
Family Practice Forum

Family Physicians in an Information Society

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In his recent bestseller, *Megatrends*, John Naisbitt describes the movement of the United States from an agricultural to an industrial economy. He sees our society as now moving toward an economy based on the development and exchange of information.¹ I believe that those characteristics will be of benefit to the family physician.

An agricultural society is steeped in tradition. Roles are stable; the body of knowledge grows slowly. Our ancestors in medical practice could offer themselves to the family as the self-sufficient authority in the art of medicine. The industrial revolution of the late 1800s and early 1900s brought technology into triumph in almost all fields of human endeavor. The general practitioner was eclipsed by the specialist, and then the subspecialist, as the body of knowledge of medical science grew exponentially. The number of diagnostic and therapeutic procedures increased in number and complexity so that proficiency was possible in only a fraction of the total. There has been and is a parallel growth in the costs of health care, fueled at least partially by fee schedules that penalize restraint in the use of technology.² The types of physicians valued most by this society, as reflected in income levels, are those physicians that talk least and do most. The industrial society brought about significant changes in mortality and

morbidity so that major medical tasks are increasingly concerned with degenerative diseases in an aging population.

Naisbitt sees America in transition to an information-based economy. An information worker is a creator, processor, or distributor of information. Naisbitt states that 65 percent of workers already fall into this category, including physicians.¹ This "megatrend" will affect health care as it will all other institutions of American society. The information society will highly value the generalist who has access to large areas of knowledge in any field. This access will be possible through the tools provided by the leaps of technology in communication. Improvements in transportation will allow concentration of those persons and equipment required for highly specialized tasks. Needless duplication of such specialized centers will be reduced by economics if not by logic alone.

As those who are creators, processors, or distributors of information become patients, they will be trend setters. They will value skill in problem solving and explanation: both skills in processing ideas. The focus of health care will continue to move from episodic care to prevention and improvement in bodily and psychological functioning. These information workers will expect their leaders (and their physicians) to be facilitators and not order givers.¹ They will need warmth and caring from the one who coordinates health care with other types of providers and with the family.

Family practice has several advantages in this new society. Family physicians have a generalist's framework from which to view health care. They

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have never abandoned the holistic or biopsychosocial approach. The American Board of Family Practice pioneered recertification in recognition of the dynamic nature of medical knowledge. Economics will promote the family physician's function as medical "gatekeeper." The role of the family physician is broadly defined, so that there is no firmly established, antiquated role from which to escape.

Several challenges loom ahead, particularly in the education of family physicians. Faculty must learn to teach their students how to be critical consumers of medical information. Media in family practice must adapt to the age of the computer and provide more options of information beyond the summaries of authorities and uncriticized research data. Family physicians must learn to test and teach problem-solving methods.³ They need to gain proficiency in not just practice management but also project management, which is the application of principles of management to achieve the objectives of a finite endeavor. The family's role in health and illness should be scientifically studied and the lessons transferred into practice.

Naisbitt has scrutinized the present for trends

that predict the future. As family physicians and as educators of family physicians, we must look at the effects of his "megatrends." The specialty is awash in a deluge of medical information with precious little instruction in how to create, process, or distribute it to others. The medical media are struggling to adapt to new horizons in communication. Family physicians can help by being creative, critical consumers. Facts taught today probably have a limited span of usefulness. Principles of information management, project management, and problem solving tested and taught today might serve today's student at the end of his or her career. The new society of information is filled with challenges. Family physicians are in an excellent position to take up these challenges for the benefit of all physicians and all society.

References

1. Naisbitt J: Megatrends. New York, Warner Books, 1982
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3. Weed LL: Physicians of the future. *N Engl J Med* 1981; 304:903-907

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Abstracts are now being accepted for the North American Primary Care Research Group Meeting to be held in Seattle, April 14-17, 1985. The deadline for submission of abstracts and papers is November 30, 1984. Contact:

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