

EDITORIAL



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How About The "Family" And "System Theory" In Family Medicine?

In this issue of the Journal, a paper by Dr. Vincent Poon, (Page 199) a Family Physician with a special interest in Family Therapy, introduces the concept of family-centred care.

I first read his manuscript in the evening having seen a diabetic patient earlier in the day. This patient had previously appeared to be careful with his diet, had regular exercise and taken medications as suggested. He had good control of his diabetes until about six months before. Since then, he would have marked glycosuria on home urinalysis once or twice a week. I thought it must have been something to do with his diet but he denied it. When I read the manuscript of this paper I immediately thought of his family. Yes, how about his family?

Six weeks later, I saw the same patient again. On this occasion his wife happened to come in with him. His home urinalysis continued to be poor. When I asked him about his poor control, he immediately pointed his finger at his wife whom he claimed had been "forcing" him to eat quite a lot of sugary food which, according to her friends, was essential for his well-being.

This example illustrates the importance of "family" in the care of chronic illness which is familiar to all general practitioners.^{1,2} Another common example in general practice is infant and paediatric care. Anxious parents often rush to the clinic with their children who have relatively mild illnesses. In such situations, who is really the patient?^{3,4}

There are many other clinical situations when the "family" is critically important in the management of a patient, e.g. cancer and terminal care, depression and suicide, and developmental disabilities.⁵

And yet, are general practitioners/family doctors generally competent and interested in dealing with the family in clinical situations that family involvement is indicated?

Editorial

Dr. Poon's article discusses the five levels of family involvement according to Doherty and Baird. Level 3 is the intermediate, limited involvement level. It is generally accepted that the majority of general practitioners should be competent at this level. However, in a recent US study in which Doherty and Baird were involved, only 23.5% of consultations conducted by 10 academic general practitioners were shown to reach level 3.⁶

We do not have any data on how we are performing in family involvement in Hong Kong. We are however unlikely to be doing better than these 10 academic general practitioners who might have been more psychosocially oriented than are most general practitioners.⁵

If general practitioners fail to involve the family when indicated, can we really call ourselves "family doctor"?

In Dr. Poon's article, he also discusses the integrated biopsychosocial model and system theory. System theory aims to enlarge problems until all their significant relationships are included.⁷ A system is defined by Von Bertalanffy as "a dynamic order of parts and processes standing in mutual interaction with each other." Systems exist in a state of equilibrium or near equilibrium. Although system theory has its roots in physics, engineering, psychology and operations research,⁷ system theory can certainly be applied to medicine, particularly family medicine. As general practitioners, we recognise the importance of psychosocial issues in the general well-being of our patients. There should be no difficulty in understanding and adopting the biopsychosocial model. Furthermore, it can be readily recognised that everyone of us is living in "systems" which may be at various levels, e.g. society, community, workplace or family. As general practitioners, we are probably most familiar with "family system" which we have to face almost on a daily basis. For instance, how does a patient with chronic illness like diabetes mellitus affect the family and vice versa? This

brings us to another article in this issue of the Journal by Ms Lau and Professor Lawson (Page 209) where the coexistence of Western and Traditional Chinese Medicine (TCM) is discussed. No one can deny the fact that TCM is a fact of life in Hong Kong. As pointed out by the authors, TCM is considered an integral part of Chinese culture by which most of us are subject to in Hong Kong. TCM also has a theory that a human is an integral part of the universe, maintenance of inner and outer harmony being essential to attain health. There appears to be some similarities between system theory and TCM theory, which may allow Western medical practitioners and practitioners of TCM to understand each other better. It will also allow both groups of practitioners to understand their patients better, patients who are often utilising both types of treatments. In fact, I often find my patients much more familiar with terms such as "heat" { 熱氣 }, "cold" { 寒涼 } etc. than modern Western terms like "viral infection". They also often interpret their symptoms in terms of TCM theory. "Heat" and "cold", like "yin" and "yang", is based more on the theory of a equilibrium system, in other words, not too dissimilar to system theory. If we can adopt the system theory in general practice, can we also consider adopting certain TCM terms which may not only provide our patients with similar meaning, but also something that they can relate to more readily? ■

Dr. Lam Tai Pong
Editor

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