

Family medicine in Chile

Introduction

What is Family Medicine? What are its characteristics in Chile?

Family medicine, a medical specialty founded in 1969 in the United States, is defined by the American Council of Family Medicine as the medical specialty concerned with comprehensive health care for the individual and the family. It is a broad specialty that integrates clinical, biological, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system or morbid entity, rather it focuses on the person and their environment.¹

Family medicine is a postgraduate program that has existed in Chile since 1982 and, like other medical specialties in Chile, Family Medicine has exclusive dedication university training that lasts 3 years. Their specialty is recognized in Chile by the National Corporation of Medical Specialties (CONACEM) and the main scientific society that brings them together is the Chilean Society of Family Medicine (SOCHIMEF), which has approximately 500 active members.

Family Medicine is characterized by giving a special emphasis to the continuity and coordination of care, comprehensive health care to the patient at any stage of their life cycle, individual and family, enriched by the cumulative knowledge of patients and individual ties, family and community events that occur over time. Family Medicine programs arise in response to the need to develop systematic and excellent medical training in the field of Primary Health Care (PHC).² The postgraduate training of a family doctor occurs almost entirely in an outpatient setting, mainly in Family Health Centers (CESFAM) as one more member of the health team under the comprehensive health care model (MAIS). Among its clinical attributes, there is the clinical deepening of the frequent topics in which patients consult in an outpatient context, highlighting as main areas, those most prevalent issues of outpatient resolution of internal medicine, pediatrics, adolescence, geriatrics, muscle pain regional skeletal, psychiatry, dermatology, neurology and emergency medicine. In addition to his clinical training of excellence, the family doctor also deepens his learning of those fundamental tools for the proper development of family medicine, which is carried out from a biopsychosocial perspective, with a family and community approach.

Among these complementary tools, evidence-based medicine, epidemiology, clinical prevention and health promotion, clinical management, health projects, health education, communication skills, family and systemic approach, family counseling, motivational interviewing for healthy lifestyles, interdisciplinary teamwork, medical ethics and leadership. These tools make it easier for the family doctor to practice humanized and comprehensive medicine, with a high capacity to deal with diagnostic uncertainty, avoiding unnecessary diagnostic studies and favoring therapeutic proportionality, putting the patient's benefit at the center of their work. In addition, he is capable of effectively managing the available resources, works effectively in health teams with a network perspective, adapting his clinical coping to each clinical context in an individualized and judicious manner. Communication skills, family and systemic approach, family counseling, motivational interviewing for healthy lifestyles, interdisciplinary teamwork, medical ethics and leadership.

Volume 9 Issue 2 - 2023

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Received: May 29, 2023 | **Published:** June 14, 2023

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What is the difference between general medicine and family medicine?

Unlike the family doctor, in Chile a health professional who has the professional title of surgeon, who has a 5-year degree in medicine and 2 years of internship (clinical practice) is called "general doctor" (supervised professional), completing a training of 7 years in total of undergraduate studies. The training at universities in Chile to obtain the title of surgeon, has been predominantly in a clinical context of hospital learning, tutored mostly by specialists in their own subjects, which causes a general practitioner at the end of his training, achieves a wide knowledge of the human being and of multiple pathologies that affect people, however, the "general doctor", especially the recently graduated, frequently lacks an in-depth study of those health issues typical of an outpatient setting and primary health care, given the historically hospital-centric medical training paradigm in our society. However, in recent years we have seen how medical schools in Chile have been changing this paradigm, aligning themselves with the MAIS, the official health model in Chile since the last health reform and the transition process to increasingly ambulatory medicine.

What is the difference between internal medicine and family medicine?

Like family medicine, internal medicine is a postgraduate training medical specialty with a duration of 3 years. However, unlike family medicine, this specialty focuses on the prevention, diagnosis and treatment of the main non-surgical diseases that affect the internal organs and systems of the adult population, with greater emphasis in a hospital and clinical context more serious patient. Specialists in internal medicine, in their training, carry out a clinical deepening of the different branches of internal medicine, such as rheumatology, cardiology, respiratory diseases, endocrinology, infectious diseases, diabetes and nutrition, hematology, nephrology, gastroenterology and neurology, added to training in emergency medicine scenarios, critical patient, in addition to training in ambulatory medicine. A patient who enters a clinic or hospital, in the vast majority of cases, will be able to receive a diagnosis and comprehensive medical treatment by the internist in conjunction with the hospital health team, having to rely on other medical specialists in the face of little clinical entities frequent or highly complex and those specialties of surgical spring.

Acknowledgments

None.

Conflicts of interest

The author declares that there are no conflicts of interest.

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