Preface to Dr. Alan Fawdry's Article on Primary Care

By Dr. E.H.J. Cotter*

I wish to thank the Editor for giving me the opportunity to preface Dr. Alan Fawdry's article. I asked to introduce it because :-

1. A great deal of energy and thought has gone into the production and it justifies commentary.
2. It is devastating justification for the importance of proper training for Family Practice in our Health Centres, or other will completely fail to appreciate the basis, function and results to be achieved by Good Family Practice, and the knowledge, skills and attitudes that need to be acquired to practise it.
3. It is an equally strong justification of the fact that it requires a Family Physician to educate for Family Practice. However good a Physician may be in his own Speciality he cannot be converted to Family Practice in eighteen months.

Books are written explaining what Family Practice is about, but I will put forward in summary certain major points to demonstrate the reason why I regret Dr. Fawdry's spending so much energy in this manner, before acquiring the knowledge, skills and attitudes necssary for the work he has tried to analyse.

PRINCIPLES OF FAMILY PRACTICE

1. Every person presenting to the Family Physician does so because there is a problem. That person is a member of a family living in a community and the problem will be influenced by this environment.
2. The problem presented verbally to the Family Doctor may not be the one that is really causing the trouble, but something considered acceptable to the doctor as an introduction. Whether the true problem is identified or not may depend on the doctor's initial response to that presentation.
3. The true problem may be directly in the patient presenting, or may lie in the family or environment from which he comes. It is said, with much truth, that it is often the fittest person in the family who presents as that is the one who is well enough to appreciate that the family is ill.
4. Suffering may be dramatic and potentially sensational like a perforated peptic ulcer, a myocardial infarction, or renal failure. These are the lifeblood of secondary care. The true life blood of Family Medicine is the prevention of these episodes occurring, by identifying early symptoms of peptic ulcers, risk factors for coronary disease and early urinary tract infections or early hypertension and taking adequate steps for management of these conditions before they require or reach Secondary Care.
5. Suffering need not be of such a physicial nature, but may be caused by psychological or social reasons and the total mass of suffering may be greater in this field. The Family Physician can bring greater relief to the community by his knowledge and skills in this field than the best Hospital Consultant, because he is dealing with a greater number, whose suffering is just as real.

"Trivial" is an emotive word, the use of which I regret. As a simile I would recall the discovery of oil in Bahrain. People were living in Bahrain for thousands of years, without knowing that there was oil underneath the sand on which they walked. It required a man to know what he was looking for to find it. Similarly unless you are trained as a Family Physician you do not know what you are looking for and can miss all sorts of diseases and problems in their early stages, when they are more easily corrected.

Many examples of the above spring to mind. One man who presented with a burn of the foot was identified by the doctor, on observing his pallor, to have a severe anaemia, eventually diagnosed as Marchiafari Michelle Syndrome of Paraxysmal Nocturnal Haemoglobinuria. The patient was only complaining of the burn on his foot.

A family presenting regularly with children with upper respiratory tract infections etc., turned out to be in fact the problem of a family sick because the father used his income foolishly for purposes of his own refreshment and for visits to Bombay, leaving inadequate money for feeding his family, with resultant iron deficiency in the mother and undernourished children, burdened by the presence of a mentally ill grandmother.

A lady presenting regularly for 7 years with headaches which no tablet relieved, was in fact "Shouting loudly" to the doctor — "You cannot help my problem with tab-

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lets, just give me a chance to talk to you''. In the course of the 7 years numerous negative investigations had been carried out and more were contemplated. Listening to the patient revealed the matrimonial cause for her headache, relieved the tension, saved the cost of yet more tablets and further investigations and their possible side effects.

A young girl attending for 2 years with abdominal pain, unrelieved by a variety of tablets, was found by the doctor not to have taken any of the tablets prescribed, because she knew they were not the solution to her problems. Elucidating these found the solution to the pain. On each these occasions enumerated above it required the Family Physician's expert medical handling and knowledge to estimate whether he was dealing with a physical disease or not. It then required his knowledge to elicit the type of problems to be dealt with and its true cause, together with the skill to solve it. All this requires the correct attitude on the part of the Physician. Dr. Fawdry would, I suspect, have classified the above presenting problems as 'Trivia'. The last three examples are recent cases from Bahrain Health Centres. It would be interesting to see the article Dr. Fawdry could have written if he had had the benefit of completing a Family Practice Residency Programme before embarking on his present role. I am sure it would have been a very different article, because he is an intelligent and kind physician.

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