Why not be a family doctor?

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A remarkably corpulent Mrs Jones placed herself in the large chair and her daughter on the small chair in my consulting room. She described Rita's periods graphically and gleefully. Rita seemed to shrink and I remembered that mum had had a hysterectomy aged 30. How could I get rid of mum and talk to Rita alone? I am surely not alone in finding such situations difficult, painful and often unrewarding; other doctors tell me that attempts to separate individuals frequently lead to anger and resentment: "The doctor just sent me out. I told him Rita would never say a word on her own and she won't."

I call myself a family doctor but, if I am honest, I often know almost nothing about the members of the families under my care, have no framework of family pathology (Smilkstein, 1980) and lack the skills necessary to help them as a family. When two or three members of the family arrive together, I cringe, knowing that anger and anxiety are often lurking in the background. For instance, Mr and Mrs Smith came to tell me about their son, Jim, and his peculiar behaviour. A boy of his age should be working. Should he see a psychiatrist? Could they send him to see me? Instead of seeing him alone I saw all three members of the family for three sessions and we were able to redefine the problem: Jim was no longer considered mad, but the family realized that they had a difficult relationship. Jim was to live away from home for part of the week and mum was to let him go.

We often get trapped into siding either with the parents or the adolescents and into labelling the other side mad, bad or sad. If we saw the whole family, perhaps we could help its members to become independent without leaving residual bitterness or unresolved conflicts in either party, although Marinker (1976) thought this was an impossible hope. That illness of one individual causes ripples of dis-ease in the rest of the family has been demonstrated clearly by Huygen (1978) in a study of the pattern of illnesses in families conducted over 30 years. Intuitively we know that the sick child may be the scapegoat for marital distress or the snuffly child the presentation of mum's depression.

Theories and methods of family therapy exploded in the USA in the late sixties and seventies and are now flourishing in the UK, mainly among psychologists, social workers and in child guidance clinics, but scarcely at all amongst general practitioners and health visitors. Family therapy embraces a wide spectrum of thought and practice. Its common focus is an emphasis on the family as a system and on relationships rather than individual psychopathology. Such an approach to practical medical problems may benefit doctors and patients alike in coping with a wide range of problems from anorexia nervosa to schizophrenia, from truancy to asthma. Therapists claim that results are achieved quickly and that meetings can often be infrequent, with much of the work being done by the families in the intervals. When Balint first introduced his ideas, long sessions were held in the style of the analysts. Today, however, these therapeutic methods are more often applied in short consultations (Balint and Norell, 1979). Could we not learn from the concepts and methods of family therapy? Perhaps we should have to start with long sessions, but could progress to using the ideas in the six-minute consultation. If you are interested, why not apply to the Institute of Family Therapy, 5 Tavistock Place, London WC1, who are running a variety of courses? Why not be a *family* doctor?

References

Balint, E. & Norell, J. S., eds. (1979). *Six Minutes for the Patient: Interactions in General Practice Consultation.* London: Tavistock.

Huygen, F. J. A. (1978). *Family Medicine—The Medical Life History of Families.* Nijmegen, The Netherlands: Dekker & Van de Vegt.

Marinker, M. (1976). The family in medicine. *Proceedings of the Royal Society of Medicine,* **69**, 115-124.

Smilkstein, G. (1980). The cycle of family function—a conceptual model for family medicine. *Journal of Family Practice,* **11**, 223-232.

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