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Some Basic Concepts of Family Medicine Explained by Means of Fables (Part 1 of 2): Uncertainty, Complexity Community, and Variability

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Abstract

It is necessary to achieve more meaningful images and ideas of the fundamental concepts of Family Medicine, to facilitate its transfer to clinical practice. But, these concepts can be difficult to understand, discern, interpret, intuit and explain, even for experienced physicians in the specialty. The fiction based on scientific research of these concepts can help this task. Science and art are not mutually exclusive. Creative writing can make scientific communication more powerful. We remember stories because our brains are connected to: we find them more interesting and it is more likely that information is understood and remembered if it is presented as narrative instead of theoretical exposure. Artists and writers seek truth as much as scientists. They incorporate facts with experiences to give them context and meaning. And the stories deal not only with what is true, but also with what is possible. Through fiction, you can discover something about the crucial and basic concepts of family medicine that theory does not count. In this scenario, the fable is an adult education method that can serve to intuitively understand abstract concepts by linking them to specific situations, for facilitating their assimilation. In this way, we present the following fundamental concepts of Family Medicine through fables: Uncertainty, Complexity, Community, and Variability.

Keywords: *Family Practice; Fables; Metaphors; Uncertainty; Complexity; Community; Variability*

Introduction

Conceptual systematization in the specialty of Family Medicine has not matched with practice. However, it is not until that the conceptual heritage of Family Medicine, is ordered, systematised and fully clarified when it can begin the real practical work. Therefore, it is necessary to achieve more meaningful images and ideas of the fundamental concepts of Family Medicine, to facilitate its transfer to clinical practice. But, these concepts can be difficult to understand, discern, interpret, intuit and explain, even for experienced physicians in the specialty (1-5).

Some of these fundamental concepts of family medicine are: Uncertainty, Complexity, Community, and Variability.

The medical student during the curriculum is confronted with realities of different rank. Starting from the basic sciences and later in the clinic, students progressively learn about the biochemistry, physiopathology, clinical, and about sick people. They are different levels of reality: objects, areas and people, and to approach them different knowledge methods and different languages or tools should be used. However, although methods for dealing with objects are highly developed (the scientific-technical method), there is no training aimed at introducing the student to higher order realities. It is necessary to learn to treat higher order realities with adequate methods, since to do it with the useful methods to know objects is the essence of reductionism (6).

Evidence-Based Medicine, clinical trials and quantitative studies are obviously necessary; indispensable for medical science. But why not stories, tales and cases? Medical science suffers from a kind of

agnosia, which avoids matters related to contextual judgment, the particular, the personal, and is made exclusively abstract and statistical. But the quantitative and the Evidence-Based Medicine cannot give us an integral response (7). In this scenario, the crucial and basic concepts of family medicine will be presented by means of fables. Art as a whole - music, painting, cinema, literature, etc. - is a resource for experiencing experiences, and this is fundamental in the teaching and learning of the fundamental concepts and skills of family doctors (6).

The fiction based on scientific research of these concepts can help this task. Science and art are not mutually exclusive. Creative writing can make scientific communication more powerful. We remember stories because our brains are connected: we find the tales or fables more interesting than theoretical communication, and it is more likely that information is understood and remembered if it is presented as narrative instead of theoretical exposure (8). Artists and writers seek truth as much as scientists. They incorporate facts with experiences to give them context and meaning. And the stories deal not only with what is true, but also with what is possible. So, through fiction, you can discover something about the crucial and basic concepts of family medicine that theory does not count (9).

The fable is an adult education method that can serve to intuitively understand abstract concepts by linking them to specific situations, for facilitating their assimilation (10-14). Animals, plants, and other things will be "patients" seen in consultation by the family doctor. They will be fictional stories presented as real. They will be beings or objects that are given the opportunity to think, feel and speak. In the fable it can be distinguished two parts: one is the story itself; and the other moral. Each story seeks to make emerge, of clear form, the moral, at the end of the fable, as sobering consequence of what happened in the episode. The moral will be a fundamental concept of Family Medicine.

Se pueden diferenciar dos paradigmas en el acercamiento a la ciencia: el biomédico y el biopsicosocial. Ambos tienen su rol en la formación de los médicos, ya que hay una parte de la medicina que funciona bien precisamente porque trata a todos los individuos como si fueran iguales (pensamiento estadístico), y otra parte de la medicina que funciona bien porque trata a cada individuo como si fuera diferente. Pero, la medicina moderna se está quedando sin lenguaje para expresar categorías cualitativas, como el dolor existencial, el duelo, la desesperación, el miedo, etc., que suelen constituir el núcleo de la experiencia de enfermedad. Es preciso que los médicos de familia amplíen su repertorio de métodos de conocimiento propios de estas realidades.

Family physicians do not treat diseases but take care of people. And so, a major feature of Family Medicine is that you can not separate the physical from the psychic. It is the only medical specialty where this inevitable gap does not occur. The fables belong inseparably to both sides, and they serve precisely to save that abyss, to take us to the intersection of the objective and the subjective, the quantitative and the qualitative, the physical and the psychic, the pathology and the experience of the disease (15).

In this way, we present the following fundamental concepts of Family Medicine through fables: Uncertainty, Complexity, Community, and Variability.

Short Communication

FIGURE 1. THE FABLE OF THE CUPCAKE AND THE TEA CUP

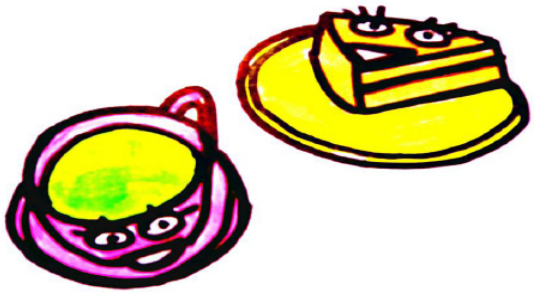

Figure 1. *Uncertainty: The fable of the cupcake and the tea cup*

Once upon a time a cupcake with a taste similar to the sponge cake flavoured with lemon ..., which consulted the family doctor.

Mrs. Cupcake-Of-Proust -that was her name- was a bun made of eggs, sugar, butter, wheat flour, yeast, and lemon flavour obtained from the peel of that fruit, and she was accompanied in medical office by her friend, Mrs. Tea Cup.

Mrs. Cupcake had for some time suffered a depression,

with sadness, especially in the mornings when her sorrow was most evident.

-"She does not rejoice in being immersed in a cup of coffee or hot tea, which was the place she liked to be", explained Mrs. Tea Cup.

She had insomnia and loss of appetite and consequent weight loss. She seemed to be immobile, passive, and absent-minded, and could not perform the normal domestic and work duties of any cupcake...

-"Now, she does not remember if it's a muffin or a cupcake, or a French or Spanish muffin..." insisted Mrs. Tea Cup.

-"She does not know when it is time of afternoon tea or breakfast coffee to getting wet in the cups ..." insisted again Mrs. Tea Cup.

The doctor thought:

-"It could be a new case of Alzheimer's in a patient with previous depression ... I remember the case of a patient who had a depression after retirement ... and a very aggressive Alzheimer's disease progressively appeared... And I remember also the case of ... Yes; I have already seen several patients in this situation...! It's like I've lived through this ... It's strange ..."

And he continued: "This means how important experience is. I live many medical situations already lived with other patients, and I should be able to use that knowledge baggage. I would have to explore my accumulated experience maps, to use my stock of solutions already lived and to apply them according to the experience."

The doctor remembered the writer Marcel Proust .., and he located his book "In Search of Lost Time" in his library, and read: "The moment that sip of tea mixed with cake flavor touched my palate ... the memory became present ... It was the same taste of that cupcake that my aunt gave me on Saturday mornings. As soon as I recognized the flavors of that cupcake ... the gray house and its facade appeared, and with the house the city, the square..., the streets ..."

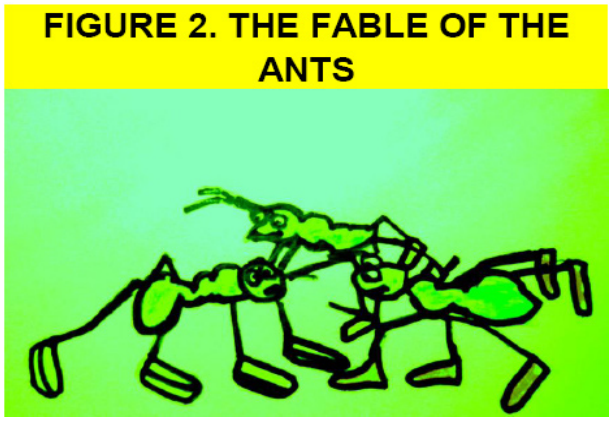

Figure 2. *Complexity: the fable of the ants*

Mrs. Scout Ant found a new family doctor, and went to inspect it.

Later, Mrs. Scout Ant returned to the old doctor's consultation and leads another ant to the new doctor for a second opinion, and she returned to the old doctor's office again, and leaded a third ant to the new doctor, and so on.

When Mrs. Scout Ant is not sure about if she like the new doctor, she takes more time to find the new companion to take to the new doctor, whereas when it likes the latter doctor, it quickly recruits ants.

If Mrs. Scout Ant arrives at the new doctor and finds in the waiting room to many ants who were before with the previous doctor, she already is not going to look for new companions, but she takes her larvae and eggs from the old office to the new one.

The family doctor has been attentive to the behavior of Mrs. Scout Ant... And the doctor thinks: "Thus, many individuals follow very simple rules that produce a complex and powerful behavior.

He continued: "The idea is that a lot of small 'minds' can solve problems better than a 'big' mind.

-"This reminds me that decisions shared with patients are preferable for the results to be beneficial. Successful alliances are non-hierarchical and collaborators share responsibility and decisions. The key point of physician-patient collaboration is, therefore, the recognition that patients are experts as well. The doctor is an expert on diagnostic techniques, in to knowing the causes of illness, prognosis, treatment options, preventive strategies, etc., but only the patient

knows his or her experience of the disease, his or her social circumstances, habits and behaviors, attitudes and risks, beliefs, values , And preferences, etc. Both types of 'masters' are needed to successfully address health problems, so both parties should be prepared to share information and jointly make decisions", the doctor concluded.

FIGURE 3. THE FABLE OF THE REBEL CHERRIES

Figure 3. *Community: The fable of the rebel cherries*

Once upon a time, a long, long time ago, a Bunch of cherries that consulted the family doctor.

Mrs. Cherry Red was a red fruit of ovoid or circular shape:

-"I come to consult for my cholesterol." Mrs. Cherry Red told the doctor.

But in that, Mrs. Cherry Dark Red entered the consultation:

-"My cholesterol is high because of my diet", said Mrs. Cherry Dark Red.

But in that, Mrs. Cherry Intense Red entered the consultation:

-"My diet is due to my lifelong beliefs and values ..." said Mrs. Cherry Intense Red.

But in that, Mrs. Cherry Yellow entered the consultation:

-"My beliefs derive from customs ..." said Mrs. Cherry Yellow.

But in that, Mrs. Cherry Dark-Purple entered the consultation:

-"My customs were favoured by business practices ..." said Mrs Cherry Dark-Purple.

But in that, Mrs. Cherry Green entered the consultation:

"Business practices are caused by cultural norms and values ..." said Mrs. Cherry Green.

There they were in the consultation a bouquet of cherries that were entangled with each other ... There were cherries of red, dark red, intense red, yellow, dark-purple, and green colours, among others...

-"Stop. I just want have into the office to the Mrs. Cherry Red with her cholesterol ... and maybe also to the Mrs. Cherry Red Dark that do not makes correctly her diet", said the doctor very seriously. "The rest is none of my concern."

-"It is Impossible! It can not be", they answered in unison all the cherries in the bouquet. We get tangled up in each other. If you accept to the Mrs. Cherry Red in the office, she is entangled with the Mrs. Cherry Dark Red and this one with the Mrs. Cherry Intense Red, and this with the Mrs. Cherry Yellow, and this with the Mrs. Cherry Dark-Purple, and this with the Mrs. Cherry Green..."

-"Hmmm... How is this? Physiological risk factors (hypercholesterolemia) become entangled with behavioral risk factors (diet), and these with values and meanings, and these with social norms and customs, and these with business practices, and these with regulations, and these with cultural values, and these with the free market ... ", thought the doctor. "This is the real epidemiological chain!"

FIGURE 4. THE FABLE OF THE WHALE, THE MICROBE, THE GIRAFFE AND THE FLEA

Figure 4. *Variability: The fable of the whale, the microbe, the giraffe and the flea Figure 40.0.*

And concluded: "I see that I have been only attentive to the apex of the epidemiologic pyramid: to the diagnosis and treatment of the disease. So, the physiological risks that give rise to chemical and physiological

parameters of disease are those treated by physicians, and we forget about the behavioral factors and their antecedent circumstances, which are also there, and we cannot exclude them."

Once upon a time there was a whale, a microbe, a giraffe, and a fly, which were found in the waiting room of the family doctor's office.

Mrs. Whale, 70 years old, was a specimen of 15 meters in length and a weight of 70 tons. She had painful gonarthrosis on the pectoral and dorsal fins, which made her difficult her to move in the water and maintain balance due to pain, despite taking tramadol, since other analgesics had not been effective at all, and she wanted surgery in her pectoral and dorsal fins...

Mr. Microbe was a tiny, old, unicellular living being that could only be visualized with the microscope, despite having obesity. He had gonarthrosis in the knees of bacterial wall, in the cytoplasmic membrane, and in the ribosomes. His radiological gonarthrosis was not very intense, but it was very invalidating due to pain and limitation of mobility. He wanted surgery, but the traumatologist postpone it because his obesity.

Mrs. Giraffe, was a quiet, old specimen, 20 years old, thin and very tall with more than 5 meters tall, and covered with dark spots. She had severe gonarthrosis on his forepaws and hind legs, and she had difficulty opening them so she could bend down to take water or reach objects at ground level. She did not want surgery. She only got partial relief with analgesics, but she did not want other initiatives. She came to the office only for her acetaminophen prescriptions.

Mrs. Flea was a small insect 2 mm long, very agile, dark in color, with a slight radiographic gonarthrosis on its long legs, and although apparently with little repercussion of pain, but she presented a certain functional limitation. She wanted to be operated, so that he could easily reach new guests.... and he was not in favor of drugs.

-"How can be this? Here I have four equal and very different patients. Are patients with apparently similar pathologies ... but very different from each other" thought the family doctor.

-And the doctor continued to meditate: "Patients are all rare and heterogeneous, and it's good that it is so. We can not and should not act equally with each patient. Some doctors may believe that they are fair when they do the same for two different patients. This attitude denies precisely the difference, so that two patients do not have the same needs at the same time."

Discussion and Conclusion

Uncertainty

The family physician must learn to have experience and use it to develop as a clinician and reduce the uncertainty of their decisions. The experience does not consist in what has been lived, but in what has been reflected. Wisdom, after all, is nothing more than experience. Learning from experience is the first element that makes our life valuable. Experience helps us to perceive reality as it is, not as we want it to be. And that more accurate perception of reality leads us to make better decisions, to be more just, to measure our impulses more (16, 17).

Complexity

Traditionally, the physician assumes the authority of the decision making in the consultation and he or she transmits it to the patient and occasionally to other professionals in his team. The style of clinical decision making that the doctor adopts depends largely on his or her beliefs about people (their abilities, rights, self-responsibility, creativity, resources, compliance ...). Generally, physicians who assume the capabilities and self-responsibility of others, consistently get better results than those who make all decisions personally, give orders, and threaten punishments. When the context is turbulent, unstable, unpredictable, as always happens in Family Medicine, it is when the physician should be more flexible, autonomous, more decentralized decision-making, and he or she should involve other actors in them, facilitating broad participation. In Family Medicine algorithms are needed for decision making based on interactions between elements and groups, with very simple rules, to solve complex problems (2, 18, 19).

Community

The social environment is the primary determinant of health and illness in any community. Life is a complex system, not linear, and without conditions of normality and independence of variables. The cause is not a unidirectional action, but a set of connections and interactions. What is traditionally called individual

care, family care, and community care are elements of the same reality, and that can not be separated. That is, there is no pure individual attention, but always the family and community attention must be present (2, 14, 20-22).

Variability

Each human being is unique: different genes and unique history - a unique sequence of events and responses to them. Patient experiences about disease vary greatly, not only because of individual differences, but also because of the severity of disease manifestations. The doctor should take this into account in order to make a true clinical judgment. The art of Family Medicine is the art of responding to each patient taking into account their peculiar characteristics and situations, as well as the physiology and pathology (2, 17, 23).

In summary: On the one hand, these characters have a symbolic value. And these leave a lesson that helps to clarify concepts of Family Medicine (8).

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