

THE NEW RENAISSANCE OF FAMILY MEDICINE: MYTH OR REALITY NOVA RENESANSA DRUŽINSKE MEDICINE: MIT ALI RESNIČNOST

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ABSTRACT

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Renaissance is the term used for the societal movement that marked the end of the Middle Ages. With the development of science came the rediscovery of the works and values of ancient scholars. This brought enormous development in all areas of society, including education. Man became the measure of all things, humanism became important again, and there was a blossoming of science and art.

The 'renaissance of family medicine' took place approximately 50 years ago as a response to over-technical (even inhumane) medicine. Family medicine focused on the patient and was, as such, rediscovered and developed as a scientific discipline.

In 2022 Wonca Europe launched a new document that set out the core values of family medicine, initiating a discussion about the 'new' renaissance of family medicine. The idea implies that, due to the changes brought about by rapid technical advances and recent global events, family medicine will develop further. However, the really intriguing question is whether these rapid and dramatic changes will actually result in a new renaissance of family medicine or whether they will result in its decline.

IZVLEČEK

Ključne besede:
družinska medicina,
renesansa, temeljne
vrednote

Izraz renesansa se uporablja za družbeno gibanje, ki je zaznamovalo konec srednjega veka. Z razvojem znanosti so bila ponovno odkrita dela starih učenjakov in njihove vrednote. To je botrovalo pomembnemu razvoju na vseh področjih družbe, tudi v izobraževanju. Človek je postal merilo vsega: humanizem je spet postal pomemben, znanost in umetnost sta cveteli.

Renesansa v družinski medicini se nanaša na gibanje pred približno petdesetimi leti, ki je nastalo kot odgovor na pretirano tehnično, celo nehumano medicino. Zaradi osredotočenosti družinske medicine na pacienta je ta pridobila pomen in se razvila v znanstveno disciplino.

Leta 2022 je evropsko združenje zdravnikov družinske medicine Wonca Europe predstavilo nov dokument, ki opisuje temeljne vrednote družinske medicine. Govoriti se je začelo o novi renesansi družinske medicine. Ideja je, da se bo družinska medicina zaradi sprememb, ki jih prinašajo nedavni svetovni dogodki in hiter tehnični napredek, bliskovito razvijala. Toda resnično pomembno vprašanje je, ali bodo te hitre in dramatične spremembe res ustvarile nov preporod družinske medicine ali pa bodo povzročile njen zaton.

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1 INTRODUCTION

Renaissance is the term used for the societal movement that was especially pronounced in Italy and that marked the end of the Middle Ages. With the development of science came the rediscovery of the works and values of ancient (mostly Greek) scholars. It brought enormous development in all areas of society, including education. Man became the measure of all things, humanism became important again, and there was a blossoming of science and art.

We are also familiar with the term 'renaissance of family medicine', which took place around 50 years ago (1). The major technological developments made in medicine had failed to fulfil their promise, and clinical medicine was criticised for being inhumane. Family medicine, which is focused on the patient, was rediscovered and developed as a scientific discipline. This gave rise to the development of academic family medicine, and has since radically changed the educational system, especially at the universities.

Neither renaissance was created in a vacuum and each was the result of changes in society. If we want to understand the potential of the new renaissance of family medicine, we therefore need to look more closely into the societal changes we are experiencing, as they give an indication of the how society will develop in the future.

In 2022 Wonca Europe launched a new document that set out the core values of family medicine (2). The document identifies seven core values that form the cornerstone of our professional identity. In this respect, it is a continuation of the European definition of family medicine (3).

Discussion has recently begun about the new renaissance of family medicine. The idea implies that, due to rapid changes in medicine, especially those brought by recent global events (e.g. technological advances and the Covid-19 pandemic), family medicine will see further development. The fact that medicine is changing rapidly is not new: some claim that about 80% of activities that are performed today will have to be changed at some point in the near future. However, the really intriguing question is whether these rapid and dramatic changes will actually create a new renaissance of family medicine - and it may well happen that they result in its decline.

2 DILEMMAS

2.1 On modern technologies

The success of modern technologies may be the biggest event in the history of our civilisation, but may also be the worst, as it could lead to the decline of humanism. All the technological solutions being developed today disregard humanism as a factor in their decisions, relying

instead on rationalism and mathematical logic. This reduces the potential for error and improves productivity. The logic behind the decisions suggested (and sometimes made) by artificial intelligence are based on rational and scientifically sound decisions. The loss of humanism is collateral damage of such a process, as humanism and empathy are not part of the calculation.

Family medicine is one of the last bastions of humanism in medicine. If this is lost, family medicine is lost, or it loses its essence. We may be facing the extinction of the core values of family medicine: empathy and humanism. Of course, family medicine will still exist as a discipline, but it will have to sacrifice its essence. We see that personal contact, the essence of family medicine, is rapidly being replaced by other means of communication (4). Even patient empowerment is based on protocols and on questionnaires that have to be completed, and much less on personal contact. We risk the family medicine of the future being dominated by productivity, standards and protocols.

On the other hand, modern technologies might spur further advances in family medicine by reducing family doctors' workload and improving the health of patients and of the population as a whole.

This could, in turn, make the family doctor's work easier. Modern technologies will lead to many routine and low-demand tasks being automated and replaced by machines, while complex, demanding situations will become the core business of family doctors. It is possible that the health system will no longer require as many family doctors, thereby solving the impossible challenge of producing primary care doctors in such large numbers.

Modern technology will also vastly reduce bureaucracy and increase the accessibility of patient information. All patient data will be easily accessible, compatible with global databases, and tied to the latest science and best practices. Bureaucracy will remain invisible in the background (where it belongs).

With technology, patients will become empowered to access information. However, the Covid-19 pandemic has clearly shown the confusion that can be created by social media and the available of large masses of information. People will always benefit from seeing relevant information as a meaningful and comprehensible entity, and family doctors explain all the information and disease in the context of people's lives (5).

Technological innovations will never completely replace human doctors when it comes to doctor-patient contact (4); they will merely enhance the abilities of doctors so that they can do their job better. In this context, technological advances are not a threat because they enable family doctors to have enough time to deal with complex issues that require focus, creativity and empathy.

2.2 On empathy and indifference

In the new core values document (2), the word, ‘humanism’ is mentioned only in one statement under ‘continuity of care’: The doctor-patient relationship is based on personal involvement and confidentiality. Empathy is not mentioned as one of the core values of family medicine, and there may be a logical reason why this is so. Empathy is difficult to measure. Most studies relate empathy and humanism to patient satisfaction, and above all to doctors’ perceptions of what is important to them in their role as doctors (6). Although there are validated instruments for assessing empathy among healthcare workers (7, 8), only circumstantial measures exist for assessing productivity and quality of care. As empathy is difficult to quantify, it cannot be specifically rewarded, nor can it be incorporated into any of the algorithms.

Personal contact with a suffering patient is emotionally very demanding; indeed, doctors and patients consider this one of the greatest ‘burdens’ of being a doctor. It is much easier and more comfortable to be detached. Quite often, the public expects doctors to be indifferent. The media has long thrived on stories that diminish the respect that doctors used to enjoy. The media has been quite successful in portraying doctors as incompetent, indifferent and sometimes inhumane people who use humanism only when they want to earn a higher income. These portrayals of the figure of the ‘new doctor’ have been so successful that people no longer expect their doctors to be humane. People see that those who are not burdened by humanism are more successful - i.e. that if one wants to be powerful, one has to be indifferent.

On the other hand, the importance of empathy is increasingly being recognised (6). The frequency with which the word ‘empathy’ is used in lay language has doubled over the last four decades. First-year medical students know what empathy means and feels like, and they are learning how to express it faster than any previous generation. There is strong scientific evidence that participation in empathy-focused training can promote personal growth and professional development, leading to better patient care (9). Future doctors will need to further develop skills that promote empathy, and this is something from which they will benefit.

Empathy is hard to practise, but it also makes a doctor’s life worthwhile. Young people choose medicine because the challenges involved in the profession are ones that they are willing to accept. They want to be engaged in life. The public also expects family doctors to be engaged and humane. Family doctors are respected not only for their expertise, but also because they care. People vote for leaders who care. The whole of society is slowly but steadily evolving into a caring society. This is applied humanism in the real world.

2.3 On teaching

If we follow negatives ways of reasoning, it will be very difficult for us to modify our teaching. A list of some of the topics for future curricula that would be adapted to the new realities of medicine might include, for example, the maximisation of personal benefit, the rules and principles of bureaucracy, the dangers of humanism and the avoidance of responsibility. Some of these topics are already part of the hidden curriculum for the new generation of doctors.

However, if we take a positive look at the future, we should strive to equip younger generations of family doctors with communication and teamwork skills so that they are able to develop self-respect and self-preservation strategies that will protect them from burnout. They should know how to take care of themselves so that they are able to take care of others in the long run. This is the path of altruism. If they choose to take that path, they should be aware that self-sacrifice on behalf of patients will lead to problems in their personal and professional lives (10).

Young family doctors should be taught to thrive in their profession, to value and challenge experiences, mindlines (11) and guidelines, to become competent leaders, and to respect the core values of family medicine.

Finally, if we want family doctors to lead primary healthcare, they should be taught empathy, which is a key competence for future leaders.

3 CONCLUSION

We live in privileged times. There is an important societal movement under way and a new relationship in the process of being created: a renaissance of the doctor-patient relationship in which the welfare of society becomes the measure of all things. If we encourage these changes, doctors will have time for creative and intellectual work that solves complex problems, and will also have the energy and motivation to undertake that work.

The new renaissance of family medicine may be a myth, but may also become reality. We do not know what the future will bring.

The only thing we can hope for is that society will enable us to develop a humane medicine. The most important thing we can do is to teach the younger generations the importance of being humane.

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