

Child Care Versus Adult Care the two sides of the same Coin: Familiar Care

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Abstract

In many places, medical care for children and adults is carried out by different professionals: paediatricians and general practitioners (GPs). Although this division, like others in medicine, is based on logical reasons of specialization in certain tasks, it entails significant risks, if the pediatrician or GP attends to the child or adult without taking into account that they are inserted in a family system

Kew Words: family systems; family characteristics; childhood family factors

Main Body

In many places, medical care for children and adults is carried out by different professionals: paediatricians and general practitioners (GPs). Although this division, like others in medicine, is based on logical reasons of specialization in certain tasks, it entails significant risks, if the pediatrician or GP attends to the child or adult without taking into account that they are inserted in a family system, and not understanding that the explicit reason for consultation, very often, hides a latent reason of the family. Thus, for example, the child who is repeatedly taken by his mother to the pediatrician for upper respiratory infections or infections that "do not heal", and who is treated as such repeatedly by the pediatrician, may mean a request for help from the mother instead of a child's illness. It can be said that an important characteristic of pediatrics and general medicine is to take into account family members in the care of individual patients, although in real life the family approach is variable (1, 2). In addition, the different styles used by physicians to focus on the family affect the process and outcomes of care for the patient (child or adult) (3, 4). Thus, there are some basic concepts of contextualized care in the family that both pediatricians and GPs should take into account, they are: 1.-The family is the primary source of beliefs and behaviors about health; 2.-The stress that the family feels when going through developmental transitions can manifest as physical symptoms; 3.-Somatic symptoms may have an adaptive function within the family and be maintained by family patterns; and 4.-Families are important sources of resources and support for managing the disease. Families play an essential role in people's health and illness (5). A wide range of diseases show some degree of clustering in families (6). The family structure influences the patterns of use of medical services, the reasons for consultation and

therapeutic compliance of children and adolescents (7, 8). Family support affects the outcomes of numerous health problems. The disease usually

occurs at times of crisis or transitions in the family (9). Families transmit some diseases directly through the biological transfer of DNA. Many diseases have significant genetic factors that increase the likelihood of developing them, including depression, alcoholism, breast cancer, colon cancer, and the onset of diabetes mellitus in adult life, although genetic risks can be reduced or increased by long-standing behavioral patterns that have their origin in the family unit (10). Even when the patient apparently appears alone in the visit, with him/her virtually enters all his network of relationships in his context and beliefs; and the person's main network of relationships is the family. Doctor-patient relationship is actually triangular: doctor-patient-family. The doctor is in contact with the patient for a few minutes, but the rest of the time he is in contact with his family. Therefore, the family must be considered as a fundamental element for treatment (hygienic measures, diets, risk of obesity, taking drugs, exercise or rest, risk behaviors, including substance use, smoking and drinking, etc.) (11 -14). Families play an essential role in people's health and illness, to the point that family support can affect the health outcomes of the individual, and sometimes the illness arises in times of family crisis (15). Thus, for example, compared to young people from well-functioning nuclear families, young people from discordant nuclear families show worse physical and mental health, their parental fixation is not as strong, they tend to drink more alcohol, smoke more cigarettes and use more soft drugs (16). An individual's problems are usually best understood when placed in the context of the family. Problems are often shared by more than one individual in the family. The family itself may hold the key to successful solutions. Any disease has an impact on the other members of the family. There are situations in which family members may be contributing to an individual's symptoms or health problems. There are circumstances in which illness in one family member correlates with increased or decreased symptoms in another member. The

family affects the health of its members and is affected by them. Thus, the family can, 1) be the cause of illness due to a health problem, low income, low educational level, poor family relationships, altered family functioning, negative life events, etc. These factors may be associated with schizophrenia, depression, psychosomatic illnesses, infections, alcohol abuse, anorexia nervosa, etc., in other family members (17-20); And 2) There are effects of illness in the family: chronic illness and disability, acute illness, caregivers, sick children, loss of family members (fear of loss or real loss) (21-23). The degree of doctor-patient cooperation is related to the degree of doctor-family cooperation. The more complex the problem to be addressed the greater the need to work with the family group. Pediatrician or GP who does not look at

the patient's family is not being aware of a basic law of Nature: the "billiard ball" effect, that is, that the family affects the health of its members and is affected by them. And if we work with a contextualized approach in the patient's family (child or adult), what do we need to know about the family in terms of health? Well, it depends on the use we plan to make with that information. And how can we organize the almost limitless data that can be collected from families? Basically we need to find "the system that defines the problem" (24): the set of people affected by the problem, both in terms of maintenance and treatment. In summary, the pediatrician and the GP should be attentive to certain signs that indicate the need for family evaluation (TABLE 1) (25-27).

SIGNS THAT SHOW THE NEED FOR A FAMILY ASSESSMENT	Nonspecific symptoms in a patient who consults frequently
	Frequent visits by different members of the family
	Difficulties in the treatment of chronic diseases
	<u>Emotional and behavioral problems</u>
	Diseases related to lifestyle and environment
	Problems that affect two people or more
INDICATORS THAT SHOW THE NEED FOR A FAMILY ASSESSMENT	Frequent consultants for minor problems, with the same symptom, with multiple consultations during visits, or with difficulty making sense of the reason for consultation
	Consultations for a chronic illness that does not seem to have changed
	Incongruence between the patient's distress and the comparatively minor nature of the symptoms
	Failure to recover in the expected time after an illness, accident, or surgery
	An adult patient with an accompanying family member; a child/adolescent without an accompanying family member
	Multiple adverse drug reactions (as an indicator of anxiety-depression)

Table 1: Signs and Indicators That Show the Need For Family Assessment

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