

# Fables of Family Medicine: A Collection of Clinical Fables that Teach the Principles of Family Medicine

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**Abstract**

The conceptual systematization in the speciality of Family Medicine has not matched with practice. As it has been renewed and extended its practice, its conceptual foundation was forgotten. Therefore, it is necessary to achieve more meaningful representations of the fundamental concepts of Family Medicine, and facilitate the transfer of these to clinical practice. But, these concepts can be difficult to understand and explain, even for experienced physicians in the specialty. 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 book -Fables of Family Medicine: A collection of clinical fables that teach the Principles of Family Medicine-, its short fables present animals, plants, minerals and things that think and speak as if they were human beings; beings or objects that are given the opportunity to think, feel and speak, and they are "patients" who come to the consultation with the family doctor. Each fable is a "great lesson" about "a fundamental concept of Family Medicine". These concepts, elements or fundamental dimensions of Family Medicine, presented by fables in the book are, among others: comprehensiveness, panoramic view, circular causality, context and contextualization, uncertainty, complexity, coordination, variability, clinic interview, relationship doctor-patient, companion of the patient, empathy-assertiveness, biopsychosocial model, functional vs organic, continuity of care, symptoms of the disease vs experience of the pathology, diagnosis, anticipatory care, prevention, epidemiology, medicalization, technology, resources, family, community, treatment, strategic planning, co-development and co-treatment, multimorbidity, healing, participation, empowerment, focusing on the process, prognosis, terminal care, mental health, health and sickness.

**Introduction**

The family doctor is a general practitioner who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems and she or he is committed to the person regardless of age, sex, disease, or organs or body Systems [1]. However, exploration and conceptual systematization in the speciality of Family Medicine has not matched with practice.

As it has been renewed and extended its practice, it has forgotten its conceptual foundation, which has given rise to a surface treatment and even neglected about the concepts, without being given much importance to these. 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 representations of the fundamental concepts of Family Medicine, and facilitate the transfer of these to clinical practice. But, these concepts can be difficult to understand and explain, even for experienced physicians in the specialty [2-5].

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. The fable is a brief written narrative that has a didactic purpose; this means that it extracted a moral or a teaching which applies to our life is. Most of his characters are animals representing the vices or defects, and virtues of people. In the fable you can distinguish two parts: one is the story itself; and the other moral [6-8].

In this book [9], the short fables are presented animals, plants, minerals and things that think and speak as if they were human beings; beings or objects that are given the opportunity to think, feel and speak. In these fictional stories, where are set as real animals, vegetables, minerals and things, they are "patients" who come to the consultation with the family doctor. Each fable is a "great lesson" about "a fundamental concept of Family Medicine". Each fable narrates facts with scientific connotation in the area of Family Medicine, and aims to emerge, as clearly as possible, the moral or end of the fable, as sobering consequence of what happened in the episode. Each of these morals, which are concise and brief, so that they can be easily etched in the minds of readers, is one fundamental concept of Family Medicine.

The concepts, elements or fundamental dimensions of Family Medicine, presented by fables in the book are, among others: comprehensiveness, panoramic view, circular causality, context and contextualization, uncertainty, complexity, coordination, variability, clinic interview, relationship doctor-patient, companion of the patient, empathy-assertiveness, biopsychosocial model, functional vs organic, continuity of care, symptoms of the disease vs experience of the pathology, diagnosis, anticipatory care, prevention, epidemiology, medicalization, technology, resources, family, community, treatment, strategic planning, co-development and co-treatment, multimorbidity, healing, participation, empowerment, focusing on the process, prognosis, terminal care, mental health, health and sickness, etc.

Here is one example of the book's fables [9].

### Case: The Fable of the Hedgehog and the Porcupine [9]

Once upon a time, a hedgehog and a porcupine, that consulted the family doctor.

Mr. Hedgehog was plump, overweight, with almost 1 kg in weight, 145 cm in length and 125 cm in height. He was wrapped in spikes: some 5000 stiff spikes that covered the back and side surfaces of the body, excluding the extremities and face.

- "Today I bring two subjects: my legs and this common cold..." said Mr. Hedgehog while cleaning the spines.
- "Tell me more", said the doctor.
- "Well, I am again with my pain on my knees... I know that you can do little ... which is because of the position of my hibernation ..., from October to April! So I just come here for me sick leave; perhaps for a fortnight", explained Mr. Hedgehog.

The doctor was going to answer: "I am who will decide that!"

But he finally said:

- "OK. Let's see if we can do something so it does not last as long..."
- "In addition, with these tablets that you prescribed to me -and Mr. Hedgehog shows a box of ibuprofen-, I get more pain on my knees. It will not go well with my diet... arthropods, worms, molluscs, snakes, shrews, small rodents, eggs, berries, acorns, chestnuts..., etc.", said Mr. Hedgehog.



Figure 1: The Hedgehog and the Porcupine.

The doctor was going to say: "Impossible! Knees pain was the reason I prescribed ibuprofen the last time... which is an anti-inflammatory to relieve your pain... And what happens is that you are fat and that is why you have more pain from your gonarthrosis."

But he finally said:

- "I did not know that effect... Tell me something more to see if I have to change it ..."
- "... and I have been with this common cold for three weeks...! With the weather in the forest...! So I have almost no smell. I cannot smell the earthworms that are buried several centimetres deep, and so I do not take food now. It will be my doom for the hibernation period, doctor!" said Mr. Hedgehog.

The doctor was going to say:

- "The common cold heals itself. You have to give time to time".

But he said finally:

- "Yes, sometimes the colds can seem endless... What are you doing to relieve it? ..."

The next patient was Mr. Porcupine.

He was a rodent of round body and slow movements, whose size was 50 centimetres long, and its weight was of 12 kilograms. It was characterized by the rigid, hollow prongs (longer and stiffer than those of Mr. Hedgehog, still!), resembling a ridge. Its spines extended from the top of the head to the bottom of its body.

- "Today I bring two subjects: this lumbago and my stomach..." said Mr. Porcupine while grooming the spines.
- "Tell me more", said the doctor.
- "Well that I am again with my insomnia... I know that you can do little ..., which is because of my schedules ... As a nocturnal animal I prefer to look for my food at night and rest in the day, but then I do not fall asleep ..., and at night I am very tired ..., so I only come for the sick leave; perhaps for fifteen days", explained Mr. Porcupine.

The doctor was going to answer: "I am who will decide that!"

But he finally said:

- "OK... Let's see if we can do something so it does not last as long..."
- "Other thing..., I get more stomach pain because of these tablets that you prescribed me for the stomach -and he shows a box of omeprazole. It will not go well with my diet... roots, fruits, barks, berries, peanuts, potatoes, pumpkins and melons. ..." said Mr. Purcoespin.

The doctor was going to say: "Impossible! The stomach ache was the reason to prescribing you omeprazole last time..., which is to alleviate your pain ... And what happens is that you eat immoderately food that are bad to stomach".

But he said finally:

- "Tell me more about that problem... and what you think is the cause of that problem..., and what solutions of the problem you can think of..."

The family physician thought: “Mr. Hedgehog is a patient who seems very friendly but as soon as he feels he is going to be attacked, he closes himself up and pulls his spikes to protect himself from enemies. Mr Porcupine, as soon as he feels threatened by a predator, reacts by twisting on his belly and leaving the thorns enraged; In addition to this threatening position, moves the body with tremors that make the barbs clash, so that they produce a very characteristic metallic sound that serves as a warning to potential attackers .., and sometimes, the thorns break and when it are projected they are nail in the intruder, producing painful wounds that become infected very easily”.

Fortunately, I have had a proper attitude with these two very difficult patients: listening, understanding, explaining, and helping them to be able to help themselves. The consultation is closed by an emotional contract and not by a convincing argument”.

- “In the clinical interview, in obtaining patient data, it is a good rule to facilitate the process, to accept first and clarify later”.

He continued to reflect: “Because there are three types of interviews: informative, persuasive, and empowering. The first is to give information; it is a flow in a sense: from the doctor to the patient; it is like compressing information from books and transmitting it directly to the brains of patients. The second, persuasive, is based on finding what the person to be educated wants, and to link their satisfaction to the educational product that we intend to introduce; get a ‘purchase’ rather than a ‘sale’ (that the subject itself requests our product). And the third, the meaningful and empowering interviews, which builds knowledge on from what exists: the patient’s prior knowledge, interests and beliefs; so, an environment is created that allows education, where people feel comfortable, valued and safe; and it is intended to train the patient to achieve a new knowledge of himself and to see new perspectives in the situations that he has to face”.

Working from an educational perspective, means being aware that the doctor performs a work of “creating contexts” through the relationships and communications that he establishes with the patients in the consultation. Any interaction or relationship with the patient can be more or less promoter of health depending on the way it is performed. Context creation is the result of implementing a series of professional-patient relationship strategies: 1.-one-way informational strategy; 2. persuasive or advisory strategy: the relationship between professional and patient is “convergent” (shows interest or concern for the other, or adjusts to the other); and 3.-significant or “coaching” strategy: the relationship between professional and patient is “sharing” and “help”. Building a relationship between people creates social contexts. The professional-patient relationship contextualizes the work of the professional. The work of the family doctor is not a series of tasks but a series of relationships-social connections where the tasks are immersed. The contextualization of family doctor work is a type of relationship and connection between people.

## Discussion

### Commentary on the book “fables of family medicine. A collection of clinical fables that teach the principles of family medicine”

Two theoretical poles have governed the analysis of scientific action. The first is the conception of mechanism, according to which the action of human behaviour is like a machine that responds

automatically, “objectively”, and predictably to the stimuli of the environment. And, in opposition, a subjective approach, according to which action is motivated by something within the person, by feelings, perceptions, and sensitivity; this is a subjective order that is in the minds of people, and causes and consequences are a set of interpretive interactions rather than a single interpretive act. The experience and the meanings of the experience come to have a central position in this approach [10].

Evidence-Based Medicine, clinical trials and quantitative studies are necessary, indispensable for medical science, yes, but why not the stories, the tales and the cases? Medical science suffers from a kind of agonise which avoids matters related to contextual judgment, the particular, the personal, and is made exclusively abstract and statistical [11,12].

But the quantitative and the Evidence-Based Medicine cannot give us integral responses. Quantitative evidence (biomedical, evidence based medicine) is a particular case of qualitative evidence: the physician’s first task is to approach the patient’s experience intersubjectively and contextually, in a common search for evidence with empathy and contextualization [13]. So, this book has been forced to speak of stories or fables.

The family doctor is a general practitioner who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems and is committed to the person regardless of age, sex, disease, or organs or body systems [14,15]. Family doctors have shown that the theoretical framework within which they operate is different, complementary, and not less demanding than other medical specialists. Family doctors must achieve a diagnostic and therapeutic knowledge of biomedical science but they should apply this knowledge throughout ongoing relationships with a variety of individual patients. So, they need to understand that the disease process is socially constructed within the patient’s life, and they have to mediate between the subjective experience of illness of the patient and scientific explanation. Family Medicine is special, not so much because of the depth of their expertise about the complexity of a specific biomedical area, but about the complexity of contextualization of medical care in the patient. The characteristic of Family Medicine is the understanding of the patient and their disease based not only on symptoms and signs but in the psychological and social factors relating to patient context. Family Medicine is a specialty with horizontal amplitude of clinical predominance, which shares the knowledge and skills of other specialties and integrates the biomedical, behavioural and social sciences [16].

The clinical specialty of family medicine is focused on the patient and family, evidence-based, and problem-oriented. Family physicians should acquire and maintain a wide range of skills that depend on the needs of patients and communities they serve. The scope of practice is not defined by diagnoses or procedures, but by human needs. Family physicians do not treat diseases but take care of people. The nodal points in the life cycle of the family, such as birth, serious illness, and the end of life, deserve special attention. Family physicians are experts in managing common problems, recognizing the important diseases, discovering the hidden conditions, and management of acute and chronic diseases. Family physicians emphasize health promotion and disease prevention. Their knowledge, skills and attitudes are aimed at family and community practice level, based on current science, and focused on continuous quality improvement. The Family Medicine

practice has a different clinical approach that requires special skills to identify concerns, negotiate plans and help solve problems. Recognition, integration and prioritization of multiple patient concerns in context and synthesis of consensual solutions are some of the critical clinical skills [17-23].

The Family Medicine has experienced rapid expansion and great progress in many developed and less developed countries from all continents. However, in the international scene, there is not many texts that present the concepts, dimensions or fundamental, critical or major elements of Family Medicine, and that give it their own meaning differentiated of this specialty, which is different from other medical disciplines. In addition, exploration and conceptual systematization in the specialty of Family Medicine has not matched with practice. As has been renewed and extended its practice, it has forgotten its conceptual foundation, which has given rise to a surface treatment and even neglected about their conceptual knowledge, what it is not given much importance. 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 a more meaningful representation of the fundamental concepts of Family Medicine, and facilitate the transfer of these concepts to clinical practice. But, these concepts can be difficult to understand and explain, even for experienced physicians in the specialty.

The fable is an adult education method that can serve to intuitively understand abstract concepts, by linking them to specific situations, and so to facilitate their assimilation. The fable is a brief written narrative that has a didactic purpose; this means that there is a moral or teaching, and it applies to our life. It usually results from popular stories that have been passed down from generation to generation. Some of the fables of this book have taken ideas from world literature, art, biology, ecology, mythology, botany, physics, and medical literature, among others. Most of his characters are animals, but also plants, minerals and “other things” that represent the vices or defects, like virtues, people. In the fable you can distinguish two parts: one is the story itself; and the other moral [6-8].

In this book (9) there are short fables in which animals, plants, minerals and things think and speak like they were human beings; beings or objects which are given the opportunity to think, feel and speak. In these fictional stories, which are set as real animals, vegetables, minerals and things, are “patients” who come to the consultation with the family doctor. Each fable is a “great lesson” about “a fundamental concept of Family Medicine”. Sometimes, different shades of the same concept are presented in several fables. The moral of the fables of this book can be condensed in the following family doctor competencies: patient care, medical knowledge, based on reflective practice and improve learning, communication skills and interpersonal relationship, professionalism, and systemic practice.

We have presented here one example of the fables contained in this book [9]. Each “fable” which follows the scheme of drawing that illustrates, story and moral, tells facts with scientific connotation in the area of Family Medicine, and aims to bring out, as clearly as possible, the moral or the end of the fable, as sobering consequence of what happened in the episode. Each of these morals, concise and brief, so that they can be easily etched in the minds of readers, is a fundamental concept of Family Medicine [24-32].

In fact, the “morals”, in themselves, constitute a “second book”: a textbook with the fundamental principles of family medicine [9], which makes that be an own and specific scientific field that is different from other medical specialties [33-35]. So, this book [9] can be read in two ways: (1) from the beginning forward: from the “general index” of fables until the theoretical concept that emerges with his “moral”, for each of them; and / or (2) from the “index theoretical concepts” to the fables that illustrate them.

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