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EDITORIAL

Family Medicine And Paediatrics

The nature of the two disciplines

The closeness and similarities between family medicine and paediatrics are well-known. Both disciplines are general medical specialties which deal with a wide spectrum of medical conditions ranging from delineation of normalities through minor deviations from the norm to major structural disorders and multiple functional derangements of the human body. Both disciplines stress the importance of holistic patient care and examine in detail the interaction between the patient and his immediate environment.

As a general clinical discipline, paediatrics emphasises the importance of the interaction between functional and structural disorders and the processes of growth and development. As the child is often the "presenting symptom of the parents' illness", the paediatrician always assesses the relationship between the child and his parents and other immediate family members with a view to finding out whether they have contributed to the child's medical problems. Besides provision for cure and alleviation of pain, paediatrics also puts equal if not more emphasis on the prevention of diseases and promotion of health. The discipline provides complex technologies needed for the cure of the critically ill child often based in institutions but is also heavily involved in community services aimed at preventing children from utilizing these technologies. Thus paediatricians tend to promote health in the community to minimise the utilisation of their services by sick children, often at the expense of reduction of their income.

In many ways, family physicians are now being trained along similar lines as paediatricians. They are however involved in providing care for a full age range of people, not only children. The basic approach to the deliverance of care in family medicine shares many aspects in common with paediatrics. It is therefore of paramount importance that family physicians should be offered sufficient training in the paediatric discipline. This will not only provide the trainee with exposure to the unique problems of the child population but also the opportunity to train in the philosophy of holistic patient care.

The clinical practice

The pattern of clinical practice in Hong Kong is uniquely different from other places. It has been guided by the former colonial government policy on

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health care. It is influenced also by strong Chinese cultural belief and background. Although there has been great effort attempting to reform this pattern in recent years, it will probably take a long time before significant changes or improvements occur. The government's emphasis is on providing a tertiary backup of medical care for the very ill child also. Since the early 50's, a well-organised maternal and child health service has been able to provide a number of programmes which have been successful in preventing deaths and disabilities from many infectious disorders and malnutrition among infants and young children. Primary medical care is generally left to physicians and traditional Chinese medicine practitioners in private practice or government general clinics. Graduates from the medical schools are medico-legally expected to be "all rounders", able to look after the whole range of medical and health problems inclusive of internal medicine, surgery, obstetrics and gynaecology and paediatrics.

To select the right doctor in private practice to see a sick child can be a problem. A large variety of practitioners ranging from self proclaimed Chinese traditional medicine practitioners through qualified herbalists, medically qualified general practitioners to highly trained medical subspecialists may be involved. Under the free market system, the child could be seen by a totally inexperienced practitioner or a highly qualified subspecialist of a non-paediatric discipline or by a well qualified paediatrician. The outcome of these managements must necessarily be highly variable. This is complicated by the unfortunate misunderstanding and wrong expectations of parents demanding a "prompt response of symptoms to treatment" rather than "appropriate treatment of the disease". Many practitioners are tempted to provide only prompt symptomatic relief rather than aiming at long term cure. This can result in a sick child moving around from practitioner to practitioner looking for instant relief of symptoms and inviting many undesirable and probably unnecessary therapies. As communication means advances many catchy malpractice headlines have occurred in the media. Unnecessary and increasing distrust of doctors have been engendered by this unhealthy system of health care deliverance.

The College of General Practitioners was probably the first group of doctors in Hong Kong who had the visionary outlook to organise an examination system requiring practitioners to acquire a certain level of expertise in the discipline, including of course adequate skills and knowledge to manage health problems in children, before acquiring the qualification. This serves not only to enhance the standard of health care deliverance but also heightens the public awareness of the need to seek qualified practitioners.

Interphase between family medicine and paediatrics

As pointed out earlier, both paediatrics and family medicine are general disciplines, there is bound to be overlap in the way medical practice is conducted by the professionals in the two disciplines. Both groups of professionals would ensure holistic health care deliverance to the child from birth through adolescent to adulthood. Both groups of physicians aim at providing preventive health care besides curative care for the sick. When "the family physician's duty stops and the paediatrician's begins" is never a sharply defined demarcation. However whenever secondary and tertiary health care needs have arisen, the paediatricians, by nature of their background training and expertise, should takeover the main responsibilities. For example, there is absolutely no reason why a child with a febrile illness due to an intercurrent upper respiratory tract infection could not be managed by the family physician. The same child who develops a secondary bacterial pneumonia could warrant the increased expertise of a paediatrician for his care unless the family physician is also highly trained and very experienced. If he has developed additional complications such as empyema, the family physician should not hang on to the child's medical care without resorting to the expertise of the tertiary backup paediatricians who are mainly based in well organised/established institutions.

Similarly a healthy newborn could be looked after by either the family physician or the paediatrician. But when

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he develops significant jaundice necessitating close monitoring and management, he should best be put under the care of the paediatrician. And when exchange transfusions are indicated, his care should only be conducted by those paediatricians or neonatologists who have been trained in providing such tertiary level of care.

Through holistic approach to patient care, paediatricians tend to command good rapport from their patients and their families. Many members of the patients' families tend to seek medical advice and treatment from their befriended paediatricians. Some paediatricians may have to provide medical service to patients beyond the paediatric age range to increase their clinical load by necessity also.

Under ideal conditions, as practised in most developed communities overseas, paediatricians should provide mainly secondary and tertiary medical care for children. Upon completion of such medical care for the sick child, the paediatricians should refer them back to the family physicians for primary health care. In the current free market scenario, parents often elect to bring these children back to the paediatricians rather than the family

physicians. If family physicians are able to develop a good rapport with the families, most parents would probably prefer to bring their children back to them instead. This pattern of practice can only be achieved when sufficient mutual respect and agreements have been reached to develop a system of cross referrals. Of course it would also necessitate an adequate level of public awareness to abide by the system. The traditional practice in Hong Kong so far has not been emphasising family-centred medicine but rather only general practice medicine. The majority of the practitioners in the private sector tend to be unfamiliar with the health conditions of the families, parents therefore would prefer to "shop around for the most effective doctors". Until the pattern of family-centred medical practice can be put in place, I suspect there will still be a continued overlapping practising pattern between the family physicians and the paediatricians for sometime in Hong Kong. ■

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