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Some Basic Concepts of Family Medicine Explained by Means of Fables (Part 2 of 2): Patient-Centered Interview, Biopsicosocial Model, Actors and Resources/Strengths of the Patients, and Concept of Health and Disease

Dr. Jose Luis Turabian

pecialist in Family and Community Medicine

Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.

jturabianf@hotmail.com

***Corresponding Author:** Dr. Jose Luis Turabian, Health Center Santa Maria de Benquerencia Toledo, Spain.*

Abstract

Despite the conceptual and theoretical descriptions of family medicine, there is a lack of exploration of its theoretical framework, the nature of crucial concepts, skills and experiences, as well as their significance in the medical practice. 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. 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 by means of fables: Patient-centered Interview, Biopsicosocial Model, Actors and resources / strengths of the patients, and Concept of health and disease.

Keywords: *Family Practice; Fables; Metaphors; Patient-centered Interview, Biopsicosocial Model, Actors and resources; Strengths of the patients; Health; Disease*

Introduction

Conceptual systematization in the specialty of Family Medicine can be difficult to carry out and to teach. Therefore, it is necessary to achieve more meaningful images and ideas of the fundamental concepts of Family Medicine, to facilitate their transfer to clinical practice (1-6).

Despite the conceptual and theoretical descriptions of family medicine, there is a lack of exploration of its theoretical framework, the nature of crucial concepts, skills and experiences, as well as their significance in the medical practice. We can summarize the crucial conceptual elements for the family doctor in: 1) a clear and defined theoretical framework that allows knowing what and why of us work; and 2) a methodology that allows performing diagnosis and treatment work with the best chance of success (2, 3).

Evidence-Based Medicine, clinical trials and quantitative studies are necessary, indispensable for medical science, but why not the stories, the tales and the cases? (7). So, we will be presented these concepts by fables. 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. Understanding the impact of clinical findings based on the conceptual framework is essential in clinical judgment in family medicine. Fables and metaphors allow us to understand something unknown in terms of something more familiar. In this way, expert thinking about the conceptual theoretical framework and clinical reasoning can be made accessible by means fables, metaphors, and tales. The

analogy between a certain phenomenon observed in a certain artistic or scientific field and a certain phenomenon pending understanding and observed in family medicine is an important support to understand the latter in our profession (8-15).

In this way, we present the following fundamental concepts of Family Medicine through fables: Patient-centered Interview, Biopsicosocial Model, Actors and resources / strengths of the patients, and Concept of health and disease.

Short Communication

Figure 1. *Patient-centered interview: the fable of the fried egg and the yolk-centered interview*

Once upon a time, long ago, a fried egg which went to the family doctor.

He had worked as a kitchen helper in a restaurant; He was now unemployed and had some relationship problems. He had a medical history of renal colic and urinary tract infections; he was a smoker and drank alcohol.

- "I'm better of the bronchitis ... I do not have cough or rib pain neither fever.

I come to see the results of a urine culture, the chest x-ray, and an analysis of liver biochemistry, "said Mr. Fried Egg.

- "The urine culture is negative. That problem is actually cured. And we have radiography: normal, the infiltrated disappeared ... In addition, transaminases are normalized. So, as I say, you are cured", said the family doctor.

But the family doctor felt himself strange ... "As if I had missed something in those consultations", he thought.

- "Had she cured?, or I am aware that transaminases remain threatened by alcohol abuse and that he is conditioned by unemployment and social tensions and relationships partner; that smoking is one of the main risk factors for invasive pneumococcal infection; or renal calculi may encourage repeat cystitis turn, and they can result from certain diets ..., and that diets depend of behaviors and the other factors in the context ... So in family medicine is superfluous to talk about healing?

On the other hand, what happens to chronic diseases: when arterial hypertension, diabetes or COPD are cured? ", the doctor asked himself.

- "Are there any other topic you want to discuss today?" asked the family doctor to end the visit.

- "Yes, Doctor, I have a few days ago a pretty strong stomach pain, it's like a fire! And this have me quite worried ... "added Mr. Fried Egg.

- "Did you have any pain again like this?" He asked the doctor.

- "No, the truth is no."

- "How appears the pain? Does the pain wake you at night? Do you notice something that aggravates or improve it? ", asked the doctor.

- "I have the pain all day, but not at night, sometimes it is harder or softer."

- "What explanation do you find for this pain?"

- "I think I'm going through a lot ..."

- "Like what?" asked the doctor.

- "More than anything, I had a discussion with my partner and I could not say everything I wanted ..." said Mr. Fried Egg.

- "Well, the pain seems to be gastritis. I prescribe a drug for heartburn. Do not forget that you should stop smoking and drinking alcohol ... We can repeat the analysis in a few months. Moreover, it seems very important that you can work things out with your partner. If you need help, I can have a consultation with the two to start talking about what you are suffering. What do you think about this plan?"

- "I prefer to start treatment. I will try to settle the argument with my partner; I think I'll be able to do it."

- "Well, okay ... then I give medication, take it for a month and then we are to see how you went with pain and with his wife.

- This is the new control analysis for later", said the doctor finally.

- "I get it!", said the family doctor when Mr Fried Egg left the consultation. The "cure" has a different meaning in Family Medicine. We must be aware of what is main -crucial- and what is accessory ". The main thing, the crucial thing is "the egg yolk" in the center, and the accessory, the periphery ". In Family Medicine, the patient is the center of the problem -the fried egg yolk - no the analytical data or the result of an additional test. The "egg yolk" is the information psychological and qualitative data in the patient's complaint: the stories and experience, including the symbolic aspects or the use of metaphorical symptoms, that provide insights through the numbers; it is the qualitative evidence which allows us to understand the meaning of what happens to patients. The peripheral, the "egg white", are the quantitative data, which allow us to make comparisons, generalize from the data and see changes over time. The crucial element for the diagnosis and treatment of family doctor is to identify the patient experience and consider globally the person and treat the patient being aware that it is the product of social and physical contexts ", the family doctor concluded.

FIGURE 2. THE FABLE OF THE SPONGE CAKE, THE CREAMY CAKE, AND THE CRUNCHY CAKE

Figure 2. *Biopsicosocial model: the fable of the sponge cake, the creamy cake, and the crunchy cake*

Once upon a time, that in the family doctor's waiting room, three cakes were found, one fluffy cake, one creamy cake, and one crunchier.

Mr. Fluffy Cake came in to consultation with a coronary disease.

- "I felt like heaviness or as if someone were squeezing my heart. I felt it under his sternum, but I could feel it in his neck, arms, stomach, and upper back as well. That pain often came with activity or emotion and disappeared with rest or with a medicine called nitroglycerin. I also noticed difficulty breathing and fatigue with physical exertion".

- "OK! A clearly biological problem, thought the doctor.

It was the turn of Mr. Creamy Cake, which also had coronary disease.

- "I've been a smoker, I often ate too much fats, I drank alcohol ... My way of being is called 'Personality type A, so I tend to behave with hostility ... I think I'm depressed and anxious.

- "Hmmm ... It appears to have psychological factors related to coronary heart disease", thought the doctor.

Now, Mr. Crunchy Cake came in to consultation, and also had coronary disease.

- "I have little social support, and I can not easily go to the doctor ... Moreover my economic situation is difficult. My work involves a lot of stress and physical effort..."

- "I see that there are social factors as a cause and consequence of coronary disease", thought the doctor. "But, what's happening here? Is coronary disease a biological, psychological or social problem?"

- The doctor was a bit puzzled, and kept thinking: "What is a psychosocial factor? It is a measure that potentially relates psychological phenomena and social contexts with pathophysiological changes. The literature shows that psychosocial problems constitute between 3-13% of the main reasons for consultation with the family doctor, but they are present in a much larger proportion of patients. In some study has found that nonorganic causes of symptoms are common, and so, for example, 59% of abdominal pain and 83% of chest pain has nonorganic causes. Previous studies

have confirmed that at least one third of symptoms lack a clear-cut physical explanation (15). Could it be that psychosocial factors are present in 100% of cases?

And finally he reflected: "In the biomedical paradigm it is a matter of separating parts of a holistic whole - spongy on the one hand, creamy on the other, and crusty on the other; Bio, psycho, social ". But, a really good cake has to have these three qualities: it has to be spongy, creamy and crunchy. If it lack one of these three qualities, I will be dissatisfied and will look for other cakes ... So, there are implications for family physicians about the relationships between psychosocial factors and organic diseases (such as coronary heart disease ...) , which should be at least: to detect and treat depression and anxiety, to foster or mobilize social support, and to use socioeconomic status and psychosocial factors to stratify patients' risk with coronary heart disease, and so on in the rest of diseases.

FIGURE 3. THE FABLE OF THE SANDWICH AND THE CHEESEBURGER

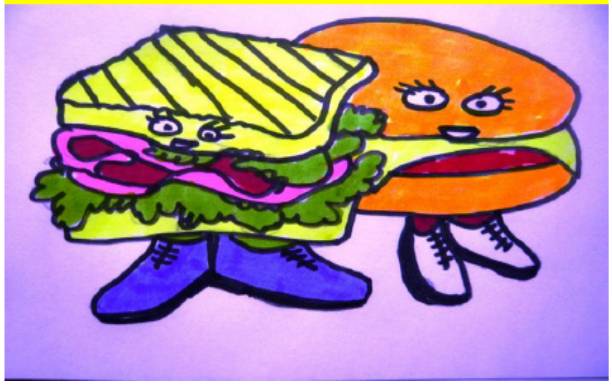

Figure 3. *Actors and resources / strengths of the patients: The fable of the sandwich and the cheeseburger*

Once upon a time, long, long time ago, when a sandwich and a hamburger were on the doctor's family.

The Mr. Sandwich was a food consisting of lettuce leaves and tomato, slices of cheese and 'roast beef' cold, placed between two slices of bread coated with mayonnaise and mustard to enhance flavour and texture...

The Mr. Sandwich, was older with diabetes mellitus type 2, obese, with little or no mobility, living isolated, was incontinent, had frequent therapeutic failure, and was dependent for the tasks of daily living, requiring the intervention, more or lesser extent of family, neighbours..., nurse, chiropodist, family doctor, social worker, endocrinologist, geriatrician, geriatric hospital, helps home..., Diabetic Association, volunteers from an NGO...

- "I come for this recipe..., it was prescribed by the specialist, and the nurse told me I must take two pills instead of one, but in the Diabetic Association they have said to me that it is better take three ... and so, I finished ahead of schedule".

- "The Mr. Sandwich is 'sandwiched' between numerous forces: sliced bread, tomato, lettuce, meat, cheese, mayonnaise and mustard ... I mean, family, neighbors..., nurse, chiropodist, family doctor, social worker, endocrinologist, geriatrician, geriatric hospital, helps home ... Diabetic Association, the volunteers of an NGO..., so that we move between various forces which do not always coincide with their directions, and some of them are more powerful than other ..., and Mr. Sandwich is tightened between them, and also I am squeezed between them", thought the doctor.

- "Fortunately, this situation is not usual", concluded the doctor.

The Mr. Cheeseburger, whom his friends called "Yellow burger", was a processed food into beef sandwich, cooked to grill. It was presented in a light bread broken into two slices, possessed an oval shape. It was in addition to the meat, onion rings, lettuce leaves, a slice of tomato, pickles, chips, etc. In addition, he had the salad dressing, ketchup, mustard, and relish.

The Mr. Cheeseburger was also older, and had a respiratory and heart failure, needed home oxygen therapy. He lived alone, had bad compliance, and was dependent for the tasks of daily life. So, he needed the intervention greater or lesser extent of family, neighbors..., nurse, family doctor, pharmacist, social worker, cardiologist, pulmonologist, geriatrician, geriatric home care ..., volunteers ..., oxygen supplied company...

- "Today I come to prescribe me this... My neighbor told me that it doing very well ... and it have announced on television..."

- "Wow! I'm seeing that the presence of many 'actors'

involved in patient care is a very frequent occurrence. The Mr. Cheeseburger is 'sandwiched' between numerous forces: the bread, tomato, lettuce, steak, cheese, mayonnaise and mustard, ketchup, onion rings , pickles, potato chips ... I mean, family, neighbors..., nurse, family doctor, pharmacist, social worker, cardiologist, pulmonologist, geriatrician, geriatric home care..., volunteers ... company supplied oxygen ... so that we keep moving between various forces which do not always coincide in their directions, and that are more powerful than us ... ,and Mr. Cheeseburger is squeezed between them and I am squeezed also... , and besides, are other powerful forces that I fail to perceive in the particular case: the media, health business, the pharmaceutical industry ... ", thought the doctor.

He continued: "Of course, these vectors-forces are the stakeholders and they should agree in their direction, but I know it is impossible. The mass media should provide relevant and balanced information on health issues and drugs; they should be involved in public education regarding the appropriate use of medicines, and give publicity to whom it complies with the ethical standards. The pharmaceutical industry, which makes its marketing to the doctor and society, should disseminate comprehensive and objective information on pharmaceutical products among all stakeholders, i.e. authorities, persons responsible for prescribing and users ... The patient has their expectations and demands what he or she think are her or him rights ..., the social pressure is allied in this regard by making medicines a consumer object..."

- "I see that my decisions as a family doctor are only a small visible part. The non-visible areas are internal pressures, information systems, the interests of the various actors and contexts, fears and expectations of different stakeholders, the crises personal, or family or group, the informal contacts between actors, etc. Therefore I am a 'sandwich' between networks of actors."

- "I have, therefore, that contextualize the whole decision-making process to pretend to have any success in it. I have to take the role of facilitator of the relevant actors in their contexts", concluded the doctor.

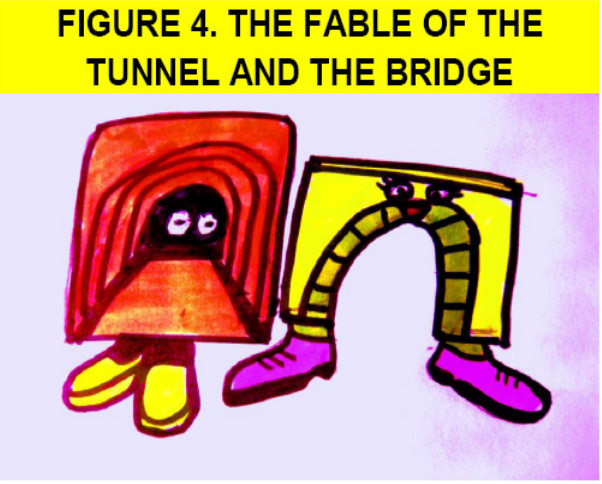

Figure 4. *Concept of health and disease: the fable of the tunnel and the bridge*

Once upon a time, that Mr. Tunnel and Mr. Bridge consulted the family doctor.

Mr. Tunnel had recently been diagnosed of type 2 diabetes mellitus.

- "... Have you seen in a situation with no way out? It's like being in a room with no doors or windows. It's like being in a tunnel: when the end of the tunnel, you stumble on the rocks of a mountain; then you try to turn back, but it is no avail. You not even get to turn around, because you have the rocks taped to the back, and stumbles against them", said Mr. Tunnel.

"And yet, there must be a way out," replies the doctor.

- "I'm lost, I can not backtrack, I remain buried alive in this crypt, in the heart of the mountain, in that dark room with no doors or windows ..." insists Mr. Tunnel.

- "There must be a way out again!" exclaimed the doctor.

- "It's an absurd situation that has no beginning and no end ... I can not get out of this black tunnel because I do not remember how I got there ... I'm blocked there ..."

- Well, as I say, there is a way out. But, of course, is on another plane", says doctor.

- "Can you explain it, doctor?"

- "When you are diagnosed with diabetes, the lifestyle, i.e., uncontrolled diet, sedentary lifestyle, alcohol consumption and snuff, etc., have to change, and this

change is difficult, and indeed life-changing. The 'new' lifestyle should not be new, but part of normal. All you need is to behave as if you were healthy and not focus on the disease, but health, and live as though they had none", said the doctor.

- "And that's the way out?" asked the Mr. Tunnel.

-"So is. If you manage how to correctly to ask, you can find the answer in a implicit way ", said the doctor. "It is better to deal on living as if we were healthy. When we are sick we focus on how to get healthy, we go to the doctor, we follow the prescription, wanting to heal, however we behave like sick, until treatment exerts its effects, that is, we are depending of the outside, without taking into account that the solution is inside; all you have to do is to think that we are healthy and we behave as such; the change of the perception change the environment."

- "But I was upset when I first came to visit you, doctor. However, when I came here I felt sick, very sick" said Mr. Tunnel.

- "The discomfort is what has the patient when going to see the doctor, and a disease is what has on his way back home ... Most diseases involve a discomfort, but it is false that discomfort always involves disease. Both discomfort and disease may be more or less serious", said the doctor.

- "But, to behave 'as healthy' means accepting my illness and learn to live with it. That may be the 'output' of the tunnel, but how do I do?" asked the Mr. Tunnel.

- "The way we use to connect with the universe, is across the bridge of our feelings and beliefs," said the doctor.

- "And how is that…?"

- "To get control of our lives, it is important to understand the inner power we have, and thanks to him, we can achieve significant changes. Understanding our emotions, being aware that we are part of a universe where everything is connected, it enables what we want, that to become reality, but it is also important to be alert to the messages from the universe and from ourselves, because each of our experiences is the way the relationship matrix manifests, acts as a mirror, and the reflection is greater in our relationships. Learn to interpret these messages, they help us to anticipate situations that we regret, and that is how we will achieve this control over our lives.

And the next patient was Mr. Bridge.

- "I accept myself; I try to be autonomous, independent and strong. I appreciate the richness of emotional reactions ... I feel related to the other ... Across the bridge I get to the other place", said Mr. Bridge.

- "I think I'm healthy, what you do you think Doctor?" asked Mr. Bridge.

- "Yes I think so."

- "A healthy person is not the one that is free of problems but which is able to address them. A family or community healthy is one that when there are problems, supports those who carry more distress without blame others for their difficulties", said the doctor.

And he thought: " 'To be' means 'be related' and 'be related' means build those relationships. Being 'healthy' mean not to be locked, to see the possible alternatives, developments ... The evolution, changes, learning, healing, adaptation ... ... of a living organism (a person, a patient ...) always concerns the individual and his context. Health is the perfect match between an individual and their environment-context."

He continued: "What is to be sick? Being sick is to be 'locked', to be in a black tunnel with no exits, not knowing what to do to make things better. The degradation (disease, aging ...) that occurs over time in a living system is primarily the result of a breakdown or reduction in interconnects its network of relationships. The disease is a disorder or dysfunction of communication relationships between actors and contexts (human beings, perceptions, environments ...). In medicine, the concept of disease is partly constructed from meanings. In this process, the interpretation subjective (moral) is essential, but is masked by a technical jargon ('objective') that mimics the language of science. For example, anorgasmia (inability to experience sexual pleasure) is a 'disease' that 'treated' by doctors, while the inability to mourn when you're sad is not, and based on arbitrary criteria. Similarly, drug addiction is a 'disease' but addiction to money or power they are not."

What do these fables mean to me? How can I experience these fables?

Discussion and Conclusion

Patient-Centered Interview

People are subjects of experiences, values, beliefs, emotions and feelings; they are not vehicles of psychological forces and pathophysiological processes. If the doctor becomes interested only in diagnosis and biomedical treatment, he will miss the meaning of the patient as a person. The main role of the family doctor is not so much care for entire families or communities, as perform clinical care to individuals 'on' their families and communities -in their contexts. Once this is understood, the concepts of diagnosis, treatment, cure and resolution are changed. A truly personal approach is then a contextual approach (16-21).

Biopsicosocial Model

All health problems are biopsychosocial. The symptoms and diagnoses of the disease (cough, dyspnea, hemorrhage, chest pain, palpitations, epigastric burning, vomiting, diarrhea ..., cancer, myocardial infarction, asthma, ulcer ...) symbolize certain psychosocial aspects in people (disability, death, social isolation, anguish, cultural rejection ...). In "biological or organic" diseases, psychosocial causes are involved in their etiopathogenesis, evolution and management, and psychosocial symptoms can frequently occur. In "functional or psychosocial" diseases, "somatic" symptoms that accompany psycho-sociopathological manifestations frequently appear (5, 22-24).

Actors and Resources / Strengths of the Patients

Different types of actors may be involved in the process of patient care like principals actors, or support actors, or others functions ... The actors are in contexts: family, group, labour, institutional, social, economic environment. Actors have an internal nature: knowledge, beliefs, attitudes, values, norms, and expectations (interests, desires, goals, and aspirations). The actors hold a series of relationships between them giving rise to threats, weaknesses, opportunities, strengths. The family doctor should give more importance to contrast and share ideas and options with the actors involved in the care of a patient in their particular contexts, until sufficient consensus emerges naturally. The "gradual construction of decision" improves outcomes by making the process more participatory (25-27).

Concept of Health and Disease

What is it that makes people sick? It is a deficit, an empty hole, a tunnel without end, a room without doors or windows, and a lock. The disease arises from the deprivation of certain satisfactions, like water, amino acids, calcium ..., the unfulfilled desires of security, of prestige, respect, etc. But, where is an exit of this tunnel of the disease? There is a bridge that connects the inner world with the outer. The way of that bridge is by our thoughts, beliefs, feelings and emotions. Health is in the passage through the bridge, to the other side, to the side of unlocking, the change of context, but the external context also changes according to the perception, from the internal context and it depend in part of external context. Health problems (bio-psycho-social) can be conceived as a result of the blockade on the relational processes (structural, strategic, narrative construction of meaning and experience (28-30).

Limitations of these Fables

It should be noted that the choice of the fables subject is culturally biased. They reflect a typical American context. A reader from a different culture would probably use and better understand different contexts or examples.

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