

**Systemic Family Medicine in the World:
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Since the middle of the twentieth century, general practitioners (GPs) around the world have staked a claim to being specialists in 'family' medicine. In spite of this, most GPs have continued to practice in a way that is still focused on the physical problems of individuals, and not on the way that illness can have an impact on the whole family. A number of influential movements have placed an emphasis on the importance of psychology in general practice. These include the Balint movement and patient-centred medicine.ⁱ ⁱⁱ However, even these progressive movements within family medicine have tended to be centred on individual patients and not on the family or the other networks that affect individuals. GPs as a profession have been largely unaware of a field of psychological treatment that has developed over the last fifty years - one that places the family at the centre of its attention, and also works directly with families rather than individuals to bring about change. That field is systemic family therapy, a form of 'talking treatment' where people with psychological problems are always seen together with significant family members and even (on occasion) others who care for them including teachers or social workers.ⁱⁱⁱ

Systemic family medicine (also known in the United States as family systems medicine) has arisen through a marriage of family medicine with family therapy.^{iv} It has resulted from GPs and family therapists becoming interested in each others' ways of working, and of

understanding. It has developed through close professional relationships between some GPs and some family therapists. It has grown particularly through the presence of family therapists working alongside primary care, and through the training of GPs in family therapy skills and ideas. In some cases, this has led to GPs carrying out family therapy with their own patients, and within their own practices. More often, it has led to an entirely different way of practicing ordinary, everyday family medicine. Rather than 'doing therapy', systemic GPs have been practicing family medicine in a more therapeutic way. One way of describing this is that they have become systemic practitioners.

Systemic practitioners believe in the fundamental importance of the family, the team, the organisation, interactions, and contexts. We see these as central in the causation of many problems, in their continuation, and most importantly in finding ways of helping people. Systemic family medicine helps us to open up the lens, to look at the wider picture and to offer people the chance of better ways of understanding problems, talking about them, living with them, or changing them. It is about approaching all of our work in terms of interactions rather than simple linear explanations. We pay more attention to patterns of behaviour rather than apparent facts, conversations rather than diagnoses, and the evolution of new and more helpful narratives rather than simple 'solutions'.^v

As systemic practitioners, we use different techniques from most of our colleagues. We prefer to work with more than one person: a couple or family rather than an individual, and perhaps by having a co-worker like a psychologist or family therapist in the consulting room with us. We seek to empower rather than treat. What this means is that we question patients and their families about their experiences, trying to stimulate their own thinking about what they can do to help each other - rather than just offering lots of answers, explanations and advice about everything. We find that this kind of approach is especially helpful in relationship and family difficulties, mental health problems, 'grey area' conditions like chronic fatigue, unexplained symptoms, frequent consulters and patients who cause conflict. However, they also help in a huge range of other situations. These include ordinary, everyday consultations where people want to talk about their symptoms and fears, and also in cases of chronic illness and disability, in dealing with distress and conflict in the team and workplace, and in helping different professions to work better together.

Systemic family medicine has developed in different ways around the world. It has been an active force since the 1980s in the United States, mainly through the influence of the journal 'Families, Systems and Health', and also through the work of the Collaborative Health Coalition - an organisation that encourages family physicians and psychologists to work alongside each other. However, most doctors in the US are probably still not aware of systemic approaches to family medicine, and continue to practice in quite technocratic ways. By contrast, the country where systemic family medicine has become most dominant is probably Finland, where family therapy itself is very well established. Largely through the work of Professor Pekka Larivaara and his colleagues, Finland is now moving towards a system where teams of family physicians and family therapists will jointly look after different areas of the country. Similar ideas are beginning to have an impact in other Nordic countries including Norway and Denmark, where family physicians are learning to use some systemic skills and ideas. In Britain we have had trainings for GPs in systemic family medicine for over a decade, mainly based at the Tavistock Clinic in London, but only a minority of GPs have attended such training. However, we are now using systemic ideas and skills in order to encourage GPs and their teams to give and receive regular clinical

supervision, and in this way systemic ideas are starting to spread more widely.

The situation in Turkey is an interesting one because family medicine itself is at a relatively early stage of development as a distinct speciality, and you have the opportunity to integrate systemic ideas from the very beginning. This may mean that family physicians in Turkey can emphasize the psychological side of illness, and the family dimension, as essential aspects of the speciality. Through collaboration with systemic family physicians elsewhere in Europe, it may also be possible to integrate this approach into undergraduate training medical training, and in the postgraduate training of all family doctors in Turkey.

ⁱ Balint, M. *The Doctor, the Patient and his Illness*. London: Pitman, 1956.

ⁱⁱ Stewart M, Brown JB, Wayne Weston W, MacWhinney I, Freeman T. *Patient-Centred Medicine: Transforming the Clinical Method*. London: Sage, 1995.

ⁱⁱⁱ Hoffman, L. *Foundations of Family Therapy: a conceptual framework for systems change*. New York: Basic Books, 1981.

^{iv} McDaniel S, Campbell T and Seaburn D. *Family-Oriented Primary Care: a manual for medical providers*. New York: Springer-Verlag, 1989

^v Launer J. *Narrative-Based Primary Care: a practical guide*. Oxford: Radcliffe, 2002.