

# DEVELOPING FAMILY MEDICINE/ FAMILY MEDICINE RESEARCH – GENERALISM OR SUBSPECIALIZATION ?

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# FOR CLARIFICATION

- A specialist is a person who concentrates primarily on a particular subject or activity; a person highly skilled in a specific and restricted field.

*Oxford dictionaries*

- Specialization refers to the process of becoming specialized.
- Subspecialization means to specialize in a particular area of expertise within a specialty.

# OUTLINE

- Specialization/subspecialization
- Family Medicine
- Push factors
- Problems
- Pros- cons
- Personal recommendations

# SPECIALIZATION EVERYWHERE

- industry
- arts
- education
- sports
- architecture
- medicine
- health care
- academia

# SUBSPECIALIZATION IN MEDICINE

- Subspecialties in internal medicine
- In surgery
- Subspecialists for single diseases
- outpatient facilities for single diseases

# CLINICS FOR INTERNAL MEDICINE, AKH VIENNA

- Oncology
- Hematology
- Infectious diseases
- Palliative care
- Cardiology
- Angiology
- Pulmonology
- occupational medicine
- Endocrinology
- Nephrology
- Rheumatology
- Gastroenterology

# SPECIALIZATION IN RESEARCH

- „profile“ of Universities
- targets of funding institutions
- facilities and equipment of institutions
- publication policy of journals
- assessment of academic performance
- professorships for very narrow areas

# TREND TO SUBSPECIALIZATION IN FM

## clinical services/skills

- techniques – ECG, pulmonary function, US, tests, psychotherapy, manualtherapy, CAM, ...
- competencies – DM, minor surgery, drug addicts, psychosomatic diseases, oncology,...

## Research

- national networks for specific topics
- WONCA- SIGs, WPs



# WONCA EUROPE

- networks (prevention/health promotion)
- SIGs
  - European Society of primary care cardiovascular medicine
  - European Society of primary care gastroenterology
  - Primary care respiratory infections network
  - International Primary Care respiratory group
  - Primary Care diabetes group

# SPECIALTY JOURNALS IN FM/GP

- Primary Care Resp. Medicine, IF 2.191
- Primary Care Diabetes, IF 1.289
- Osteopathic Medicine and Primary Care
- Informatics in Primary Care
- Primary Care Cardiovascular Journal
- Journal of Psychological Therapies in Primary Care
- Education for Primary Care

# CHAIRS/PROFESSORSHIPS

- Primary Care Respiratory Medicine  
Aberdeen, UK
- Primary Care Research and Development  
Edinburgh, Dundee, UK
- Primary Care E-Health  
Edinburgh, UK; Leiden, NED
- Primary Care Cardiology  
Durham, UK
- Primary Care Diabetes (and Vascular Medicine)  
Leicester, UK; Utrecht, NED
- Evidence Based Medicine  
Oxford, UK
- Primary Care Mental Health  
Kings College, London, UK

# PUSH FACTORS

- own's interest
- practice setting
- financial incentives/remuneration
- ambition to reach expert status/monopoly
- academic „rules“ and incentives
- funding regulations/possibilities
- ever increasing knowledge/developments
- increasing complexity (multimorbidity, polypharmacy)
- guidelines/lack of guidelines
- personalized medicine
- precision medicine (genetic diseases, oncology)
- implementation of performance indicators
- development of specific technology

# THE OTHER SIDE OF THE COIN

lack of generalistic/holistic approach

- trade (carpenter)
- building and construction
- Education/training/training environment
- medical care
- health care

# DESIGN VERSUS FUNCTION

# HARDWARE STORE?

# DEFINITION OF GP/FM

The characteristics of the discipline of general practice/family medicine are that it:

- ....providing open and unlimited access to its users,
- dealing with all health problems regardless of the age, sex, or any other characteristic of the person concerned.

General practitioners/family doctors are specialist physicians trained in the principles of the discipline.

- They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual.....



# PROs FOR „SPECIALIZATION“

- Driving force for specific areas (quality,...)
- Pushes new developments (EURACT)
- Potential to strenghten the discipline

# PROs FOR SUBSPECIALIZATION

- easier to stay clinically competent
- easier to be firm in research methodology
- easier to build up prestige/reputation
- easier to be accepted/respected at university/society

# CONs

- relevance for the practicing GP?
- danger for separating from reality
- danger for creating an expert „silo“ or a virtual reality
- danger for deepening the gap between „academia“ and practice

# CONs

- loss of competence in other areas
- danger for providing comprehensive care (e.g. counselling, prevention)
- loss of satisfaction/confidence of patients
- danger for the discipline as the specialty for primary care

# SPECIALISTS

Every man gets a narrower and narrower field of knowledge in which he must be an expert in order to compete with other people. The specialist knows more and more about less and less and finally knows everything about nothing.

*Konrad Lorenz*

# SUBSPECIALIZATION

- benefits mainly the individual.
- May widen the gap between academia and practice
- has the potential to endanger the discipline of GP/FM, its role in health care and its appreciation by patients
- May change one`s own attitude towards the practicing of generalist primary care by peers

# CHALLENGE

- In research and publishing, a focus on certain topics/methods at some point may be necessary and helpful
- This research focus by no means should result in a loss of interest and competence in other areas of clinical practice and teaching

# DIFFICULT?

A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.

*Sir Winston Churchill*



Thank you for your attention!



# CHAIRS/PROFESSORSHIPS

- ❖ Primary Care Respiratory Medicine  
David Price, Aberdeen, UK
- ❖ Primary Care Research and Development  
Aziz Sheikh, Edinburgh, UK  
Frank Sullivan, Dundee, UK
- ❖ Primary Care E-Health  
Brian Mckinstry, Edinburgh, UK  
Nick Chavannes, Leiden, NED
- ❖ Primary Care Cardiology  
Ahmet Fuat, Durham, UK
- ❖ Primary Care Diabetes (and Vascular Medicine)  
Kamlesh Khunti, Leicester, UK  
Guy Rutten, Utrecht, NED
- ❖ Evidence Based Medicine  
Carl Heneghan, Oxford, UK
- ❖ Primary Care Mental Health  
Andre Tylee, Kings College, London, UK

# SPECIAL OUTPATIENT FACILITIES

- diabetes
- adipositas
- gestational diabetes
- diabetic foot
- functional insulin therapy
- insulin pumps
- patients with cystic fibrosis
- dyslipidemia
- thyroid diseases
- endocrine diseases
- hypertension
- congenital metabolic diseases

# WONCA WORLD SIGs/WPs

Mental health

Quality and safety

Rural practice

Cancer

Elderly care

Non communicable diseases

# SPECIALIST

The specialist is not learned, for he is formally ignorant of all that does not enter into his specialty; but neither is he ignorant, because he is a “scientist,” and “knows” very well his own tiny portion of the universe. We shall have to say that he is a learned ignoramus, which is a very serious matter, as it implies that he is a person who is ignorant, ..... but with all the presumptuousness of one who is learned in his own special line.

*José Ortega y Gasset*