The Family in the Family Medicine Literature

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Background: The degree to which the family medicine literature articulates unique family practice approaches and perspectives that are distinct from other primary care specialities has not been well studied. To determine how often a family practice perspective is included in clinical articles in the family medicine literature, we performed a family medicine journal review. Methods: We reviewed 173 original research articles, review articles, and case reports from four family medicine journals from the year 2000: American Family Physician, Journal of Family Practice, Journal of the American Board of Family Practice, and Archives of Family Medicine. Each article was scored by independent reviewers as to whether the article discussed family aspects of care or family context. Results: A total of 9.3% of clinical articles discussed family aspects of care; an additional 17.3% made some limited mention of the family or social context. Female first authors were 2.5 times more likely to have demonstrated a family practice perspective. Articles published in the American Family Physician and review articles were most likely to discuss family medicine perspectives, but these differences were not statistically significant. Conclusions: Unique family medicine approaches and perspectives are not discussed commonly in clinical articles in the family medicine literature.

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Since family practice became a medical specialty in 1969, the field has firmly established itself within the US health care system. There has been recurring debate, however, about several challenging issues, including the role of family practice and primary care physicians in managed care systems, whether family physicians are generalists or specialists, and what special value family practice has that is different from other primary care fields. In addition, even within the specialty itself, there is a lack of agreement whether family-oriented practice is actually central to the specialty of family practice.

At its inception, some thought that family practice represented a health care paradigm shift by focusing on “the relationship of life in small groups to health, illness, and care” and recognizing “family patterns as a potential etiologic source in disease, as well as recognizing the role of family in perpetuating disease behavior.” Others promoted the development of family practice as a way to meet the growing primary care needs of the country through standardized training in general practice. Recent articles, however, have pointed to an identity crisis. Concerns about the future of the field are stimulated, in part, by declining interest of medical students in entering family practice residences and the lack of a well-defined research agenda that moves beyond synthesis of research conducted by others.

Specifically, the family medicine literature has disseminated a large body of clinical and research articles across a wide range of issues in primary care, providing a rich source of information to readers. However, many say that family medicine research “remains intellectually immature and is not yet positioned as a major source of new knowledge” about health nor is it valued by academic centers with core missions of research. While most family physicians believe that a family-oriented approach can offer health benefits to patients, families, and the community, there has been limited research evidence in the medical literature to support this notion. In addition, it is not clear how often distinct family practice approaches and perspectives are emphasized in clinical articles in the family medicine literature. This question is relevant if the field is to...
develop a unique identity in the larger landscape of primary care.

The question, “Where is the family in family medicine?” was asked in a sentinel article in 1973. Now, 30 years later, as questions about family practice’s importance and place in medicine are raised, one can ask the academic counterparts to that question, “Is there family in the family medicine literature?” and “Should there be family in the family medicine literature?” To determine how often clinical articles in the family medicine literature demonstrate the application of family practice perspectives to health care, we reviewed clinical articles in family medicine journals for the year 2000.

Methods

Journals Reviewed

We reviewed a sample of articles in the principal clinical family medicine journals indexed in the Index Medicus: American Family Physician (AFP), Journal of Family Practice (JFP), Journal of the American Board of Family Practice (JABFP), and Archives of Family Medicine (ARCFM). Clinical articles that fell within the categories of original research, review, or case report in six issues of each of the above journals from the year 2000 were included. For the bimonthly journal, JABFP, we reviewed all issues. For the other journals, we reviewed the first journal from every other month, including January, March, May, July, September, and November. Thus, some journals were oversampled (JABFP) or undersampled (AFP is published more than once per month). Because this study focused on clinical articles, we excluded articles on health services, professional issues such as practice management, and pharmacology reviews. Articles that were part of a series were excluded to avoid oversampling. Editorials, letters to the editor, and informal communications were excluded as well.

Definitions and Coding

We defined “family practice perspective” as (1) statements that express family or contextual concepts and (2) clinical practice approaches that address family or community aspects of the clinical problem (Table 1). We rated the family practice perspective as “strong” for articles that included any discussion of family, such as comments about the relevance of the article to families, the relevance of the findings in a family practice (as opposed to a more general primary care practice), the influence of family on the study’s findings, or any research question specifically focused on the family context of health. We rated articles as having a “limited” family practice perspective if they mentioned, no matter how briefly, family or included language referring to a patient’s home or social structure. Finally, those articles without any reference to family were coded as none.

Each article was reviewed and coded independently by both authors, with strong inter-rater agreement (kappa=95%). Disagreements were resolved by consensus. Information was extracted in several categories, including journal, professional affiliation and gender of first author, article type, topic, and demonstration of a family practice perspective. For the latter, we evaluated each article as including or not including family-oriented comments (Table 1). We assessed this criterion generously (eg, even the mention of the word “family” counted as a family-oriented comment).

Data Analysis

STATA® commercial software was used (Stata, University of Texas, 1996) to analyze the data. First, we tabulated frequencies and odds ratios to detect unadjusted associations between explanatory variables (article characteristics) and outcome variables (demonstration of family practice perspective). The explanatory variables are both categorical and dichotomous. The outcome variable, “family practice perspective,” was coded as categorical (strong, limited, or none) during data collection and analyzed as a dichotomous variable. We collapsed the strong and limited categories for multivariate analysis because there were so few articles in either category.

To detect adjusted associations, multivariate logistic regression analysis was performed on the dichotomous

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<td>Examples of “Strong” and “Limited” Family Practice Perspective</td>
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Strong

“In addition to helping patients cope with long-term physical discomfort, family physicians should be alert for psychologic issues. Patients who have sustained burns are at increased risk for anxiety, depression, and post-traumatic stress disorder. Family dynamics can also change dramatically. Family members may be stricken with guilt, and patients are susceptible to dependency issues because of the additional help required for daily activities while healing is occurring. If a psychologic issue is noticed, appropriate treatment should be implemented.”


Limited

“Potent combination antiretroviral therapy has produced dramatic improvement in the clinical status of many persons living with HIV disease, decreased the incidence of opportunistic infections, and reduced mortality from AIDS. For the patient, the family, and the primary care clinician, the major challenges are achieving suppression of viral replication to obtain clinical benefits, preventing the development of drug resistance, maintaining adherence to complicated medication regimens, and avoiding toxicities and drug-drug interactions.”

outcome variable, “family practice perspective,” with explanatory variables including characteristics of journal, first author, article topic, and article type. Some categorical variables were changed to dichotomous variables, including article type and journal. A two-tailed $P$ value of .05 or less was considered to indicate statistical significance.

Results
Our final sample comprised 173 articles from six issues of each of the four journals. The articles were distributed over categories of original research (43.4%), reviews (36.4%), and case reports (20.2%). The health issues of a broad population were addressed, including those of children (11.6%), adults (36.4%), non-pregnant women (15%), pregnant women (6.9%), and the elderly (9.3%). Several characteristics of the first authors were described. One third (32.4%) of first authors were female. More than half (54%) of first authors were based in family medicine departments, and 69% were based in a university setting.

A total of 9.3% of articles reviewed showed a strong family practice perspective. An additional 17.3% showed a limited family practice perspective. We analyzed the unadjusted and adjusted associations between several predictor variables and the likelihood of an article demonstrating any family practice perspective (Table 2). Logistic regression models that controlled for first author and article characteristics identified two significant predictor variables. Female first authors were 2.5 times more likely to have demonstrated a family practice perspective. Articles about psychosocial topics were 3.5 times as likely to mention family when compared to articles on other topics.

There was no association between department of author and family practice perspective. Authors from family medicine departments were not more likely to emphasize a family perspective than authors in other specialties. Articles published in the AFP were twice as likely to demonstrate a family-oriented perspective, and articles in the review category were 1.5 times as likely to show a family practice perspective, but neither difference was statistically significant.

Discussion
In addition to disseminating new findings, raising important clinical questions, and guiding clinical care, a field’s literature sends direct and subtle messages about the values of the discipline, both in the context of the report and in the framing of the interpretation of the results. As Frey has pointed out, “A discipline may be defined by its literature.” In response to ongoing debates about the identity of family medicine, we undertook this research to quantify the extent to which family-oriented concepts appear in the family medicine literature. These data may stimulate discussion about how the field defines itself and the degree to which the family medicine literature should emphasize a distinct family practice clinical identity.

A total of only 9.3% of clinical articles actually discussed family aspects of care, with an additional 17.3% making some limited mention of the family or social context. There is no established amount of family-oriented discussion that could be considered optimal for inclusion in clinical articles in the family medicine

<table>
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<tr>
<th>Characteristics</th>
<th>Unadjusted</th>
<th>Adjusted</th>
<th>CI (95%)</th>
<th>$P$ Value $^*$</th>
</tr>
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<tbody>
<tr>
<td>Gender (female)</td>
<td>2.6</td>
<td>2.4</td>
<td>1.16–5.3</td>
<td>.018</td>
</tr>
<tr>
<td>Family medicine department</td>
<td>.72</td>
<td>.71</td>
<td>.33–1.5</td>
<td>.379</td>
</tr>
<tr>
<td>Non-university setting</td>
<td>.61</td>
<td>.75</td>
<td>.32–1.8</td>
<td>.515</td>
</tr>
<tr>
<td>Psychosocial topic</td>
<td>3.5</td>
<td>3.5</td>
<td>1.6–8.1</td>
<td>.002</td>
</tr>
<tr>
<td>AFP Journal</td>
<td>1.7</td>
<td>2.1</td>
<td>.85–5.0</td>
<td>.111</td>
</tr>
<tr>
<td>Review</td>
<td>1.5</td>
<td>1.3</td>
<td>5–3.6</td>
<td>.585</td>
</tr>
<tr>
<td>Pregnancy-related topic</td>
<td>1.0</td>
<td>1.0</td>
<td>.33–3.6</td>
<td>.322</td>
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OR—odds ratio
CI—confidence interval
AFP—American Family Physician

Odds ratios were derived in a multivariate model and have been adjusted for author characteristics, journal, and article characteristics. Analysis began with a full model, including cross product terms to assess the effect of both journal and article type on the association of author gender and family medicine perspective. A stratified analysis and calculation of the Mantel-Haenszel $X^2$ Test of Homogeneity were performed. Variables were also examined for confounding.

$^*$ $P$ values are given for adjusted odds ratios only.
literature, so these data can be interpreted in different ways. If a unique family practice perspective is actually integral to family practice, such a perspective is not extensively reflected in clinical articles in the family medicine literature. Merely including the term family or referring to the community context of the problem in a medical article, however, may be more than a token gesture, since it cannot remind the reader of the family context of clinical problems.

Other interesting findings were noted. Articles in which a woman was first author were more likely to demonstrate a family perspective than male first-authored articles, even after adjustment for department, article type, professional degree, and article topic. Authors from family medicine departments were no more likely to demonstrate a family practice perspective than authors from non-family medicine departments. This could reflect a selection bias, since articles by authors in other departments may have been accepted for publication by demonstrating a family practice perspective. Our sample included 30.6% of authors from non-university settings, considerably more than the 15.5% reported in a previous analysis of JFP articles. This difference is most likely because we restricted our analysis to clinical articles and reviewed articles from three additional clinical journals.

Limitations
This study has several limitations. Not all topics lend themselves easily to a family-oriented discussion, so there is no standard expectation of what percentage of articles should ideally represent a family practice perspective. Nevertheless, even articles that focus on narrow clinical subjects have family implications or could explore and integrate family perspectives. Although a formal definition of “family practice perspectives and approaches” has not been established, our definitions consistent with concepts in practice. Articles were credited with demonstrating a family practice perspective for even mentioning the word family. This generous rating could bias our sample in the direction of overestimating the number of articles that demonstrated a family practice perspective. Our rating of the family practice perspective was subjective; however, the level of agreement between independent raters reassures us that this bias may be small. Finally, we did not compare our results with the literature in other primary care fields. Although a small percentage of articles reflected a family practice perspective, the family medicine literature may still promote this view more often than other primary care journals.

Conclusions
Despite academic debate about the importance of family-oriented care in the field of family practice, a large number of family physicians practice with “a high degree of emphasis on the family.” In addition, patient expectations and hopes continue to emphasize the importance of physicians knowing about patients’ families, culture, and community. This philosophy is well articulated on the American Academy of Family Physicians Web site:

. . . the family practice process is unique. At the center of this process is the patient-physician relationship, with the patient viewed in the context of the family. It is the extent to which this relationship is valued, developed, nurtured, and maintained that distinguishes family practice from all other specialties.

These concepts, however, do not seem to appear with great frequency in our literature. The relative paucity of unique family perspectives might reflect ambivalence over whether family-oriented practice is actually central to family practice as a field. More likely, however, is that the traditional medical literature simply has not described clinical problems in the context of family. The family medicine literature has, for the most part, conformed to that tradition.

If the care of families above and beyond care of individual family members is important in our approach to primary care, it may be valuable to describe family perspectives and approaches in our literature to a greater degree than observed in this study. Some modest changes might generate such a shift. Authors could describe family variables as they affect (or do not affect) care. Reviewers could help authors and editors by suggesting family-related perspectives, possibly based on their practice experience. Editors could encourage authors to address family practice perspectives when relevant, both in the instructions to authors and through the review process. Such directions would need to be given cautiously to avoid adding additional burden on authors that could further increase the current trends toward decreased volume of publication by family physicians. Nevertheless, the inclusion of more family practice perspectives and approaches in our literature might also stimulate reader interest, provide additional tools for clinical practice, and help develop our voice in the larger field of primary care.

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