

What is a Family Physician?

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Family Practice

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With all of the interest in reforms in the Health Care system, many different plans have been proposed. Several of those plans stress the role of the Primary Care physician as "Gatekeeper". The primary care physician is trained as a generalist. As such, this physician should be able to handle the majority of problems without the assistance of a specialist or subspecialist. This is a much more efficient way to deliver care; instead of seeing an Ear, Nose & Throat specialist for your head cold, and a gastroenterologist for your nausea, it is easier to see one physician who can treat everything at once. It is also drastically less expensive to receive care this way. Most people appreciate being able to go to one physician without worrying if they are picking the correct specialist for their ailment. A well trained primary care physician should be able to handle 80% or more of the problems encountered. If a patient has an unusual or difficult condition, then that physician can direct the patient to the appropriate specialist, usually after the diagnostic work up and any immediately required therapy is started.

A Family Physician must complete a standard medical education in an accredited medical college. After graduating with the MD or DO degree, a residency program of 3 or more years is entered. A General Practitioner (GP) is a physician who has completed medical school and either only one year of post-graduate training, or has not finished a residency. Obviously, an FP is a specialist, having completed the three year residency (the same amount of time an Internal Medicine specialist-Internist spends in residency training). During the residency, the physician takes care of his patients under the supervision of his faculty. He also rotates through various specialties, usually one every month. A typical week would involve seeing patients at the Family Practice Residency center for a given number of half-days during the week, during the rest of the week the resident works in a different specialty, becoming familiar with the fine points of that area of expertise. After a month or so in that specialty, the resident will move on to a different specialty, all the while maintaining his usual work load at the Family Practice center providing continued care to his patients, who will regard him as their "Family Doctor".

Often, during the three year course of study, a resident will find a certain area more interesting than others. Some will enjoy obstetrics immensely and pursue further time in that discipline. With further study, the resident can often qualify to do more advanced work in that area. Some Family Physicians do their own Caesarean Sections, or perhaps other abdominal surgeries. Some choose to administer chemotherapy for

their cancer patients, or perhaps manage complicated critically ill patients in the Intensive Care Unit at their local hospital. The beauty of the Family Physician is that while being able to provide any necessary specialty care, the physician is first and foremost dedicated to the needs of the "whole" patient and family. Once board certified as a Family Physician, this physician is able to provide a broad variety of care to the entire family, from the children through the adults and the aged. Standard "medical" care is routinely provided, as are certain types of surgical and other care. All of this care is provided with attention to detail as well as full responsibility and regard for the patients best interest. All the while, it is also being provided at a fraction of the cost that would be incurred if a subspecialist took care of every different organ system. Most countries have over 75% of their physicians trained as "primary care" providers. It is unfortunate (& expensive) that in this country the opposite is true. Hopefully, this will change with time.