

# Current Challenges and Future Perspectives of Family Medicine

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## **ABSTRACT**

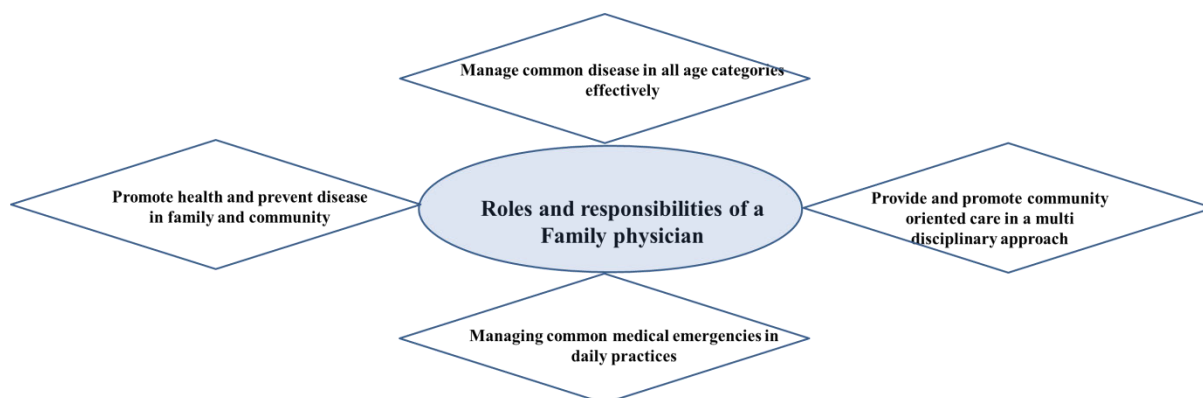
According to this article, incentives for conducting family medicine investigations should be scientific and rationalistic, focusing on objectives like scientific discipline and development. Indirect incentives, or the "personal agendas" of investigation, do exist, though, and they have the potential to affect the goals, strategies, and findings. Furthermore, the development of interpretations specific to a highly emotional activity like a study complicates its varied forms. Three of these symbolic connotations are highlighted in this article: legitimacy and belonging, maturity and competence, and goal and earnestness. This article explores the role of behavioral scientists in contributing to a research agenda for the discipline and emphasizes qualitative data as a methodology consistent with many of family medicine's theoretical and philosophical underpinnings.

**Keywords:** Family medicine, Research, Patient care, Health policies

## **Introduction**

Based on the distribution of diseases, demographic reality, and socioeconomic resources of the community, family physicians are taught to adapt to, serve, react to, and be responsible for the circumstances and requirements of societies. Family medicine is a "holistic" discipline that addresses the diversity of human requirements. Family caregivers are the only healthcare experts with postgraduate training who can treat individuals of all ages and genders for the most prevalent illnesses, often in the context of their patients' families and in public places. For individuals who might need neighborhood, hospital, or specialized treatments, family doctors also assess, stabilize, and work collaboratively with additional medical specialists. While persistence, thoroughness, and neighborhood healthcare delivery remain at the heart of family medicine, Family Practitioners can tailor their practices to the circumstances and

requirements of the people they serve. The roles and responsibilities of a family practitioner are provided in the schematic illustration in **Fig 1**



**Figure 1. Various roles and responsibilities carried out by a family physician**

Family medicine may adapt to a particular population's immediate demands because it is a developmental specialty. Family medicine (FM) /general practice remains the foundation of health service in the community. As the most interesting and challenging medical discipline, it is based on six fundamental principles: primary care, family care, domiciliary care and continuing care, all designed to achieve preventive and personal care [1]. In the contemporary climate where medical services are fragmented, and competing interests exist, there is a greater requirement than ever for the generalist. Whether sick or worried, the patient requires a trustworthy, consistent focal point. Who better than the caring family doctor to take responsibility for the patient's welfare as a trusted friend and advocate? In its study "Primary health care now more than ever" published in 2008, the World Health Organization (WHO) reiterated the significance of health services. At the connection between the public and the health system, general practitioners "brings awareness and treatment, recovery and care together in a safe, economical and socially valuable way ." Put people first until excellent maintenance is about people," is the main difficulty. The WHO Global Symposium on Public Health decided to revitalize primary healthcare, highlighting that successful health advocacy is predicated on this ideology's regeneration. General practice must demonstrate its true integrity in addition to its clinical and scientific management if it continues to exist as a dominant specialty within healthcare systems [2].

### **Research in family medicine**

Family practice, which defines itself through relationship communication and the patient's standpoint, represents the most overt generalist specialty in medical practice. The therapeutic range of family medicine encompasses the entire lifespan, from personality through end-of-life care; general practitioners are prepared to address both passive and active demands. Therefore, it should be no surprise that the FM field of research covers a wide range of topics and is frequently influenced by sociological, epidemiological, and biochemical engineering fields. FM researchers can defend their involvement in any area that might influence their patients' wellbeing or the communities they serve. GPs/family physicians and their colleagues may oversee up to 90% of care in some nations' health systems, although primary care accounts for a far smaller share of scientific science. From either a global viewpoint, this article examines some of the major issues and possibilities [3].

### **Improvement of the patient and healthcare**

The environment of healthcare coverage is where Family Physicians (FP) operate, in immediate communication with the neighborhoods where individuals reside and work. FPs are employed where the population and the medical system meet. Clinicians address the majority of health issues in their own medical setting and collaborate with other areas of the public health system for a significant minority of issues. Studies in family practice promote the continued efficiency of medical systems and ensure that everyone has equitable access to treatment based on their particular requirements. A tremendous amount of internal medicine investigation supports these claims. Still, national healthcare financiers, administrators, marketers, and many others frequently need to gain more awareness of the present significance of family practice investigation. Internal medicine study needs to become more broadly distributed to gain more recognition and comprehension in the medical and scientific community [4].

### **Solving problems using family medicine**

Dealing with the clinical ambiguity brought on by the scope of the clinical area is a common way to describe decision-making in internal medicine. The probability of every illness known to humanity exists in the remaining 60% of all newly discovered homogenous health complications, even though 40% of these difficulties never progress into a state that meets the standards for a diagnosis under the International Classification of Primary Care (ICPC) or the International Classification of Diseases. The efficacy of patient treatment, including the proper use of secondary and primary care treatment and diagnostic resources, depends on

how the clinical ambiguity inherent in the condition's initial symptoms and signs is addressed. The less a problem is investigated, the more prevalent it becomes, and it might be challenging to apply findings from tertiary care institutions and chosen groups to family practice [5]. Just for these causes can, extensive research on widespread health issues in the community, generated from the family practice clinical setting, help FPs handle clinical ambiguity and sharpen their real concern skills. Studies in family practice will advance knowledge of the causes and course of the disease, as well as the variables that support wellness and influence how people seek out and use the medicine.

The bio-psychosocial actuality of patients and family members, their assumptions and expectations, and the cultural and socioeconomic factors that influence health must be considered in studies aimed at improving FP problem resolution. Primary care studies must use various techniques and strategies to account for the patient's situation. The use of many perspectives illustrates how complicated family practice studies are [6].

### **Implementation of family medicine**

To fully realize the main benefits of health promotion, new information and skills from internal medicine studies must be transferred and put into practice. In order to identify whether findings may be extrapolated to other patient groups, it is important to evaluate new information concerning the research community from which it was obtained. Any improvement for individuals in a family medicine context should be closely evaluated for possible hazards and advantages. The ideas of evidence-based healthcare provide one foundation for evaluating the benefits of new technologies for each population. To modify the way healthcare is delivered in the neighborhood, it is also critical to comprehend current practices and reflect on each client's unique circumstances. Integrating research results into standard practice procedures is substantially facilitated by participation in technique studies [7].

### **Formulating health policy using family medicine**

Understanding the operation and incorporation of health-related services, their availability for all those in need of care, and their durability in communities and nations are necessary to create good health policies to encourage neighborhood care for patients. Knowing the impacts of family psychology's preventative, diagnostic, and improved patient outcomes on tertiary and secondary care would help policy. What is optimal (but expensive) for one

person may limit treatment for others and could not be best for communities. FPs may select the most efficient actions to enhance the health of specific patients within the current conditions with the aid of a comprehensive review of the healthcare of their society. As predictive (preventive) treatment is a key component of internal medicine, additional studies in this area should focus on the advantages and hazards of preventive medicine and the long-term effects of health maintenance. In particular, long-term analysis has questioned the once-celebrated heart disease preventive advantages of hormonal replacement therapy (HRT) [8]. Early engagement of FPs in such trials may have revealed long-term HRT side effects recently coming to light. Creating sentinel practices or practice-based scientific agreements is the most effective approach to achieving long-term surveillance of clinical outcomes in the communities. Developments in nations with undeveloped primary care delivery methods should support building capacity. Detecting causes of significant sickness in the population (contaminated water supply), which may then be eliminated, can be greatly improved in underdeveloped nations by promoting relatively basic monitoring technologies in networks. Simple documentation methods can also promote more effective use of limited resources and strongly inform strategic planning in developing nations [9].

Creating beacon practices or scientific technique agreements is the most effective approach to achieving long-term surveillance of healthcare outcomes in the communities. Developing capacity should be supported by developmental family medicine in nations with undeveloped primary healthcare delivery methods. The detection of causes of significant sickness in the population (contaminated water supply), which may then be eliminated, can be greatly improved in underdeveloped nations by promoting relatively basic monitoring technologies in networking. Simple documentation methods can also promote more effective use of scarce resources and strongly influence strategic planning in developing nations [10].

Primary care field Family physician (FP) practice-based concerns, issues, and difficulties that take into account the intricacy of the medical issues that FPs deal with must be the focus of studies in this field. The need to integrate a broad range of medical and behavioral specialties into primary care studies is inherent in this concept. The apparent similarity with the other specialties made it difficult to define the internal medicine research domain. Every investigation that tackles issues important to FPs to enhance patient care is considered family practice science. It is crucial to concentrate studies on family psychology's top concerns. A

more receptive atmosphere in the field of family practice is necessary for effective family practice research. Family practice studies' implications on the field are also advantages. The industry's attitude will be raised by fostering intellectual development and complexity and boosting professionalism [11]. Many nations need better FP morale and a loss in medical professionals' enthusiasm for family practice as a vocation. To counteract unhappiness and boost challenging assignments for FPs, research programs and program development in collaborative practices can help decrease worries about the long-term viability of the primary healthcare system in many nations.

Research can make significant and intellectual standing, raise awareness of the advantages of family practice for healthcare coverage, and result in higher professionalism in family care. The advancement of family medicine studies will encourage vocabulary and treatment and diagnosis processes to be standardized, which can improve collaboration on a national and global level [12].

### **Interlinking family physicians**

A situation conducive to research only until the connection between practice and research is improved will create a solid and long-lasting connection between neighborhood FPs and a research environment. Increasing the participation of working FPs in science as managers, participants, collaborators, and consumers will be necessary to meet this goal. Making inactive consumers of research information into active participants is a critical first step. An efficient way to include FPs more immediately in the research questions of their neighborhood is through research projects or exploratory research, which involves populations performing and maintaining the research outcomes. Evidence-based medicine-related knowledge is necessary for the critical evaluation of research data. Direct criticism of one's diagnostic practice encourages utilizing knowledge in the workplace. Other methods for enhancing research capability include having FPs serve on the technical committees of organizations and development organizations, evaluating articles for publications focusing on (primary care), and taking part in audit programs [13]. Data gatherers' work must be viewed as a beneficial first approach toward being an active scientific contributor. However, the importance of evaluating the research objective and techniques for FPs and analyzing the consequences of study results is also crucial.

The creation of regional medical schools, family medicine sections at universities, and family medicine research institutions should be encouraged since they serve as the key elements for capacity-building initiatives. By creating guidelines, hosting symposiums for clinicians and researchers, and providing investigators with support tools like forums for specialized groups, publication clubs, and family medicine academic papers, these organizations and institutions can facilitate the efficient exchange of data analysis concepts and practices [14].

### **Role of family physicians**

Other primary care professionals must step in to offer first-contact neighborhood, commercial, and medical services when doctors are unavailable. Registered nurses, medical extenders, clinical officers, medical officers, and even conventional therapists exist. Professionals in the healthcare system or neighborhood lay health may competently deliver services that general practitioners typically give. Even though general practitioners offer vital services, there is growing evidence that moving tasks, including basic emergency treatments, from physicians to other fundamental healthcare professionals working in multidisciplinary teams is more expensive. Medical executives with three years of instruction can upgrade their credentials by completing intensive training to become associate medical or surgical officers and be qualified to carry out simple procedures in African nations, including Tanzania, Rwanda, Sudan, and Ethiopia.

Nurses should be provided with proper treatments. However, non-physician medical professionals may find providing treatment for individuals whose demands are beyond their scope of practice. These may function effectively during prenatal or postpartum checkups. However, training focusing on procedures instead of critical thinking can lead to erroneous diagnoses and poor management of complicated individuals with concomitant conditions or diagnosing ambiguity. This could lead to ineffective or belated referrals to specialists or regional facilities, eventually costing the individual and the system more money [15].

### **Creating new specialties**

Since FM is a comparatively new specialty, many clinicians in primary care settings lack postgraduate studies. To provide clinical, administrative, and research leadership for developing a new specialty, academics must be present in institutions. This process took more than three decades in the UK. The early FM investigators' profiles were essential to

gain acceptance from other specialties and enhance the general position and efficiency of the practice. The profession of FM was initially established in educational circles in several recent cases (such as Palestine and Ethiopia), and our young discipline is currently burdened by the requirement to build capacity to facilitate high-impact scholarship. This thus prompts the inquiry of building support and goals [16].

### **Improving the infrastructure for research**

Although many national healthcare systems around the world are still in the early stages of developing and analyzing the information with academic family doctors and principal care-specific research projects, many even lack the resources to undertake studies in primary care settings—in part because this sector is still immature when especially in comparison to specializations predicated in the hospital context. The "opposite care law," prevalent in lower-income in particular, states that the least vulnerable members of society receive the poorest quality care at a much later stage. Because research and assessment capacity in these regions is so limited, this disparity frequently goes unnoticed.

This is partly due to the frequent collaboration between national research funders and academic institutions, healthcare facilities, for-profit businesses, and organizations. These collaborations can support academic positions and career possibilities, finance research organizations (networks or institutions), and carry out specialized work programs that address community health concerns. With its scattered geographic scope and frequent diversity of workers and donors, preventative medicine (PHC) requires a comparable investment—but it would require a more "networked" strategy to get and maintain academic financing and activities. The UK National Institute of Health Research Center for Primary Care Development and the Netherlands Institute for Health Services Research are two examples of nations that have successfully created similar expenditures. Interestingly, no such organization exists at the US National Institutes of Health [17].

### **Resources**

According to high-income nations, there is now a bias in funding for research that favors bioscience over studies focused on clinical practice and human psychology. Whatever investigation is done depends heavily on the sponsors' priorities, especially the private industry. Transforming research results into the basic, neighborhood, and societal settings



may take more time and effort. Translational is "the notion of transferring foundational insights into gains in human health and financial value." In even patient healthcare, investigations may focus more on acute care treatments than on long-term illness maintenance, preventative medicine, or health promotion. Three main reasons may be used to encourage people to shift funding toward patient healthcare and FM research: relevance, ecological validity, and government oversight. Countries commonly use a priority-setting method to select how to allocate research funds, ensuring that the money is used as efficiently as possible to meet national requirements. Suggesting things for patient practice focused mostly on patients in the hospital will over-medicalize treatment, which can squander money and intelligence. This is an illustration of conducting the necessary studies in the incorrect location. Only one way to fully comprehend a nation's health is through data from people and communities, which is why basic care-based academic networks were created. The Patient-Centered Outcomes Research Institute in the USA has made tens of thousands of dollars to help build research networks. These tools should make it easier to do research in the primary care setting, which is akin to the actual world. In addition to becoming more aware of the need to emphasize "incorporated person-centered health services," civil society calls for other individual differences and neighborhood investigation. This is performed to figure out how to best represent the interests of all community members, accomplish equitable and efficient health care, identify the aging population, and reduce the expenses and quality care and support of illnesses and mental health disorders. Healthcare service studies and the requirement to create efficient healthcare delivery models are examples of applied science. Expanding PHC is one strategy to attain successful universal healthcare coverage in the current healthcare system; nevertheless, the majority of the data and the direction for such measures will come from the PHC sector. Another viewpoint is global healthcare, where advocates for medical and intellectual fairness have pushed for a focus on the "needs of the most vulnerable." Accordingly, FM scientists have recently argued for more studies to be conducted in primary care settings; the development of academic potential that letter is to inform and participate staff and patients in the PHC sector, a concentrate on fundamental research for practice conversion is required and that what is effective for improving services, the prioritization of comorbidity, and a physician viewpoint on needs and integrated care. To enable everyone to appreciate the benefits of conducting or directing research, using the information to practice, completing assessment projects, and participating in independent work, we have argued for improving the intellectual skills of the family physician.

Nowadays, several nations include a master's degree in their FM postgraduate training and provide access to such training through CPD programs. Those with well-developed brains and the capacity for critical analysis may move further changes in practice and apply innovative methods to care, adding to the competencies for team leadership and service development.

Nevertheless, family physicians sometimes have fewer opportunities to advance their academic credentials compared to other experts, even after completing a 3- or 4-year postgraduate program and getting financing for an additional doctorate [18]. Family doctors may make up 50% of the healthcare profession, yet even in a "mature" system like the UK, just 6% of academic positions are held by GPs. Finding comparable numbers for low- and intermediate nations were quite challenging. The difficulties in pursuing an educational path may also be related to the various work arrangements for family physicians, when time away from the office may be a direct and immediate expense instead of a benefit of a salary agreement. Since many nursing professionals and master's degrees do not have access to primary care teaching and research possibilities and may not have family physicians as tutors, the concept of an academic career and organizational management in FM may go unnoticed by these students and postgrads.

### **Efficient programs in family medicine**

The International Convention of Family Doctors offers a global professional network for general practitioners and family physicians. This organization, which has been in existence since 1972, hosts Education and Research Working Groups that promote the requirement to merge clinical practice with an educational and academic environment and emphasizes the need to "motivate and encourage the creation of academic organizations of general practitioners/family physicians" in its vision and mission. WONCA and its member organizations, which also include academic institutions, have created guidelines for those wishing to enhance the outcomes of studies that target both public health requirements and human issues on a national and global scale. Parallel to this, researchers (particularly those employed by FM and PHC units) should advocate for matters of top priority to PHC and be more conscious of the requirement for a global perspective on objectives and building capacity in their studies. Regarding research, this is a "win-win," as most organizations and donors view the worldwide impact of studies and the recruiting of foreign postgraduate students as indicators of robust academic achievement. But it also touches on the agenda for

collective responsibility [19]. Professional leaders may challenge funding objectives, support programs that link assistance resources with study and make sure that national and international legislation is formed on these problems to shift the paradigm.

Additionally, we must make sure that we use the results of our study to promote the significance of FM and primary care studies. We must let the rest of the world know that family practice systems offer a natural setting for health and medical study and inquiry, even though FM researchers may already be aware of this. We implore all readers to keep advocating for the academic advancement of FM by establishing standards and pushing for fair access to materials [20].

### **Conclusion**

Family medicine research might increase the efficacy and efficiency of healthcare worldwide. To increase the performance of family practitioners (FPs) in health services, the efficiency of such systems, and preventive medicine, family practice studies must be strengthened.

According to the analysis of the conference debate, family medicine study has strengths from around the globe, and more resources are available to promote its growth. Foreign corporations are actively driving the mentoring of prospective academics or research groups, which is a useful tactic for improving research profiles.

FPs are taking on leadership positions in the biomedical research community in several European nations, which is positive evidence that FPs have ended their seclusion from the scientific community. However, there is a requirement to be clearer about the successes of family practice research and the promise that this research provides for better medical treatment and health. Promoting a bottom-up research agenda based on evidence-based gaps observed in practice is made possible through mentoring FP academics. Family medicine researchers and investigators must be connected to academic and research institutions to improve the use of rigorous research techniques. Combining the paradigms of diseases and illnesses with the concept of the full patient, including their sensitivity or resilience to disease and wellbeing behavior, necessitates a multifaceted approach. Primary care research must be able to handle this complicated environment and the setting of family medicine. Without effective patient healthcare, no nation can hope to enhance its medical system. FPs worldwide are required to engage in research and the advancement of their science specialty

due to their essential service and management positions in patient healthcare. The suggestions above, if put into practice, will greatly improve treatment provided by FPs and family practice studies all over the country. Countless millions of people will benefit if primary care science is strengthened through university research.

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