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## 87 – Family Medicine and Sustainability

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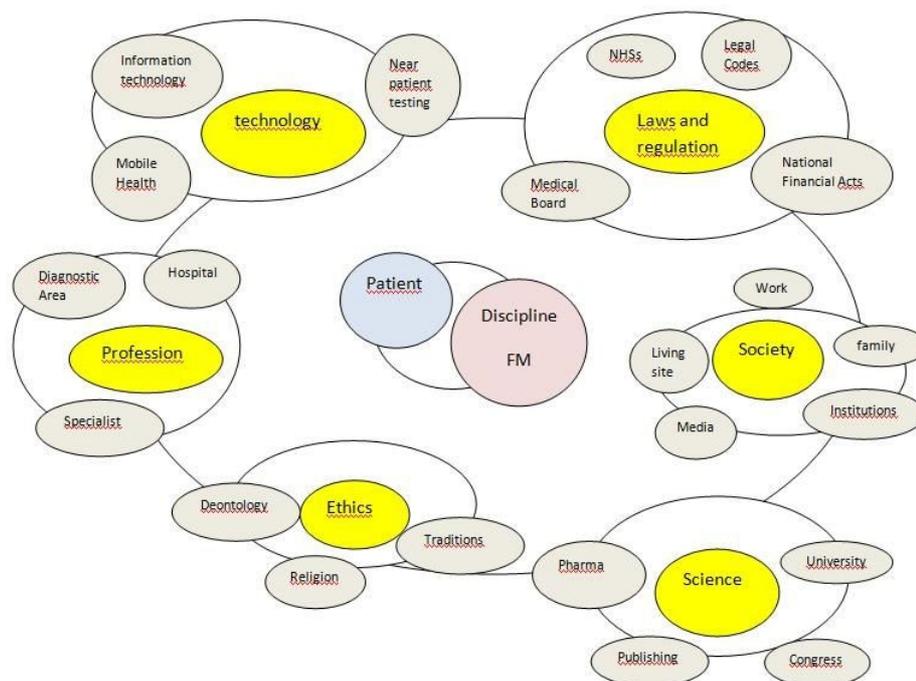
Sustainability and sustainable development is the process which fulfils the necessities of the present generation without depriving the future ones of the same chance to satisfy their needs. Even if Family Medicine wasn't involved in the movement since its rise, it appears evident that it is inevitably involved in the new aspect of contemporary culture. Sustainability is an important key lecture for Economy and Architecture, however, to date Family Medicine has been an inactive participant in this field, only recently becoming conscious of its role.

The resources which this generation is carrying into the future are not only material but, in particular, cultural, ethical and professional:

- Cultural, because our way of life attempts to impose efficiency in many different tasks and functions within a complex society and as a result creates many restrictions (specializations? Sub-specializations?). In this way we are losing the global perspective by focusing on the particular. In family medicine the essential problem is never particular and the whole is always essential. Family doctors have taken charge of the necessary process of simplification, with the main purpose of bringing back a global vision to the particular as well as the fragmented knowledge of specialized branches of medicine. This hidden, restless, personal engagement has witnessed the existence of an epistemological process which, though undervalued, is of extreme importance in health care and support. This remarkable process of synthesis and integration, silently carried out by family doctors, may become one of the greatest achievements of modern medicine as a whole.
- Ethical, because the greatest interest of Family Medicine is man within his own environment, primarily his family. Family Medicine is a guarantee of equity and is the principal author of the reduction of disparities in assistance, especially in areas where inequalities are greater. Human beings, whose nature has remained unchanged over the ages, still express needs and pains associated with their biological, psychological, social, emotional and rational sides; any distress always stems from any one of these aspects, although to different and variable extents. A suffering person usually looks for another human being who is willing and able to understand his/her uneasiness (disease) as a whole, someone who is able to find out its origins and offer a possible solution to satisfy these needs. This request for help is nearly always addressed to a doctor: a family doctor who is also advocate, intermediary and adviser.
- Professional, because Family Medicine derives its roots from scientific knowledge, technological application, laws and rules, traditions, deontology, ethics and agreement between men. Scientific and biological knowledge and application of new technologies constantly change the parameters of Family Medicine, which also develop in response to social pressures, although sometimes with resistance

from family physicians themselves. A change in any part of this complex system of relationships clearly affects the Discipline, which is under the influence of a multitude of conditioning influences, almost without realizing it, on a daily basis.

Within any single relationship between Family medicine and its satellite worlds, other sub-systems may come to light which, as a whole, contribute to the building of a universe of related cosmic worlds within an ever-moving and ever-changing galaxy. The Discipline must preserve its identity within this context whilst conserving its' main focus of the holistic approach to human beings. To preserve Family Medicine means to preserve respect, consideration, nobility and the freedom of every man. In this context, the areas in which the pathway to sustainable development guides Family Medicine are:



**Figure: Cosmology of Family Medicine**

Bioethics, evidence-based medicine, patient education, primary prevention, primary health care organization, robotics, recording of patient data, the teaching of family medicine, and Family Medicine itself.

The actions we need to take are:

- Strive for the highest quality of family doctors and provide continuing education to ensure the retention and learning of real clinical skills.
- Improve the study of humanities in the curriculum of future doctors.
- Improve research in Family Medicine.
- Always apply the criteria of quality, equity, cost-effectiveness and subsidiarity.
- Ensure free choice of management information systems.
- Decrease most of the bureaucratic burdens.
- Give citizens the opportunity to choose their preferred doctor regardless of geographical location and the number of patients per doctor.
- Allow doctors and nurses organizational freedom.
- Knowledge, research and discussion regarding sustainability and sustainable development in Family Medicine are still at “the gates of dawn”.

