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General Medicine is Not the Sum of Small Pieces of Other Specialties

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Short Communication

It is common to read in medical texts affirmations, made by different specialists in different areas other that general medicine/family medicine (as psychiatrists, cardiologists, gynecologists, etc., etc.), sentences like these: "We (psychiatrists, cardiologists, gynecologists, etc.) have to perfect the diagnosis and treatment in general medicine... so we must insist on our training for general practitioners (GPs) ... we must provide the non-specialist doctor with practical information (in psychiatry, cardiology, gynecology, etc., etc.)... with continuing education programs ... for the GP to sharpen his perception ... and he can gather in himself the art of the pharmacotherapist, the psychotherapist, the specialist of cardiology, gynecology, etc. If we give him the proper training, a doctor of general medicine can provide a bit of helping to the patient (depressive, cardiac, etc.)." [1].

That is, it is often argued that the GP, despite frequent contact with patients and their knowledge of their family situations and work environments, lacks the professional expertise and formation to address the cases of psychiatry, cardiology, gynecology, etc. Thus, many psychiatrists, cardiologists, gynecologists do not believe that general practitioners are capable of treating those suffering from disorders of these medical areas.

It is understood that these specialists refer to GPs "not being able to take care of patients"... with their own tools of specialists non-family doctors; Because these specialists forget that the GP approaches the patient and its context, in the diagnosis and treatment, with different tools than those of those colleagues, and thus the "capabilities of attending to the patient" between a general practitioner and a psychiatrist, cardiologist or gynecologist are not comparable [2,3].

In the reductionist vision from the non GPs, family doctor is just a mix and combined information on different medical specialists: the half of head of endocrinologist, another half of cardiologist, eyebrows of dermatologist, mouth of pulmonologist, half of the neck of ophthalmologist and other half of otolaryngologist, the arms of orthopedist, the chest of surgeon, the half of abdomen of nephrologist and other half of urologist, the right leg of gynecologist and the left of rheumatologist, etc. So, ¡a family doctor is a "puppet"! We can call him ... “Doctor Pinocchio”: a wooden marionette, a puppet that is manipulated with wires by the rest of the medical specialists who are non-family doctors [4-6].

As long as family medicine is understood on the basis of the "Pinocchio syndrome", and future GPs are trained, such as the sum of small specialists of hospital, where psychiatrists, cardiologists, gynecologists, etc. are those that "educate and perfect” the GP, there will be no real changes in primary care.

It is necessary to understand and conceptualize the family doctor, not as the sum of mini-specialists from other areas, but the sum of a series of specific and own skills. It is a specific specialty, with a conceptual body and own knowledge, and exclusive work tools and different from those of other specialists. In this way, the contribution that another general non-medical specialist can make in general medicine education is partial, biased, non-specific, and often counterproductive to the true development of the specialty of family medicine. The clinical method has not differentiated between this scenarios-hospital and community/general medicine-, however, the clinic in primary care and in the hospital is different and has its own specificities. The diseases treated in the hospital and in general medicine are not the same, and these two work environments are not the same either. The GP works in the natural habitat of the "jungle" visiting patients in their environment, while our hospital colleagues do it from outside "the zoo cages", dealing with patients and diseases in very artificial situations.

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And if we cannot recognize the GP as a puppet - Dr. Pinocchio - how will we recognize him? It is easy to recognize a GP: he is the only one who has "three heads". It is easy to perceive at first sight! GP is capable at the same time of having a scientific, interactive and simultaneous approach to each problem from the biomedical, psychological, and social perspectives, and of combining these perspectives in a panoramic vision to achieve a complete understanding. GP know that the elements of the patient's personality and their social relationships are of great importance in the disease and the pathology, and these elements are as evident and necessary as the biomedical aspects [7]. Family physician is a different and more specialized than the sum of small parts of other medical specialists. Family physician is a specialist integrated, with a body of knowledge specific, and with own and differential specific abilities [8,9].

General medicine is the only discipline that defines itself in terms of relationships, especially of doctor-patient relationships (other fields are defined in terms of content, such as disease, systems or technologies). Other clinicians are also related to patients, but in general medicine, the relationship is a priority to the content: we know people before they express diseases. GPs tend to think in terms of individual patients rather than abstractions and generalizations. GPs have difficulty separating the disease from the person who has it: they integrate the particular and the general; they see the universal in the particular (the map and the territory). The general practitioner thinks complexly at a multiple, non-linear level. General medicine is the only medical area of importance, which transcends the duality between mind and body. There is not a single sufficient dimension that defines general medicine; it must be understood in a multidimensional context [10,11].

The role of the GP is defined by the task of taking charge of bio-psicho-social problems from the consultation. He not medicalizes social relations, but socially contextualizes medical practice. It cannot be separated from the practice of general medicine "disease", "illness", "sickness": pathology, experience and social impact of the health problem.

It is necessary to facilitate the deep thoughts about the concepts and training in general medicine to the GP himself, to try to build theory from the practice, and develop a truly relevant research from the base of general medicine. It is necessary to suppress certain self-imposed barriers that prevent GP from being able to draw on experiences from your own experience, and to become aware of how evidence can be constructed in general medicine and increases your self-esteem [12-15].

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