The Domain of Family Practice: Scope, Role, and Function

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The family physician is the physician generalist who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems and who is committed to the person regardless of age, gender, illness, or organ system. The clinical specialty of family practice is patient centered, evidence based, family focused, and problem oriented. Family physicians acquire and maintain a broad array of competencies that depend on the needs of the patients and communities they serve. The scope of their practice is not defined by diagnoses or procedures but by human needs. Family physicians do not treat diseases; they take care of people. Nodal points in the family life cycle, such as birth, serious illness, and the end of life, deserve special attention. Family physicians are expert at managing common complaints, recognizing important diseases, uncovering hidden conditions, and managing most acute and chronic illnesses. They emphasize health promotion and disease prevention. Their knowledge, skills, and attitudes target community practice, current science, and continuous quality improvement. Family practice has a distinct clinical approach that requires special skills to identify concerns, focus issues, negotiate plans, and help solve problems. The recognition, integration, and prioritization of multiple concerns and the synthesis of solutions are critical clinical competencies. The variety of human needs require targeting the clinical process, sharing responsibility, and managing uncertainty. Focus on the person requires refined abilities to observe, communicate, understand, and care. Commitment to patients and populations involves activism and advocacy. Family medicine can lead in redefining what it means to be a professional, a physician, and a generalist.

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Thirty years have passed since family practice became a recognized specialty in 1969. The specialty remains grounded in providing comprehensive, continuous, compassionate care to patients in the context of the family and community. While these precepts are as constant as repeating waves on the ocean, the shifting sands of the beaches and remodeling of the shoreline remind us that changes occur over time. Our forebears in general practice and the founding leaders of the family practice movement understood the need for physicians who practice medicine with both science and care. These principles are more important than ever as we face the changing currents in the complex world of health care in this new century.

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Definitions: Family Physician, Family Practice, and Family Medicine

Clear definitions can help us gain a clearer vision of the domain of family practice.[1,2] A *family physician* is the physician generalist who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems, committed to the person regardless of age, gender, illness, organ system affected, or methods used. The American Academy of Family Physicians defines the family physician as:

> . . . a physician who is educated and trained in family practice—a broadly encompassing medical specialty. Family physicians possess unique attitudes, skills, and knowledge which qualify them to provide continuing and comprehensive medical care, health maintenance, and preventive services to each member of the family regardless of sex, age, or type of problem, be it biological, behavioral, or social. These specialists, because

> of their background and interactions with the family, are best qualified to serve as each patient's advocate in all health-related matters, including the appropriate use of consultants, health services, and community resources.[3]

Family practice is the professional discipline that trains and sustains the doctors who practice the evolving arts and sciences of family medicine. Family practice is patient centered,[4-6] evidence based,[7,8] family focused,[9-11] and problem oriented. It shares historical roots and a worldwide movement with general practice.[12]

Family medicine is the academic discipline that both serves and leads the specialty of family practice.[13] It organizes curiosity, systematizes observation, advances understanding, communicates knowledge, and challenges convention.

The form of family practice follows the function of family physicians. Family physicians acquire and maintain a broad and varying array of competencies, depending on the needs of the populations they serve, the communities in which they practice, and the environments in which both they and their patients work and live.

Family physicians are experts at managing common complaints, recognizing rare but dangerous and treatable diseases, uncovering hidden conditions, and managing most acute and chronic illnesses. They emphasize health promotion and disease prevention and aim at optimal outcomes for each person. The knowledge, skills, and attitudes they continuously acquire and refine are targeted to community practice, current science, and continuous quality improvement.

The Scope of Family Practice

"Scope" comes from the Greek root meaning aim or goal. It can also denote the desired degree of excellence, reach of the mind, field covered by a branch of knowledge, and room for opportunity.

The scope of family practice is determined by the scope of human needs. There are, however, predictable points in the life cycle of the individual and family where the family physician fits uniquely into the experience of health and illness. These nodal points include pregnancy and childbirth,[15] the newborn child, life-threatening and life-altering illness, loss and grief, and care at the end of life.[16] Being there for the patient and family at these times is part of the privilege and the process of family practice. No substitute suffices.

You can pretend to know, you can pretend to care, but you cannot pretend to be there. It is by being there for patients that family physicians provide the things patients seek: touch, trust, understanding, comfort, and healing.

Breadth and depth of clinical competence are essential requirements for family physicians. Their scope of practice is not defined by any laundry list of diagnoses or procedures. Family physicians do not treat diagnoses, disorders, or diseases. They take care of people. The *International Classification of Diseases, Ninth Edition* (ICD-9) does not capture the complexity of patients' problems. The *Current Procedural Terminology* (CPT) codes may measure the workload but not the worth of the family physician.

Gayle Stephens, MD, recognized that patient "management does not equal treatment but is a much broader concept, including when to treat, when not to treat, and how to take responsibility over time for a string of treatment choices."[17,18] This concept, along with a continuous patient relationship and being present for the patient at critical points in the health journey, establishes the value of family practice.

Family practice requires listening to patients and hearing their spoken and unspoken concerns. Family physicians attend simultaneously to multiple fields of concern. They consider prevalence and probability and help patients weigh risks and benefits. They orchestrate the management of multiple problems, each at a different point in its natural history. They serve as stewards of limited resources. They empower individuals and help patients take care of themselves.[19,20] It is the recognition, integration, and prioritization of these multiple systems and the synthesis of solutions that are the critical clinical competencies of the family physician.

To meet the needs of today's patients, family physicians are also expected to meet the demands of multiple health service systems.

For the family physician, the challenge is not simply to treat diabetes, nor is it to treat Mrs Jones' diabetes, bursitis, depression, vaginitis, and 16-year-old son on drugs. The challenge for the family physician is to take care of Mrs Jones.[21] The family physician focuses on the person, any person, simply because he or she is a person. The key to family practice opens the door to exam room 3, or emergency bay 3, or hospital bed 3A. Who knows what awaits there? The family physician is prepared and committed to manage the problem that each person presents.

The Role of Family Physicians

Family physicians serve their patients, community, and society through a harmony of roles. These begin and end with competent, compassionate patient care as primary physician, personal physician, and principal physician. Depending on the needs of the patient and the resources required, the family physician provides definitive care, shared care, supportive care, integrated care, or directs the care provided by others.

Family doctors are teachers—all to their patients and many to present and future colleagues. The family physician may also be a scientist or scholar.[22,23] Family medicine has the opportunity to advance an integrated

understanding of illness and healing beyond the biomedical model through practice, teaching, and research.[24]

Family physicians must also be advocates for their patients. Individually or together they may be agents of change in the practices, organizations, communities, and wider world of which they are all part.[25]

The family physician is the professional generalist physician. Today, each of those key concepts is drowned out by the cacophony of competing claims and demands. Family practice can help define for the future what it will mean to be a professional, a physician, and a generalist.

The generalist physician is not just any general physician.[26,27] Undifferentiated problems cannot be expertly managed by an undifferentiated physician. The care of unselected patients is not to be left to unspecified providers of health services. These clinical challenges call for the broadest knowledge and the deepest understanding.[28]

Limited specialist physicians may possess these important skills, knowledge, and attitudes but not across multiple fields. They are not generalists. Limited generalist physicians focus on the person but do so within constraints of age, gender, or disease.[29] It is not having the pieces that is important. It is having them together in one person who is responsive to and responsible for the needs of most of the people most of the time, over time, and across settings of care.[30]

As Edmund Pellegrino, MD, observed:

> Human diseases do not come in neatly labeled categories nor are humans so tractable as to develop disorders in only one organ system at a time. The very development of specialization, while essential, only accentuates the need for a corresponding development of the integrative functions of the generalist.[31]

The fundamental functions of the family physician go beyond the generic clinical process of history, physical examination, testing, diagnosis, and treatment. There is much in the visit to the family doctor that is not recorded in the simple S.O.A.P. format (subjective, objective, assessment, plan) of the medical record. Rather, the clinical challenges of family practice require a distinct approach and special skills in eliciting concerns, focusing key issues, negotiating plans, and helping solve problems. The variety of human needs requires experience and wisdom in targeting the clinical process, sharing responsibility, and managing uncertainty. The focus on the person requires refined interpersonal abilities for observing and seeing, listening and hearing, understanding, finding meaning, and—most of all—caring. Answering the call to become a family physician demands balancing needs, reflecting critically, and growing perpetually.

Family physicians bring these skills and knowledge, these arts and sciences, to patient care in all settings. Family physicians use the doctor-patient relationship and the communication on which it is based as their most important diagnostic and therapeutic tools. The key process is often the focused clinical encounter, which can occur in the office, emergency department, childbirth center, or extended-care facility. The doctor helps the patient identify and solve problems by focusing attention and targeting action. Developing focus while maintaining scope; that is the key to each family practice encounter, as it is to the entire family practice enterprise.

A hologram contains a rich matrix of information and perspective, collected from different points of view and stored efficiently for display in a three-dimensional image. Every part of the hologram contains information about the complete image. The entire hologram is needed to represent the wealth of detail. Similarly, the family physician's relationship with each patient contains a constellation of information and understanding collected over time, across multiple encounters in various settings, and through important life experiences. It is stored not only in the records of the office but in the mind and heart of the doctor. It helps to illuminate the patient's condition and to improve the effectiveness, efficiency, and appropriateness of medical care. Every part of the patient's life may influence the relationship with the family doctor. The fundamental value of the family physician lies in the integrative function, bringing together in a unique and caring way the breadth and depth, the scope and focus, the range and detail of the patient's picture in all of its richness.

In providing comprehensive care over time and across the spectrum of health care settings, the family physician also integrates the experience of health and illness for the patient and family. Further, the family physician shepherds the patient and family through the fragmented, frightening, and too-often dysfunctional mechanisms of modern medical care.[32] The family physician is the patient's guide at the boundaries between health, minor illness, and serious disease. Sharing a past and a future with the patient, familiar with the medical history and personal circumstances, the family doctor helps interpret the symptoms, monitor the course, and raise alerts to action when needed.[33]

Recognizing opportunities for effective and appropriate intervention requires refined clinical skills, broad biomedical knowledge, and familiarity with the natural history of important diseases. It also requires the ability to make difficult decisions under pressure of time and in the face of danger. The development of these abilities requires experience in assuming responsibility for sick people. This is only achieved by clinical training in settings where patients go when they are sickest: hospital, hospice, operating room, and intensive

care units. In practice, care teams may organize their day-to-day duties in a variety of ways, but the family physician must maintain continuity and keep clinical competencies current by caring for patients wherever their illnesses carry them.

The Domain of Family Practice

The word "domain" comes from the Latin term for "property ruled over by a lord." Its meaning today includes a sphere of thought or action and the scope of a department of knowledge.

The domain of family practice finds its center in the relationship to the person and the family. The domain extends its range through commitment to the community and its needs and earns its allegiances through devotion to the profession and its purpose.

Care devoted to the patient as a person delivers value not only to the patient, the family, and the health care system;[34] it enriches the experience of the family physician as well. Being a physician is a hard job; being a good family physician is a very hard job. It is being made harder by the downloading of financial risk, the downpouring of paperwork, and the downsizing of professional teams by corporate profiteers.[35] What keeps the doctor devoted to the patient is the reflection at the end of the demanding day that he or she made a difference in the life of an important person, the patient. For the family physician, this reward is enhanced by understanding the patient's life, knowing the family, and living in the community.[36] Current threats to continuity of care by shifting insurance coverage, to comprehensive care by clinical carve outs, and to relationships by the interposition of nonphysician service providers, all put at risk the centrality of this relationship.[37]

The family physician goes to the hospital at 3 am to admit Mrs Jones with complications of her diabetes. The emergency department physician could do it faster: the hospitalist could do it easier. Family physicians make the journey—not because Mrs Jones is a case of diabetes or a "covered life"—but because she is Mrs Jones, an established patient with an established relationship.

The devotion that draws the doctor and patient together is not the result of a contract but of a history of caring. That history has spanned sickness visits, health maintenance exams, life changes, and an unrestricted scope of problems from simple to serious. What if the initial interview had been conducted by a computer, the pap smears done by a mid-level practitioner year after year, the mental health concerns referred out to the 1-800-counseling service, the asthma carved out by a disease management program? What would remain as the foundation for the relationship? Where would the history have gone? What interaction would sustain the bond between doctor and patient? What kind of person would want to be that kind of family physician?

The family physician need not be all things to all people all the time. He or she should, however, try to bring something special to each patient each encounter and something more over time.

The domain of family practice is thus an organic unity, rooted in the common needs of people and the rewards of caring for them with an integrated approach to understanding and service. The needs are common, not because they are frequent or simple but because they are shared. The approach is rewarding, not just as measured in efficiency and effectiveness but in the relationship that sustains both the patient and the doctor. The integration is important, not just for providing care that is comprehensive, continuous, and coordinated, but for comprehending the patient and the meaning of the illness in a uniquely powerful way.

Frontiers of Family Practice

The domain of family practice is also defined by its frontiers. As an evolving, evidence-based discipline, responsive to the needs of patients and communities, family practice faces future challenges and choices. We should exploit the expanding technologies in information and communication, while being careful not to let the enhancements displace the essence of patient-physician communication. What is the bandwidth of the human touch? We can investigate the opportunities and obligations of being a generalist in this new century. Can the family physician recreate the humility, curiosity, and intellectual power of the natural philosopher? We are positioned to battle for balance between appropriateness, efficiency, and equity. Can a doctor keep the patient's trust, the payer's purse, and the public's faith?

We should help design the systems that provide services, improve care, and enhance practice. But, how should patients and professionals be empowered in modern health care organizations? We must wrestle responsibly to balance service with self. How can the physician maintain personal health and family while meeting the demands of patients and practice? Family medicine should strive to answer questions such as these in the 21st century.

Conclusions

Fundamentally, the only domain we command is our own view of the world and of our place in it. Those essentials are defined by our sense of self and our relationships with the people we care for. We cannot allow efficiency, bureaucracy, competition, or technology to divert us from keeping our covenant to be there for our patients from first contact to last resort. Advocacy for our patients and for our unique role is central to the future we share with our patients.

Family physicians are adaptive creatures. Pressures to bend are great: limits of time and energy, sacrifices

of service, demands of business, the tyranny of efficiency. Just as the scope of family practice arises from the needs of our communities, so too must its limits sometimes be defined by the environments in which we work. Individual physicians pursue special interests, build complementary teams, and set personal limits. This diversity can provide strength, particularly in times of change.

As a professional discipline, however, family practice must not allow its domain to erode at the edges. If we allow limited specialists to carve out diagnoses and procedures, business people to design industrial strength health systems, or lawyers to regulate special relationships, what will be left of what we have shared with our patients for so long? After the corporate profit is finally squeezed out of medical goods and services, who will be left to care about the hard work of caring? Defending the domain of family practice means joining hands with the people we serve to help sustain each other in difficult times.

Only family physicians can set the limits of the domain of family practice. If we are not willing to say "no," nothing else we say may matter. There is a crisis of care in the madness of modern medicine. Family practice has both the resources and the responsibility to bring together the service and the science and the sense we know we need.

The domain of family practice can be viewed best from the high ground of relationship, generalism, and professionalism. It can be traveled best by following the byways of patient care and community service. It can be explored best by advancing the frontiers of science, systems, and advocacy. No map can do justice to the rich and varied terrain it represents. As Professor Ian McWhinney reminds us, "When it comes to healing . . . there comes a time when we have to set aside our maps and walk hand in hand with the patient through the territory."[38]

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