

THE IMPORTANCE OF FAMILY DOCTORS

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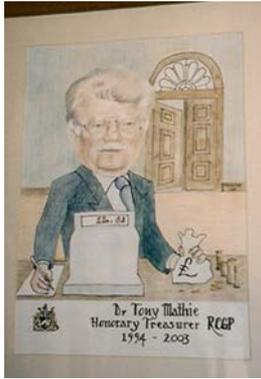
THE WONCA POLICY IS - A
FAMILY DOCTOR FOR EVERY
FAMILY.











WHAT DO WE CONSIDER?

- ◉ The structure of the Health Service.
- ◉ The way Family Doctors deliver service; how we organise ourselves.
- ◉ How we are trained.
- ◉ How and how much we are paid.
- ◉ The breadth and scope of our work.
- ◉ The context of the community.
- ◉ Our relationship with hospital specialists.

- BUT - all these things are different, and sometimes very different, from country to country.
- AND YET - we meet together with Family Doctors across the world and find that we are much more alike than we are different.
- SO

WHAT IS THE KEY?





WHAT MAKES THE FAMILY DOCTOR CONSULTATION SPECIAL?

- ◉ Access
- ◉ Holistic approach
- ◉ Management of early presentations
- ◉ Managing risk
- ◉ Continuity of care and sharing the patient's journey
- ◉ Managing multiple morbidity
- ◉ Dealing with the patient in context.
- ◉ Acting as an interpreter and advocate - a personal relationship.
- ◉ Dealing with the autonomous patient

ACCESS

- ◉ Whether or not we run an appointment system, the patient chooses when to come.
- ◉ If we have a gatekeeper system then the family doctor is the key to secondary care.
- ◉ In many systems the family doctor is the key to social care, to the benefits system and is seen as the access to a range of other parts of the bureaucracy. A doctor's signature can open many doors.
- ◉ Hospitals often hide behind the referral system.

HOLISTIC APPROACH

- ◉ Family doctors are trained to deal with any and every problem that is presented to them.
- ◉ Physical, psychological and social and any combinations of the three.
- ◉ They also deal with multiple morbidity and this is one of their special skills.

EARLY PRESENTATIONS

- ◉ “I don’t know what’s the matter with me doctor, I just don’t feel right” .
- ◉ Making sense of the story and sorting the wheat from the chaff.
- ◉ By the time patients get to hospital they often have a clear story and the presentation has advanced.
- ◉ Learning to deal with uncertainty.
- ◉ Using time as a tool. Safety-netting.

MANAGING RISK

- It is said that hospital doctors seek the diagnosis and manage illnesses. Family doctors on the other hand assess and manage risk.
- In the UK Family Doctors manage around 95% of illness without referral to hospital.
- Not referring is much more difficult than referring.
- We may admit to hospital because of our perception of risk and without a definite diagnosis.
- The rule of twos for children.

CONTINUITY OF CARE AND SHARING THE PATIENT'S JOURNEY

- ◉ Family doctors do not discharge patients.
- ◉ Even if you appear to be doing little good you continue to offer support. (Heartsink).
- ◉ Even if meaningful treatment is no longer possible, the family doctor will continue to care for the patient and, ultimately, to support the family through bereavement.



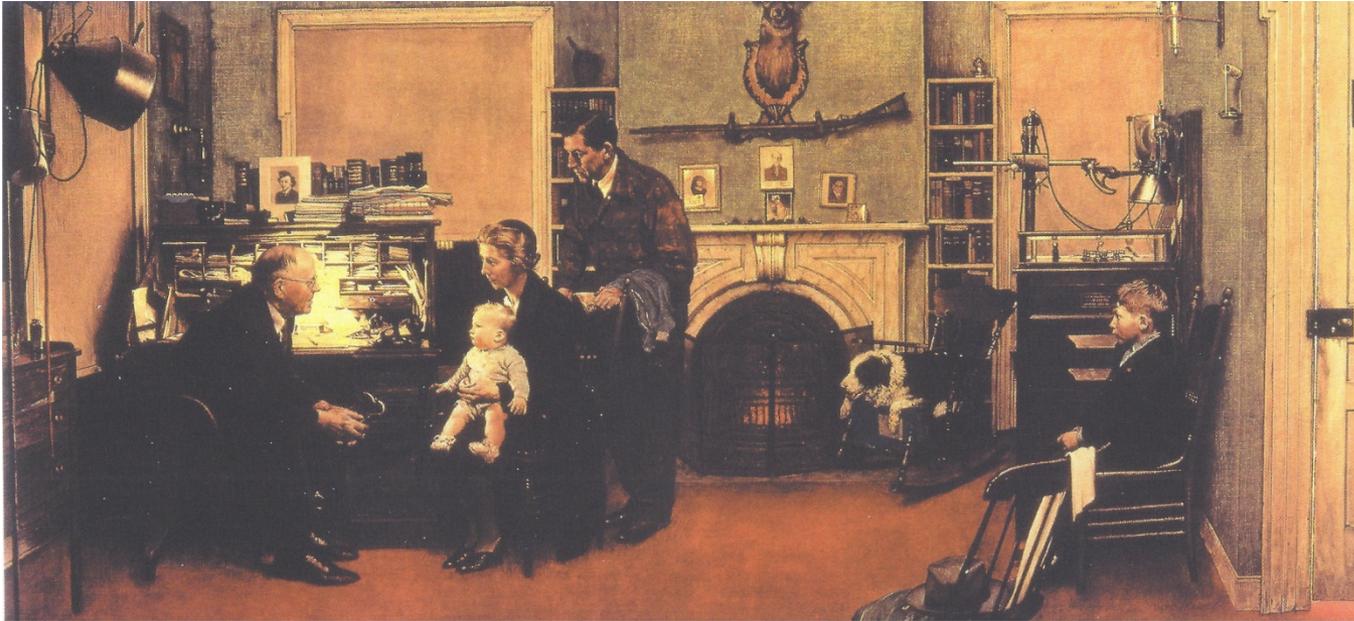
THE PATIENT IN CONTEXT

- Family doctors are often poor at following protocols and guidelines because they take into account the patient and his context as an individual.
 - What is his situation - family support, geography, weather, time of day or day of week, understanding, patient choice, etc.
- Protocols written by hospital doctors rarely take any of this into account.

INTERPRETER AND ADVOCATE

- It is often necessary to help the patient understand what is happening to them in ways they can understand.
- It may be necessary to intercede to make something happen urgently or, indeed, to stop it happening.
- It is important to deal with patients as individuals and to nurture the doctor/patient relationship.
- Patients have choices.





CONCLUSION

- ◉ So what does all this add up to?
- ◉ The key to the importance of Family Doctors is the individual and personal and longstanding relationship they have with their patients based on a high level of knowledge and skill and unending enthusiasm for the task.



This is David. He is 69 and has been having chest pains. The cardiologist does all the tests including an angiogram which causes local complications and says it is not cardiac.

The gastroenterologist does all the tests including an endoscopy and says it is not Gastro.

All this takes time and costs David a lot of money he cannot afford.

He is not getting any better and he finally turns to his family doctor whose opening remarks were

“ I am glad to see you. I was wondering how you were coping after the death of your brother”