile objective for family physicians and a major thrust for academic departments.

As for the question posed by Merkel, I believe the real issue is not one of divorce but rather how family physicians and family therapists can work together to define a new science and to improve the care of patients.

References

1. Merkel WT: The family and family medicine: Should this marriage be saved? *J Fam Pract* 17:857, 1983
2. Schmidt D: The family as the unit of medical care. *J Fam Pract* 8:303, 1978
3. Litman TJ: The family and physical rehabilitation. *J Chronic Dis* 19:211, 1966
4. Heinzolman R, Bagley R: Response to physical activity programs and their effects on health behavior. *Public Health Rep* 85:905, 1970
5. Steinglass P: Family therapy with alcoholics: A review. In Kaufman E, Kaufman P (eds): *Family Therapy of Drug and Alcohol Abuse*. New York, Gardner Press, 1979
6. Falloon IR, Boyd JL, McGill CW, et al: Family management in the prevention of exacerbations of schizophrenia: A controlled study. *N Engl J Med* 306:1437, 1982
7. Hoffman L: *Foundations of Family Therapy*. New York, Basic Books, 1981
8. Reiss D: *The Family's Construction of Reality*. Cambridge, Mass, Harvard University Press, 1981
9. McCubbin HI, Patterson JM: Family stress, resources and coping. Report of Family Stress Project, Family Social Science. Minneapolis, University of Minnesota, 1981
10. Schleifer SJ, Keller SE, Camerino M, et al: Suppression of lymphocyte stimulation following bereavement. *JAMA* 250:374, 1983
11. Doherty WJ, Baird MA: *Family Therapy and Family Medicine*. New York, Guilford Press, 1983
12. Fogarty TF: Membership in family therapy sessions: Methodology and purpose. *The Family* 10:100, 1983