



The Relationship between Family Medicine and Psychosomatic Medicine

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Qualitative Study

Abstract

Background: Organizing the health system around family medicine (FM) has been a productive approach for developed countries. The aim of this study, which was concurrent with the Iran Health Transform Plan (HTP) and the establishment of the family physician in Iran, was to discuss the sufficiency of a family physician training program for their roles and increase their competency.

Methods: This descriptive study was conducted in the Psychosomatic Research Center affiliated to Isfahan University of Medical Science, Iran, with the assistance of the Iranian Institute of Higher Health (2015). An expert panel consisting of 6 individuals including specialists, trainers, and researchers in FM and psychosomatic medicine was held for this purpose. Using the World Organization of Family Doctors (WONCA) website for the definition of a family physician, the curriculum developed by the Ministry of Health and Medical Education was studied. Data were summarized in one table.

Results: The current FM curriculum, with this content and method, does not seem to be capable of enabling physicians to perform their multidisciplinary roles. It still has a reductionist approach and disease orientation instead of a clinical reasoning method and systematic viewpoint. The psychosomatic approach is applicable at all prevention levels and in all diseases, since it is basically designed for this longitudinal (between all preventive levels) and horizontal (bio-physical–social-spiritual intervention) integration.

Conclusion: Psychosomatic medicine, not as a biomedical specialty, but rather as a systems thinking model in health, had a rapid rise during previous decades. Now, its services have been integrated into all medical fields. This means that it should be adopted in the core of health care services (i.e., the family physician position) before other sections. This would help the implementation of this approach in the health system, and the reduction of patients' pain and uncertainty and improvement of their health. Thus, psychosomatic approaches for family physicians only emphasize on some of their fundamental acts.

Keywords: Family physician, Psychosomatic medicine, Psychosomatic disease, Curriculum

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Introduction

Organizing the health system around family medicine (FM) has been a productive approach for developed countries. Family physicians can not only help systematic health management for individuals, families, and the society, but can also make a deeper, more interconnected, and more human atmosphere between providers and caregivers. However, criticisms have been presented regarding this centralized referral system such as requiring the training of sophisticated human resources, inability to reach higher medical levels, low people satisfactory rate, and requiring definite fiscal resources. By the consideration of the above-mentioned characteristics and the formal curriculum of family physicians, we can simply account for their roles as community-based management and treatment. Thus, we can have a better understanding of the four fields of a family physician, i.e., screening, health care, referral, and follow-up. Considering the diagnosing, curing, educating, consulting, researching, coordinating, referring, and supporting roles for family physicians, it can be concluded that they play the role of a management figure in the health system. The aim of this study, which was concurrent with the Iran Health Transform Plan (HTP) and the establishment of FM in Iran, was to discuss the sufficiency of the family physician training program for their roles and increase their competency.

Methods

This descriptive applied study was conducted in 2015. In a collaboration between Fribourg University and the Psychosomatic Research Center affiliated to Isfahan University of Medical Sciences, Iran, a psychosomatic primary healthcare (PHC) plan was developed two years ago with the assistance of the Iranian Institute of Higher Health (Danesh-e-Tandorosti Institute) and the financial support of DAAD.

Due to the importance of the family

physician position in the health system, an expert panel was held consisting of six individuals including specialists, trainers, and researchers of FM and psychosomatic medicine to discuss the psychosomatic role and its relationships to the family physician. In this panel, three basic questions were discussed:

Who is a family physician and where is his/her work field?

What is psychosomatic medicine and who needs it?

How can the psychosomatic approach help a family physician to better play his/her roles?

All the discussions were noted and gathered in the presence of panel members. Then, it was fortified by other scientific data like that of the World Organization of Family Doctors (WONCA) website for definitions. The recent curriculum developed by the Ministry of Health and Medical Education was also used. Finally, data were summarized in one table.

Results

Who is a family physician and where is his/her work field?

WONCA in 2011 defined the family physician and his/her work field as follows:

“General practice/family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. The characteristics of the discipline of general practice/family medicine are:

a) family physician is normally the point of first medical contact within the health care system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex, or any other characteristic of the person concerned.

b) Makes efficient use of healthcare resources through coordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialists taking an advocacy role for the patient when required.

c) Develops a person-centered approach, orientated to the individual, his/her family, and their community.

d) Promotes patient empowerment

e) Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient?

f) Is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient?

g) Has a specific decision-making process determined by the prevalence and incidence of illness in the community?

h) Manages simultaneously both acute and chronic health problems of individual patients.

i) Manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention.

j) Promotes health and well-being both by appropriate and effective intervention.

k) Has a specific responsibility for the health of the community.

l) Deals with health problems in their physical, psychological, social, cultural and existential dimensions" (WONCA, 2011).

Based on the above definition, a family physician should have communicative, managerial, diagnostic, and treatment skills in addition to sufficient knowledge about sociology, anthropology, and psychology. A family physician is assumed to be a doctor, manager, trainer, and coordinator with a holistic approach to and comprehensive view of health. For example, when a family physician visits a patient with low back pain, he/she should consider multidimensional factors, such as poor ergonomics in the work environment and house, an anxiety disorder which leads to muscle spasm, and even a psychosexual problem with his partner.

Thus, the biomedical education which a GP or a specialist receives through academic courses cannot assist them in reaching this purpose. The Iranian FM curriculum has the following ambiguities:

-Should we insert these skills into the GP

curriculum or the FM education course?

-Should a GP enter the FM course after finishing GP courses or before it (for example during the internship period)?

The review of the FM suggested curriculum made clear that there are only few issues to accomplish the GP need to his different roles. The current FM curriculum -with this content and method- does not seem to be capable of enabling physicians to perform their multidisciplinary roles. It still has reductionist approaches and disease orientation instead of clinical reasoning method and systematic salutogenesis viewpoint.

What is psychosomatic medicine and who needs it? Psychosomatic medicine deals with the interactions between physical, emotional, and social processes in the occurrence and course of disease, and the patient's coping with disease and states of suffering (Fritzsche, McDaniel, & Wirsching, 2014).

This definition reveals a background on human and medicine which rooted in Hippocrates (and even before him), who evidently described the effects of these discrepant factors on illness and health albeit upon their knowledge.

In many medical history books, "Abu Zeid Ahmad ibn Sahl Balkhi" is introduced as the first physician who investigated mind-body interaction systematically. He wrote a book named "Masalih Alabdan v Alanfos" that explains the effects of mental disorders on the body and vice versa. He searched for psychosomatic solutions to deal with mind-body illnesses (Deuraseh & Abu Talib, 2005). However, Johan Christian and Agust Heinroth specifically coined the term psychosomatic in 1811. They held the first psychosomatic chair with this approach at Leipzig University. They defined and explained terms such as holistic medicine, medical anthropology, and ego, which later gained popularity, for the first time.

Since then, this branch of science has had many fluctuations. In America and Europe, some phenomenological, psychoanalytical, empirical, behavioristic, and systemic

approaches to this approach have been developed. Presently, it is implemented in the health system of most developed countries, despite different ranges in definition and utilization.

In 2008, the World Health Organization (WHO) published a report with the help of WONCA regarding 10 common principles for the successful integration of mental health care into PHC (World Health Organization, 2008). This document provides some strategies and also some useful experiences for the merging of mental health with PHC in low and moderate income countries (Patel, 2003; Schirmer & Montegut, 2009).

Since 2001, the Department of Psychosomatic Medicine and Psychotherapy of the University Medical Center, Freiburg, has collaborated with Asian countries, such as Iran, in the form of psychosomatic medicine and psychotherapy courses. Many doctors have reported fruitful experiences, especially in their personal relationship with patients, as a result of this collaboration (Fritzsche, McDaniel & Wirsching, 2014).

As illustrated by the changes in the definition of physical, psychosomatic, and practical disorders, there is a systemic and pervasive disorder that can be associated with any illness or distress. Therefore, it should be considered that psychosomatic approach is more than a medical field that deals with psychosomatic disorders. Although even with a disease-oriented attitude, Incidence and comorbidity of psychosomatic disorders vary among various populations. In fact, psychosomatic medicine has been through many ebbs and flows in defining the scope of services; a range from restricted behavioral medicine and psychiatric advisers to macro pattern of the bio-psycho-social-spiritual medicine that covers the entire scope of medical knowledge and practice. Sometimes it is considered as a sub-discipline of psychiatry that deals with psychosomatic disorders and sometimes it is introduced as an approach to all illnesses.

After all, the psychosomatic approach is

applicable at all prevention levels and in all diseases. It is purposed essentially for vertical (between levels of prevention) and horizontal (between bio-psycho-social-spiritual treatments) integration. Hence, it is worth mentioning that everyone at any time requires these services at least in the field of education.

Thus, anyone with a disturbance of public compatibility, due to a physical or psychosocial stress, who shows some degree of anxiety, or some defense mechanisms against anxiety, and therefore, some mental, physical, and behavioral symptoms (with or without body reflections), has a psychosomatic illness and needs psychosomatic interventions. These disorders, separately or in comorbidity with mental and physical disorders, especially chronic disorders, are very common and can influence disease prognosis and treatment.

Which functions of a family physician are linked with psychosomatic services? FM and psychosomatic medicine have many similarities in their approaches and methods. Both treat patients through biological, psychological, social, cultural, and spiritual aspects. Both have community-based and family-based approaches. Furthermore, when we look at their history, they both have a backbone on system theory. Therefore, it seems that psychosomatic approaches to FM only emphasize on some of its fundamental principles. Unfortunately, these knowledge, attitude, and practices are not mentioned sophisticatedly in GP or even in family physician training courses in Iran. In the GPs' curriculum and some specialties that are more close to psychosomatic medicine, such as psychiatry, internal medicine, community medicine, and FM, lack of effective training in this area is quite evident.

Table 1 shows a summary of the group discussions held in the present study and studies on the relationship between psychosomatic knowledge and skills according to the main tasks of a family physician. These findings can enrich the FM educational program and be considered as a

basis for family physician empowerment.

Discussion

This descriptive study aimed to investigate the relationship between FM and psychosomatic medicine at the Psychosomatic Research Institute of Isfahan University of Medical Sciences in collaboration with the Wellbeing Institute in 2015. In this study, a panel of experts was used to investigate three main questions which were raised about the current FM curriculum and its relationship with

psychosomatic medicine.

To summarize the expert panel discussions, it can be concluded that psychosomatic medicine has many connections with a family physician's different tasks. In other words, if psychosomatic medicine has to be implemented in a health system, the family physician could be the best position for the beginning and even the rest of this process. Psychosomatic medicine, not as a biomedical specialty, but rather as a systems thinking model of medicine, has had continuous growth in the last few decades.

Table 1. The role of family medicine and its relationship with psychosomatic knowledge

Roles	Clauses of duties	Subclauses of duties	Description
Clinical roles	Effective communication	Doctor-patient relationship Doctor-patient relativity Communication skills	The psychosomatic approach provides the physician with a systematic and holistic evaluation. The timely and effective referral of patients to specialized medical centers prevents repeated visits and reduces health cost.
	Screening and referral	Ability to perform psychosomatic evaluation and risk analysis Capability of system analysis (Bio-psycho-socio-spiritual)	
	Health care	Psychosomatic services Health care Family education Patient education Education with the aim of: Changing health and morbidity behaviors Improving the quality of life and lifestyle Salutogenesis improvement Team working capabilities Systematic health approach Interdisciplinary resource-based approach	
Non-Clinical roles	Management and coordination	Awareness of other community services like: Wellbeing and welfare support	Primary psychosomatic care makes effective physical, psychological, familial, and social management possible for caregivers. Advanced Psychosomatic care like bio-psycho-social-spiritual services could be effective in changing health behavior and improving the psychological and physical symptoms of patients.
	Education	Family and social education	
	Consultation	Consultation and Patient Decision Aid	
	Research	Regional epidemiologic reports Case reports	
	Support	Intersectoral advocacy including: Public and nonpublic organizations Patients protection groups Health education media Other institutions to the health of their employees	Psychosomatic interventions in patient follow-ups reduce complications and relapse.

Today, psychosomatic medical services are available in almost all fields of medical services. From this systemic approach to health, diseases (especially chronic diseases) are multifactorial. Biological, psychological, social, and spiritual factors not only affect the disorder formation, but also determine response and tolerance status. It is evident that this viewpoint and its related services should be adopted at the core of the health system, i.e., the family physician position, before its integration into different subspecialties. Thus, it can reduce pain and uncertainty among patients and even provide a plan to improve their health.

Family physicians should know much more about the family, since they take their name from it. A family physician is expected to know the family as a potentially traumatic network that might be involved in the etiology and formation of symptoms. The family physician should also use the dynamics of the family as a source of support, emotion, economics, and spirits for tolerance, prevention, and treatment of illnesses.

It seems that FM could be the first and the most central position of the psychosomatic approach to bio-psycho-social-spiritual health; a position that necessarily requires being health oriented and having the ability to use the systems thinking model. Nevertheless, specialties and subspecialties require psychosomatic services to be coordinated with the core of the health system.

Some consider psychosomatic medicine as

a kind of medical services applied for a "whole person medicine". This approach is all that a family physician requires in gathering all the data from an individual into a meaningful whole.

Conflict of Interests

Authors have no conflict of interests.

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