

FAMILY MEDICINE*

Definition Of

Family medicine is the medical specialty which provides continuing and comprehensive health care for the individual and the family. It is the specialty in breadth which integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity. (1986) (2003)

Quality Healthcare In Family Medicine

Quality healthcare in family medicine is the achievement of optimal physical and mental health through accessible, cost-effective care that is based on best evidence, responsive to the needs and preferences of patients and populations, and respectful of patients' families, personal values, and beliefs. (2000)

Scope, Philosophical Statement

Family medicine is the continuing and current expression of the historical medical practitioner. The first physicians were generalists. For thousands of years, these generalists provided all of the medical care available. They diagnosed and treated illnesses, performed surgery, and delivered babies. As medical knowledge expanded and technology advanced, many physicians chose to limit their practices to specific, defined areas of medicine. With World War II, the age of specialization began to flourish. In the two decades following the war, the number of specialists and subspecialists increased at a phenomenal rate, while the number of general practitioners declined dramatically. The public became increasingly vocal about the fragmentation of their care and the shortage of personal physicians who could provide initial, continuing and comprehensive care. Thus began the reorientation of medicine back to personal, primary care. The concept of the generalist was reborn with the establishment of family medicine as medicine's twentieth specialty.

Family medicine is a three-dimensional specialty, incorporating the dimensions of (1) knowledge, (2) skill, and (3) process. While knowledge and skill may be shared with other specialties, the family medicine process is unique. At the center of this process is the patient-physician relationship with the patient viewed in the context of the family. It is the extent to which this relationship is valued, developed, nurtured and maintained that distinguishes family medicine from all other specialties.

In the dimension of process, the family physician functions as the patient's means of entry into the health care system. The family physician is the physician

of first contact in most situations and, as the initial provider, is in a unique position to form a bond with the patient. The family physician evaluates the patient's total health needs, and provides personal care within one or more fields of medicine. The family physician's care is comprehensive and not limited by age, sex, organ system or type of problem, be it biological, behavioral, or social. The family physician's care utilizes knowledge of the patient in the context of the family and the community. This care emphasizes disease prevention and health promotion. The family physician refers the patient when indicated to other sources of care while preserving continuity of care. The family physician's role as a cost-effective coordinator of the patient's health services is integral to the care provided. If the patient is hospitalized, this role prevents fragmentation and a lack of coordination of care. This role also allows the family physician to serve as the patient's advocate in dealing with third-party payers, employers, and others.

Thus, in the family medicine process the patient-physician relationship is initiated, established, developed, and maintained for both sexes, for all ages, across time, and independent of problem type. Although all family physicians share a core of information, the dimensions of knowledge and skill vary with the individual family physician based on patient needs and the physician's continuing education. As patient needs differ in various geographic areas, the content of a family physician's practice varies accordingly. For example, the knowledge and skills used by a family physician practicing in an inner city may vary from those utilized by a family physician practicing in a rural setting. Furthermore, the scope of practice changes over time. The family physician's practice continually evolves as competency in current skills is maintained and new knowledge and skill are obtained through continuing medical education. This growth in medical information also confers on the family physician a responsibility for the assessment of new medical technology and for participation in resolving ethical dilemmas brought about by these technological advances.

In summary, the family physician of today is rooted in the historical generalist tradition. The specialty is three dimensional, combining knowledge and skill with a unique process. The patient-physician relationship in the context of the family is central to this process and distinguishes family medicine from other specialties. Knowledge and skills vary among family physicians according to their patients' needs and the ability to incorporate new information into their practices. Above all, the scope of family medicine is dynamic, expanding, and evolutionary.

(1992) (1998)

Content and Responsibility For

The American Academy of Family Physicians maintains responsibility for determining the philosophy, content and scope of family medicine, and for establishing the definition of "family medicine" and "family physician." It is

recognized that accreditation of family medicine residency programs is the responsibility of the Accreditation Council on Graduate Medical Education (ACGME). Certification of family physicians is the responsibility of the American Board of Family Medicine (ABFP). Both accreditation of training and certification of individuals should be based on the philosophy, content and scope of family medicine as defined by the AAFP. (1970) (1999)

Specialist In

The American Academy of Family Physicians defines a "specialist" in family medicine as a physician who meets at least one of the following three criteria:

- a. Current Board certification by the ABFP, or
- b. Successful completion of an ACGME-approved family medicine residency program, or a three year AOA approved postgraduate family medicine residency program, or
- c. Maintenance of eligibility requirements for active membership in the AAFP.

(1990) (2002)

Training

(See: [Health Workforce, Training](#))

Faculty Training

The AAFP recommends that all chairs of departments of family medicine or family medicine in medical schools, all directors of family medicine residencies, and all family physicians who teach family medicine residents or medical students be encouraged to maintain current certification by the American Board of Family Medicine.

(1975) (2002)

Undergraduate Training

The AAFP recommends that the curriculum of every medical school have adequate preclinical and clinical student exposure to family medicine with the further directive that, where such is lacking, every possible means of correcting the deficiency be exercised. The AAFP is committed to making every effort to ensure that family medicine in the undergraduate curriculum with appropriate exposure to role models on the faculty be instituted in all medical schools.

The AAFP recommends that all medical schools provide mandatory family medicine clerkships completed by the end of the third year, and elective preceptorships and clerkships to their students.

(1973) (2002)

*modified from the American Academy of Family Physicians web site (12/31/04)

Family Physicians: Who We Are and What We Do

In the increasingly fragmented world of health care, one thing remains constant: Family physicians are dedicated to treating the whole person. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. Unlike other specialties that are limited to a particular organ, disease, age or sex, family medicine integrates care for patients of both genders across the full spectrum of ages within the context of community and advocates for the patient in an increasingly complex health care system.

The nation's nearly 70,000 practicing family physicians are key providers of primary care in the United States, with nearly one in four of all office visits made to general and family physicians annually. In 2001, office visits to general and family physicians numbered more than 210 million - 76 million more than to any other specialty.

The specialty of family medicine was created in 1969 to fulfill the generalist function in medicine, which suffered with the growth of subspecialization after World War II. Since its creation nearly four decades ago, the specialty has delivered on its promise to reverse the decline of general medicine and provide personal, front-line medical care to people of all socioeconomic strata and in all regions of the United States. Today, family physicians provide the majority of care for America's underserved rural and urban populations. In fact, more than a third of all U.S. counties, with a combined population exceeding 40 million Americans, depend on family physicians to avoid designation as primary care health profession shortage areas.

Because of their extensive training, family physicians are the only specialists qualified to treat most ailments and provide comprehensive health care for people of all ages - from newborns to seniors. Like other medical specialists, family physicians complete a three-year residency program after graduating from medical school. As part of their residency, they participate in integrated inpatient and outpatient learning and receive training in six major medical areas: pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, surgery and community medicine. They also receive instruction in many other areas including geriatrics, emergency medicine, ophthalmology, radiology, orthopedics, otolaryngology and urology.

Providing patients with a personal medical home, family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine check ups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists. From heart disease, stroke and hypertension, to diabetes, cancer and asthma, family physicians provide primary care for the nation's most serious health problems.