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## **85 – Family Systems Medicine: A New View of Training General Practitioners into Family Doctors**

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### **Introduction**

Human beings are social beings. They are bred and grow up in families, and nowadays even extended families.

We all know the words “he looks like his dad, she resembles her mother” and other little ‘pearls of wisdom’ that reflect the trans-, inter- and intragenerational influence. So, it comes as no surprise that there is a huge influence on people with a disease or illness from their surrounding family members. When you have a patient in front of you, you actually have a whole family sitting there, and even threads to grandparents’ sayings, doings and beliefs. You are confronted with a network that speaks from one mouth – even in the case of an influenza presentation.

Family systems medicine refers to the intersection between relationship dynamics and medical care.

### **Why a training in Family Systems Theory?**

In order to provide the best care to patients, family physicians have to know the social and cultural context of their patients. Family Systems Medicine allows practitioners to think of the relationships of their patients, starting from families, to the community and other organisations or networks. Family Medicine focuses on the individual, in his context. At the basis of a Family Systems Medicine training is the understanding that there is more than biology alone.

It is argued here that to become a Family Doctor, a general practitioner should be trained in Family Systems Theory.

### **What constitutes good training?**

A good model is in the Iceberg Model of Futuristic Thinking offered by Sohail Inayatullah.

He argues that we are confronted with litanies, offer advice and prescriptions, often to find out that it didn't work. “I want to lose weight, I want to quit smoking, I want my relationship to work, I want to sleep” are some of the litanies in a doctors' daily life.

Doctors should then look for the social causes, the world view of the patient and finally the metaphors that are embedded in his family. Inayatullah called it The Causal Layered Analysis.

So a good training is one where doctors learn to work with metaphors, give meaning

to world views and social causes and act upon it.

Asking the “apocalyptic question” (what is the worst thing that can happen?), empowering (what would you do if I gave you a magic wand, what would you wish for?), understanding the role of “the position in the family of origin” (first born, only child, sibling of a sick or handicapped brother/sister, etc), knowing not only the “genetic tree” but also the “relationship tree” with the subjective force of ties (single bond, double bond, triple bond, broken bond, distant bond, inexistent bond), knowing the important dead family members, seeing the elephant(s) in the room, being aware of and even knowing the secrets of the family (abuse, abortion(s), alcohol, drugs, jail time, etc) ... these are important topics in a training programme.

### ***What is the result of good training?***

It will come as no surprise that doctors trained this way often find that essential hypertension (or primary hypertension or idiopathic hypertension) is the form of hypertension that by definition, has no identifiable cause – unless you look at all the influencing strings of family, community, world view and metaphors.

Then treating hypertension (or other psychosomatic diseases) becomes a chess play in 3 dimensions – not only antihypertensive drugs, but a biopsychosocial approach is needed.

A Family Systems training also gives you the wisdom that family systems are homeostatic systems – they contain the problem, also the solution, and strive for an equilibrium – panta rhei.

### ***Intervision as a follow up of training***

Continuous Professional Development (CPD) is essential for every family doctor.

Often, you get stuck in a “patient puzzle” - you see the pieces, but no way to get to an (elegant) solution. Then intervision or “inter-peer learning” is a good way to keep learning in the minefield that Family Systems Theory has opened.

Two know more than one, a group knows more than two ... if it is a safe environment.

That group becomes a family by itself – as with any group of people that share a common interest.

A (2-year) training in Family Systems Theory is like learning to swim. You get your 50-metre diploma but under no circumstances can you swim an Olympic distance in an Olympic time – yet this is what you need to be able to do when you're a professional Family Doctor. Training is more than just reading a book, attending a few classes – it needs re-training, day by day, year by year. Sometimes a coach is needed and sometimes switching of coach and learning other methods is needed.

### ***Conclusion***

The litany of this essay is simple – learn, learn the family words and language, for goodness sake!

The social causes as to why this is not yet a reality in Family Medicine is layered in the World Views and Metaphors of our teachers.

“Medicine is a hugely biological matter, psychosocial topics are just a tiny bit of the reality and besides, they are the topics of some soft scientists, not aware of the importance of our profession”.

There is an elephant in the room.

### ***Take home messages***

- In order to become a complete Family Doctor, you should be trained in Family Systems Theory.
- Taking biopsychosocial factors into account (as evidence-based as possible) leads to better therapy.
- Inter-peer learning is a strong teaching method.
- There is an elephant in the room.

### ***Original Abstract***

<http://www.woncaeurope.org/content/54-family-systems-medicine-new-view-training-general-practitioners>

