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51 – Future and Innovations in Family Medicine – in 2065

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Dr Monty Kent Hughes, the very first WONCA president, said in 1972: “the future of our professional discipline will depend on our ability to work together in the service of humanity.” (1)

Fast forward to 2065

Who would have thought that the apparently least developed specialization, family medicine, would eventually end up as the only one? Cardiologists? There are still three in Europe. Emeriti, they are no longer active. Gynaecologists? None. No longer necessary since the breakthrough in cloning. Paediatricians? All retrained to avatarologues. Surgeons? Obsolete after the introduction of growing graphene and nanobots which turn every cancer cell in apoptosis. Falls and accidents have been eradicated: we use superconductivity to move now. What bliss! Graphene, delineating and replacing the vessel wall, causing no more obstructions or bleeding, was a fine piece of nanotechnology. Extended life span by at least 200 years. Moreover, everything that is somewhat based on medical technology is obsolete today. Technique killed technique. But family medicine has remained. Because of demand.

And thanks to symphonic thinking, our trade has survived. We were already strong through our holistic thinking, **but this additional thinking step turned out to be the right one.**

General Practice, General Practitioner, Family Medicine, Family Physicians ...

With the putting in motion of a quality train entitled "Validation of increase", the formerly flat and uninspiring trail of a GP career was transformed into an inspiring one. From GP to Personal Doctor to Family Doctor.

A first master after six years, second master after 9 years, third master after 12 years, and so on every 3 years, the family physician trained in the complex game of families, relationships and interactions with the new technology and unhealthy environment, proved to be just what the future needed: not more technology, but doctors trained in the inclusive approach of more or less healthy people and their relationships.

Because despite all the technological advances, 80% of people remained just that - people with their facts and failures, their joys and wishes and their hopes still to make it (2).

Family Doctor Art has remained a versatile specialty, with an eye for the totality, continuity, quality, and equality. As demanded.

How did family medicine become so successful?

Through Genius Forecasting a properly balanced accreditation system was developed along with the establishment of a WONCA Europe observatory. They turned out to be the strategic moves that kept the discipline up to date.

Accreditation became validation, mainly inspired by the British. Credere or validere? Belief or evidence based? The British knew for sure: evidence based. Confidence or control? Control and confidence!

Core values

A literature search on the website of WONCA Europe came up with the following titles:

1. Community-Oriented Patient-Centred Primary Care
2. Continuity and Comprehensiveness
3. Teaching Cross-Cultural Care
4. The Transition from CME to CPD - Fostering Good Practice Through Education
5. Physician Heal Thyself and then the World: on Workaholism, Helpaholism and other Physician Conditions - Playful but Effective Medication for Serious Symptoms
6. The Role of the College of General Practitioners in Developing Research Capacity and Capability in Primary Care
7. About quaternary prevention

All wonderful titles.

Let us zoom in on two phenomena the researchers unanimously selected as the first to start with:

- The Role of the College of General Practitioners in Developing Research Capacity and Capability in Primary Care
- The Transition from CME to CPD - Fostering Good Practice Through Education

They had also read other books

1. Michio Kaku, Journey to the Future, 2011
2. Michael Kidd, The Contribution of Family Medicine to Improving Health Systems, 2013
3. John Cleese, How to Survive your Family? 1983
4. Wilkinson, Pickett, The Spirit Level, 2009
5. Daniel Kahneman, Thinking Fast and Slow, 2011
6. Daron Acemoglu, Why Nations Fail, 2012
7. Jeremy Rifkin, The Empathic Society, 2009
8. Malcolm Gladwell, Outliers,
9. Leo Bormans, The World Book of Happiness, 2010
10. Michio Kaku, The Future of the Mind, 2014

From this additional literature they took a surprisingly simple principle: (s)he who knows his/her business is in the best position to teach it. To know your topic best you have to teach it. So everyone became both student and teacher concurrently.

Then WONCA got an Observatory

GPs measured, and therefore increased their knowledge-base. They started simple. Weight and height of each patient, at every consultation. The data entered into the Electronic Health Record were sent to the Observatory in real time. The aggregated data were sent to several city squares, where a local information display flashed the current average BMI of the city, updated by the hour. This followed a campaign launched under the title "Your BMI minus one!" Actions were developed in conjunction with several advertising agencies. Thus, even more people were encouraged to

participate, and in no time the target was achieved: BMI – 1.

The yield was calculated as being 1000 million Euro per year, along with an increase in happiness.

And many more health benefits. For Europe alone.

Another added value: the general practitioners at that time asked their patients to join them in conducting research – inclusive policy, you know - through a kind of Galaxy Zoo project. All that now seems obvious, but then it was anything but: <http://www.galaxyzoo.org/>.

Next, slightly more advanced parameters were recorded, and all the general practitioners of the scientific society participated, also encouraged by the success and a few incentives of course.

You know those historical targets, but I will repeat them, even though they are obsolete now.

From Wilkinson and Pickett: The Spirit Level

- Level of trust
- Mental health and drug use
- Physical health and life expectancy, child mortality
- Obesity: wider income gaps, wider waists
- Educational performance
- Teenage births: recycling deprivation
- Homicides
- Imprisonment and punishment
- Social mobility

When cloning became a trend, teenage pregnancies in particular disappeared. With the first rough version of the amnesia pill, addictions were treated successfully. They just forgot that they were hooked. But in the beginning they also forgot who they were, tabula rasa, and that decreased the pill's success.

Murder and suicide have been decimated, as there are hardly any drugs in circulation and those that exist have been legalized. The amnesia pill was truly an asset. Social mobility was simply no longer needed.

Next Came Educational Reform

CPD starts early today, about the 7th year of life, and this commenced in 2015.

Subsequently, in 2020, it was announced that anyone who wanted to study medicine with a specialization in family medicine (this really was its name) needed to have undergone at least 4000 hours of music lessons.

Indeed, it was scientifically proven that music education positively influenced language competence. And of course, the symphonic thinking. The 10,000 hour rule to form experts subsequently evolved.

Then the Bologna model was enriched and expanded. Your first Master was an MD, purely out of nostalgia, then became a Master of Arts, MA. The second master was a Master of Family Arts, the third master - here is where the divergence may have begun - was either a Master BioNanotechnology, BioCloning, Singularity, Symphonic Thinking or Photosynthesis, for those who wanted to keep themselves busy while repairing energy modules.

The sequential achievement of various Masters titles was a wonderful incentive. Not only lifelong learning, but the introduction of innovations could also be faster now.

But 'fine-tuning' was necessary – and they finally came up with 100 Master's degrees.

Change is not so simple. Especially when you are coming up for 450 years old.

I hope we will soon find the right flexibility with the switching of connectomes through reverse engineering. In order that the once pruned dendrites can redevelop and search, find and reconnect with new experiences.

And since the decimation of agriculture, much time is freed up to do the really important things: create beauty, and provide clean water universally. Still needed, because we have inherited quite a mess from our ancestors. But it must be said that our family doctor forefathers surely propagated this with insight.

Singularity

Years later the step to singularity became a fact. Gone is osteoarthritis, cancer, diabetes and pain. What is left is stainless steel, carbon fibre and an energy module based on photosynthesis. Food is not needed anymore. Pity.

A rising equality gave rise to fewer thefts and that along with fewer killers led to decreased numbers of prisoners and punishments. Inclusive policies, it can be a blessing.

The most difficult one to improve was the level of trust and confidence, because fear has always been an evolutionary advantage. The brave were trampled, the fearful in their dens survived and procreated.

Confidence was difficult to measure because of its variability with age and prone to bias and confounding. But family physicians found a solution, and the Edelman Trust Barometer has simply been washed away by means of a daily representative measurement. Exhibited daily in the town squares. Boosting trust.

What will the future bring next?

The achievement of the stages of Kardashev's predictions.

People becoming gods, in the depths of their mind, it's something absolutely new. So they say.

Take Home Messages

- Symphonic thinking as a selection criterion
- Validation of increase
- In order to learn you have to teach
- WONCA enriched with an Observatory

Original abstract

<http://www.woncaeurope.org/content/436-future-and-innovation-family-medicine-active-workshop-perspectives-discipline>

References

In the text and

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2. *Credo of Family Medicine* by André Raes. Antwerpen, 1981

