Trends in General Practice

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The academic discipline of general medicine is among the interstices of medical science

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The chaos and dysfunction that characterize current medical care and the challenges facing medicine should stimulate innovation [1,2]. From general medicine it is necessary to figuratively silence the dominant discourse within biomedicine, in order to be able to listen to the interstitial sounds in its periphery. The result of this elimination of the voice of biomedicine, is not silence or death; new melodies and phrases emerge; new emotions, and occasionally results in the whisper of new words and speeches.

General medicine / family medicine have an affirming, reflexive, and transfiguring character of health care [3]. General medicine usually performs the process of addition and subtraction of existing medical knowledge, so the general practitioner is a "Frankenstein physician": their nature of a doctor is that of others doctors; the general practitioner is the sum of small pieces of numerous medical specialists [2], the new materials that give rise to the body of knowledge of general medicine, often multiply, and "there is not enough space" for the whole source of materials. These materials are supposed to be copied for general practitioner. But, instead this, material from other academic disciplines than general medicine should be reduced to key passages, so that a "comfortable melody emerged".

The identity of general medicine is better treated as a transformation strategy, rather than a point of arrival: an image that emerges between black and white, between the left hemisphere and the right hemisphere, interstitial greys that escape from the dominant binaries.

Secondary specialists provide better specific care for a given condition as measured by adherence to guidelines, but primary care generalists provide better care for people with multiple conditions. This may be due to the generalist attention is pragmatic and iterative, and is based on the symptoms, values, and priorities of the individual in particular, rather than in guidelines of certain diseases. Generalist care has the potential of "quaternary prevention", that is, protecting patients from free diagnostic labels, tests and treatments that offer no benefit with respect to mortality and morbidity and are driven by goodwill outside of place or commercial interest [4].

General practitioners / family physicians are in an excellent position to meet their patients, and a return to their professional judgment and clinical decision making is needed: fast, intuitive reasoning, based on imagination, common sense, and the research evidence with a selective criterion [5].

Biomedical science is at a point of evolutionary inflection. Many of the speed limiting steps to perform the next generation of personalized and highly specific diagnoses and therapies rest in the interstices between biomedical science and classical university disciplines, such as physics, mathematics, computer science, engineering, social sciences, business and law. Institutes, centers or other entities created to promote interdisciplinary science are rapidly forming to face these formidable challenges, but are plagued by substantive barriers, born of traditions, processes and culture, that impede scientific progress and jeopardize success [6].

In this scenario, the fundamental concepts of general medicine / family medicine can be described as follows [7]:

1. Continuity
2. A special clinical interview: relationship, communication and empowerment doctor-patient-family
3. The person seen within the community and the family
4. The attention to the plurality of actors in each particular case (patient, family, caregivers, health and social services, etc.)
5. Contextualization
6. Coordination
7. Wise use of drugs and technologies

It could be summarized that general medicine emphasizes the concepts of "the connected vs. the disconnected", and "the changing scenario vs. the fixed scenario", so that qualitative decision-making tools take precedence [8,9].

But it is surprising the little attention that has been placed on the family and the context of the patient as a factor that affects the patient and is affected by it, and how little of this evidence is used in daily clinical work. Taking into account this multidimensional and integral model (connected and changing) is of great value to make the diagnosis, the treatment and predict the prognosis and the results of the health-disease situations. In this approach, pathology occupies the same preeminent place as in the biomedical model, but its vision is completely transformed; In this model, it is possible to highlight the differences of the pathologies in each specific context, instead of hiding them in a uniform protocol.

And, what changes for the future? Are these basic, crucial or fundamental characteristics, which mark the specificities of the academic discipline of general medicine, set out above, could be modified, in any way? What trends in the progress of general medicine should we emphasize? The 5 essential elements in general medicine of the future are:

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-Intertextuality (understanding and working in the "interstices")

-Connections

-Awareness

-Superiority of the process vs. pathology

-The work seen as a clock that advances

The development of general medicine demands new ways of thinking about connections between different elements. The conceptual framework of general medicine will argues that basic nature of general medicine falls between, rather than within, the familiar boundaries of accepted biological or psychological or social structures, such as "doctor", "patient", "family", "health system", "symptoms", "beliefs", "time", "place", etc. These spaces between boundaries are the appropriate places for potentialities to arise, to be creative, to produce novelties, to make bold thoughts [10].

There seems to be a lack of audacity in the tendencies of positivist science [10]. That audacity and creativity is nevertheless in the general medicine: in this basic nature of general medicine that is between, rather than within, the boundaries, in the interstices of medical science. What exactly happens in the empty interstices of living organisms has not yet been investigated. These interstitial structures have a fundamental biopsychosocial importance and are recognized as the real basis for interdisciplinary research in medicine.

"Interstice" here is understood both in the topographical sense and in the social, geographic, and metaphoric senses of the term. Topographically, it refers to a redefinition of the living and production space of societies as the areas between the multiple concessions that block off health spaces and the uses made of them; socially and metaphorically, it refers to the exclusion of patients and communities from the health production process [11].

These interstices are spaces of concrete events where health / illness occur. General medicine lives in these interstices. But, these interstices in which the academic discipline develops are still very narrow. The biomedical and quantitative approaches are like two aircraft carriers that approach and barely leave a narrow gap between one and the other; However, in these gaps, in these clearings of the forests, is where general medicine lives, with its affirming, reflective, and transfiguring nature of health care.

The clinical work of the general practitioner / family doctor is a task performed in the dark, which requires a good "night vision". This is a different way of seeing in a world of chiaroscuros, of blurred contours. General practitioners, unlike hospital specialists, need guidance in dark conditions to make appropriate decisions; they need a night viewer that allows them to see at night, so that the minimum light of the stars is enough to explore the landscape [12].

General practitioners should incorporate a continuous process of reflection-action, so as to be attentive to their practice in the diagnostic and therapeutic process, reflect on them, identify the theoretical frameworks that explain the experience, and finally apply it through active experimentation.

The value of general medicine / family medicine is in its differences with the academic, with the established [13], and the family doctor should be encouraged to think about the problems that are presented in the consultation, in an unconventional way, understanding the interstices between things, on the borders, through the forest instead of along the way [14].

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