The Role of the Family Physician in Critical Care

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The role of family physician in critical care is not unlike his or her role in surgery. In some hospitals, family physicians may be primary surgeons, whereas in others, even the idea of first assisting may be an unwelcome concept. Depending on geographic location, physician supply, and the attitude of other physicians in the hospital, the responsibilities and privileges in intensive care units may be very diverse.

Intensive care responsibilities range from primary management of the patient's complete care to serving simply as the referral source. Regardless of where a family physician fits into the intensive care hierarchy of the community, there are five aspects of family practice that are sufficiently important that they should be carried into the intensive care areas: continuity, coordination, consultation, compassion, and communication and counseling.

Continuity

The family physician usually knows the patient prior to his hospitalization and is aware of the patient's personality, interests and life style, family interactions, and past medical history. The family physician is thereby uniquely qualified to provide insight and information to nurses as well as other physicians caring for the patient. By maintaining contact with the patient through an intensive care unit stay, the family physician not only reinforces the physician-patient relationship and provides the patient with a familiar face, but also is in a good position to help the patient and family should problems arise during and after the hospitalization.

Coordination

By providing for coordinated care, the problems of fragmentation and confusion that may accompany the care of a patient with complex problems by multiple physicians can be minimized or avoided completely. The pulmonary specialist may not care that the patient has adequate nutrition, and the nephrologist may not be concerned that the patient is not sleeping. As a coordinator of care, the family physician will be able to handle these problems or at least seek additional help after these problems have been identified.

Consultation

For the family physician, knowing a patient prior to his illness is more important than being able to handle every single aspect of the patient's care, and thus the family physician can know which subspecialist will be most appropriate for the individual patient. The personality and type of practice of the consultants should influence the choice of consultants. Consulting a competent cardiologist for a complex cardiac problem may be only one half the battle. If this cardiologist is picked at random because he happens to be the one on call, he may be perfectly capable of handling specific medications, but if he cannot establish a reasonable working relationship with the patient, a great deal of his contribution in the care of that patient may be compromised. The family physician can individualize the selection of consultants based on the specific patient's needs, thereby enhancing the quality of care the patient will receive.

Compassion

The importance of being able to sit on a bed, hold a hand, and look straight into a patient's eyes and help him work through the stress, anxiety, and even terror that accompany an intensive care unit stay cannot be underestimated. The surgeon will likely be most concerned with the surgical incision, the patient's fever, and other parameters. The anesthesiologist or pulmonary specialist are

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likely to focus on the patient's blood gases. The family physician has the responsibility to care for the whole person, which includes following through on issues other physicians are either unwilling or unprepared to deal with. The depersonalization of intensive care unit medicine can leave many patients isolated and angry as well as scared. The compassion the family physician extends to the patient and the family helps to promote understanding and healthy coping behavior.

Communication and Counseling

It is imperative that someone maintain information flow to the family as well as to the patient and make sure that information is being dispensed in not only a consistent, but also an understandable, fashion. Technical jargon may sound impressive and sophisticated, but it is frequently of little use in allaying the fears or alleviating the ignorance of the lay person. It is proper for the family physician to take on this responsibility and to make sure that the other physicians, as well as nursing staff and other people involved in a patient's care, understand that all information being given to a family or a patient be funneled through himself. This directive removes one of the major sources of anger and frustration in family members. It is not unusual for families to receive two or three different messages from different physicians. The conflicts caused by miscommunication and misinformation are frequently a cause of litigation. The majority of these problems can be alleviated by maintaining adequate communication with the other physicians involved in a patient's care. Regular meetings with family members or the patient further help to reinforce the concept of coordinated medical care.

Family physicians are not out of place in intensive care units. Rather, they must continue to build a place in the intensive care unit and fill a void that, if anything, is becoming larger as medicine enters increasingly sophisticated technical areas. The foundations of family practice are strong and vitally important to wellness within a family unit. Family practice needs to make sure that the same type of comprehensive medicine practiced in the office setting and on the wards of the hospital is not sacrificed in the intensive care unit. In fact, the concepts of continuity, coordination, consultation, compassion, and communication and counseling are possibly more important in the intensive care unit than anywhere else in medical practice.