

The Family Physician and Family Therapy

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Among the unresolved issues in education for the family physician is the extent to which the theory and practice of family therapy should constitute the curriculum. There are some (Ransom and Vandervoort)¹ who wish to use the term "Family Medicine" in a narrow and special sense to refer to the health care of family units. They decry the identification of the family physician as a possible solution to the crisis in health care delivery in the United States, object to use of the Willard Report definition of "family practice" as a basis for federal funding of programs, and warn against establishment of departments of family practice in medical schools. All of these, they believe, perpetuate semantic confusion among "family practice," "family medicine" and "primary care." "Where," they ask, "is the family in Family Medicine?"

Others have called for a less radical distinction between Family Medicine and Family Practice, recommending use of the former to describe an academic discipline and the latter to denote a style of health care delivery. (There is no precedent, of course, for distinguishing between discipline and practice in any other medical vocation recognized by specialty Boards.)

What is novel in the education of a modern family physician? Does it lie in the synthesis required for a generalist function in practice or does it lie in further fragmentation attendant upon an analytic approach to the family as an organism? Certainly the latter is hardly new, since a rich literature in family therapy has been developing during the last 25 years. (The encyclopedic work by Howells² contains a bibliography with 1,071 references.)

In a movement that has developed so rapidly as Family Practice has since the late 1960's, no one is in a position to speak "ex cathedra" in stating an orthodoxy of definitions. It is my view, however, that there need not be as much confusion about terms as some think.

I propose that the Millis Report's³ definition of the primary physician be accepted as standard:

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"He should usually be primary in the first-con-sense. He will serve as the primary medical resource and counselor to an individual or a family. When the patient needs hospitalization, the services of other medical specialists, or other medical or paramedical assistance, the primary physician will see that necessary arrangements are made, giving such responsibility to others as appropriate, and retaining his own continuing and comprehensive responsibility." The Willard Report⁴ definition of a family physician is quite adequate:

"The family physician is a personal physician, oriented to the whole patient, who practices both scientific and humanistic medicine. He may provide care not only one member of the family, but more often does so for several or all members. Usually he himself provides medical care in more than one of the traditional specialty fields of medicine, and he coordinates the care obtained by referral to or consultation with other physicians and allied health personnel. He assumes responsibility for the patient's comprehensive and continuing health care and in effect serves as captain of the health team."

Aside from the obvious male bias, these two descriptions are quite satisfactory. The primary physician is genus and the family physician is species. It is unnecessary and, in my opinion, unwise to propose the "family medicine-man (person)" as another evolutionary mutant.

The issue is not whether the theory and practice of family therapy should be an important component of the education of the family physician, but whether his education should be limited to that. Such limitation would be a confusion of whole and part. "Family Medicine" should be preserved as an essentially synonymous but alternative term to "family practice" and should not be appropriated as a synonym for family therapy — a field that has already developed as an independent branch of the tree of knowledge.

It is quite likely that all these terms eventually will come to mean what most people who use them think they mean, but in the interim I hope that we can avoid premature closure in a way that distorts the developing specialty of family practice.

References

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