

The Changing Role of the Family Doctor

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My work experience as a family doctor spans a little more than 10 years. But I have known family doctors all my life, as a patient. And even in this not-so-long lifetime, I can see significant changes that have occurred in the role of the family doctors, which have brought new challenges with them

As a child, I remember our family doctor being a trusted friend to whom my parents would turn to, when illness struck. He, (I don't remember any female doctors at that time), would look after a person's health from their birth to death. Most of the illnesses were handled at the primary level of health care. Hospital treatment was usually only resorted to in severe illnesses.

As investigative procedures and treatment became more available and effective, and access to hospitals improved due to improved transport systems, there was an increase in referral of patients to secondary health care level. In some situations, patients started to bypass the family doctor and refer themselves directly to specialists even for minor ailments which could have been easily handled by their family doctor. With this mentality gaining ground, there was a risk that the role of the family doctor would be relegated to treating coughs and colds, and checking blood pressures

This is in stark contrast to the situation in the UK where the family doctor plays a vital part in the health care system, being the key link between the patient and other health services. This position is confirmed by the considerable proportion of funds, namely 75% of the NHS budget, which are directed towards primary care services.¹

The different situation in Malta, I would dare say, stems from two directions. In the medical profession, the family doctor was often viewed as one who simply settled in that position because he did not want to, or was not capable of studying further to specialize. Unfortunately, this negative attitude may have led to many young doctors shying away from family medicine, or resulted in frustration among family doctors who actively chose this branch of medicine but did not feel adequately acknowledged by doctors working in other specialties. The recognition of family medicine as a specialty is a step in the right direction. But, I think, it will take a few generations of doctors for the change in attitude towards family doctors to become tangible.

Another factor responsible for the family doctor losing ground in the health care system arises from the patient's attitude towards him/her. As specialist doctors became more accessible physically and financially, patients started going to them directly. In a very subtle way this may have led to the idea that family doctors were not capable of treating certain conditions, even if this was not the case.

The reason for, and the answer to the above situation, may be found in the changes that have occurred in the relationship between the

patient and the family doctor. Until a few decades ago the bond between a family doctor and the patient was very strong. One would find extended families and generations being under the care of a particular family doctor, who could pride himself in having their complete trust. This has changed. Patients are more likely to 'shop around' or go for a second opinion. Some family doctors feel uncomfortable when faced with this attitude. It is worthwhile reflecting that these changes may not necessarily arise from a lack of trust on the patient's part. There may be reasons that are unrelated to the family doctor. The following are some reasons that come to mind:

- More doctors are available at any given town.
- Improved transport further increases the choice for the patient.
- Improved education has led people to become more inquiring and therefore more likely to look for second opinions.
- The consumeristic mentality may also play a part.

What seems to be a loss may be changed into a gain. The family doctor is in the best position to build a relationship of trust with his/her patient, which would result in him being the first doctor to be called upon for advice on health problems. The family doctor is the one who would know the background of his patient – the impact an illness may have on his life, family situation, occupation, past personal and family history and any other information which may complicate an illness or hinder treatment.

Whereas the need of trust in the doctor-patient relationship remains unchanged, the type of relationship is changing. As education levels improve and health information is rampant – every magazine and programme has a section about health, not to mention the information abounding on the internet- patients often present at the clinic with some idea regarding the disease they may have and treatment available. These patients no longer look to the doctor as being the 'god of health' who knows what is best for them. They may react negatively to a paternalistic approach by the doctor, wanting to be acknowledged and involved in the decisions. Some doctors feel threatened by such patients. A different kind of relationship is called for in such situations, one built on mutual respect. After all, the patient is the one who is suffering, has to go home and live with the implications of an illness and its' treatment. A patient who is involved and empowered in the course of diagnosis and treatment of a condition, is more likely to comply with any advice given

A final point I would like to mention is a trend which is pervading

our society – all that is natural. We find it on food packets, cosmetics and toiletries, and even in interior design! It is no wonder that it is also happening in the realm of medicine. Patients are looking to ‘natural’ products to alleviate symptoms or improve health. The impact of this trend on the practice of family medicine varies. Patient may still refer to the doctor for his/her opinion on such products. Since these products are usually available to be bought over-the-counter, the family doctor would do well to be aware of possible effects on drug treatment. Knowledge of such products can be an asset to the family doctor. They may be used in cases when symptoms may not be severe enough to warrant the use of drugs, or if adverse effects may make treatment with drugs intolerable.

This article is not intended to present solutions to situations family doctors are facing today. It is solely intended to bring awareness, which in itself brings about any change that may be necessary to adapt to changes facing the family doctor today

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References

1. Promoting family medicine, Jürgen Abela; Malta Medical Journal Vol 19. Issue 01. March 2007