



FAMILY MEDICINE: PREVALENCE AND EVALUATION

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DESCRIPTION

Family medicine is a primary care medical specialty that offers on-going and all-encompassing healthcare to people and their families across all ages, genders, diseases, and body regions. The term “family physician” refers to a specialist who is typically a primary care physician. It is frequently referred to as “general practise” or “general practitioner.” In the past, any physician who graduated from a medical school and practised in the community used to fill this position. Family medicine and general practise, however, have developed into their own fields of study since the 1950s, with unique educational requirements for each nation. The titles of the specialisation highlight its family roots or holistic character. It centres on disease prevention and health promotion and is based on knowledge of the patient in the context of the family and the community. According to the World Organization of Family Doctors, the aim of family medicine is to “provide individualised, comprehensive, and continuing care for the individual in the context of the family and the community.” The ethical concerns that underlie this method are typically referred to as primary care ethics. The study of primary care ethics focuses on the daily choices that primary care clinicians must make, such as how much time to spend with a particular patient; how to balance their own values with those of their patients; when and where to refer or conduct investigations; and how to maintain patient, family, and third-party confidentiality. These are all ethical decisions since they all entail both facts and values.

Other primary healthcare employees, such as managers and receptionists, may also be affected by these problems. Primary care ethics is not a discipline; rather, it is a hypothetical area of study that is both a component of primary healthcare and an application of applied ethics. De Zulueta contends that a significant amount of empirical research, literary works, and

critical dialogue give primary care ethics “a definitive place on the ‘bioethics map’.” The extensive number of studies to which De Zulueta refers typically focuses on a single topic, such as rationing, confidentiality, medical records, or connections with family members. Primary care physicians are a major focus of the literature on primary care ethics. The term “primary care physician” is synonymous with “family practitioner” or “general practitioner,” which refers to a medically qualified clinician who serves as the first point of contact for medical attention and has general responsibilities that may or may not include obstetrics and gynaecology or child health. Similar problems may arise for other primary care clinicians, including nurses, physiotherapists, midwives, and, in certain cases, pharmacists. Some of these problems may also include administrative personnel. Primary care specialists may also run into many of these problems in some healthcare settings.

CONCLUSION

A group of people, institutions, and resources that provide health care services to satisfy the requirements of target populations is known as a health system, health care system, or healthcare system. Around the world, there are numerous different health systems, each with a unique organisational structure and history. Although basic healthcare and public health initiatives are common to almost all health systems, all nations must construct and develop health systems in line with their requirements and resources. Planning for the health system is shared among market players in several nations. In others, coordinated efforts are made by governments, labour unions, non-profits, religious institutions, or other co-ordinating groups to provide organised health care services that are specific to the populations they serve. Planning for health care has, however, frequently been characterised as evolutionary rather than revolutionary. Health systems are likely to reflect the history, culture, and economics of the governments in which they develop, much like other social institutional structures do. These quirks make worldwide comparisons difficult and problematic and rule out any kind of uniform performance benchmark.

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