

Attitudes about Family Medicine among Brazilian medical students

Actitudes sobre Medicina de Família entre estudantes médicos brasileiros

Atitudes sobre Medicina da Família entre estudantes brasileiros de medicina

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ABSTRACT: Background and Objectives: As the largest country in Latin America, Brazil's health care and health education systems have importance beyond its borders. While Family Medicine has not been part of the curriculum in Brazilian medical schools, the health system is built around the "Family Health Program". Methods: Students attending lectures at 6 São Paulo area medical schools responded to two questions asking what they found interesting about and what the challenges were to Family Medicine in Brazil. 167 responses were coded and sorted using qualitative analysis techniques. Results: Positive aspects of Family Medicine identified were the *character of the doctor-patient relationship*, the *character of the practice*, and the *philosophy and values of Family Medicine*. Obstacles included the lack of knowledge by patients of Family Medicine, the perceived lack of specialty status, and its absence in the medical school and residency structure. Conclusions: The respondents placed greater emphasis on the humanistic and relationship characteristics of Family Medicine, and less on the medical content. This information should be useful to Brazilian Family Medicine educators, and may suggest that efforts to increase student interest in the US consider greater emphasis on these aspects of the discipline.

KEYWORDS: Brazilian medical students. Medical education. Family practice.

RESUMEN: Contexto y Objetivos: Como el país más grande en América Latina, la asistencia médica de Brasil y sus sistemas de educación para la salud tienen una importancia más allá de sus fronteras. Mientras la medicina de familia no ha sido del plan de estudios en facultades de medicina brasileñas, el sistema de salud es construido alrededor del "Programa de Salud de la Familia". Métodos: Estudiantes que asisten a conferencias en 6 facultades de medicina del área de São Paulo respondieron a dos preguntas sobre qué ellos juzgaran interesante en la medicina de familia y cuáles son los desafíos en Brasil a esta especialidad. 167 respuestas fueron cifradas y clasificadas según técnicas de análisis cualitativo. Resultados: los aspectos positivos de la medicina de la familia identificados fueron *el carácter de la relación paciente-doctor*, *el carácter de la práctica*, y *la filosofía y los valores de la medicina de la familia*. Los obstáculos incluyeron la ignorancia de parte de los pacientes a cerca de la medicina de la familia, la carencia percibida del status de la especialidad, y su ausencia de las facultades de medicina e de las estructuras de residencia. Conclusiones: Los demandados hicieron mayor hincapié en las características humanísticas y las características relacionales de la medicina de la familia, y menos en el contenido médico. Esas informaciones deberían ser útiles a educadores de medicina de la familia brasileños, y puede sugerir que los esfuerzos para aumentar el interés de los estudiantes en los EE.UU, consideren el mayor énfasis en estos aspectos de la disciplina.

PALABRAS-LLAVE: Estudiantes médicos brasileños. Educación médica. Práctica de familia.

RESUMO: Contexto e Objetivos: Sendo o Brasil o maior país da América Latina, o cuidado de saúde e os sistemas de educação para a saúde no país têm uma importância que vai além de suas fronteiras. Embora a Medicina da Família não seja parte do currículo em escolas médicas brasileiras, o sistema de saúde gira em torno do "Programa de Saúde da Família". Métodos: Estudantes assistentes de conferências em 6 escolas de medicina de São Paulo responderam a duas perguntas sobre o que consideraram interessante na Medicina da Família e quais os desafios a esta no Brasil. 167 respostas foram codificadas e classificaram segundo técnicas de análise qualitativas. Resultados: Os aspectos positivos da Medicina da Família identificados foram *o caráter da relação paciente-médico*, *o caráter da prática*, e *a filosofia e os valores da Medicina da Família*. Os obstáculos foram a falta de conhecimento da Medicina da Família pelos pacientes, a falta percebida do status dessa especialidade e sua ausência das escolas de medicina e da estrutura de residência. Conclusões: Os respondentes deram maior ênfase às características humanísticas e de relacionamento da Medicina da Família e menor ao conteúdo médico. Essa informação é útil para educadores brasileiros da área de Medicina da Família e pode sugerir que os esforços para aumentar o interesse estudantil nos EUA considerem a possibilidade de dar maior ênfase a esses aspectos da disciplina.

PALAVRAS-CHAVE: Estudantes de medicina brasileiros. Formação médica. Prática familiar da medicina.

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Introduction

As the largest country in Latin America, the way that health care is delivered and physicians are educated in Brazil has importance beyond its borders. Private health insurance and hospitals are available to those who can afford it, particularly in the largest cities, but the vast majority of care is delivered through the public system. In 1988, the government passed a law guaranteeing universal access to medical care, and in 1996 the *Programa de Saude Familiar* (PSF) was created with the goal of providing primary care teams led by family doctors to Brazilian communities.

Brazilian medical schools have a 6-year curriculum and admit students on the basis of a competitive examination taken at the end of high school. Family Medicine as a discipline and specialty is not well-established in Brazilian medical schools. Many schools do not have formal departments, and those that exist are relatively new and created from an expansion of Preventive and Community Medicine departments. Thus, there is a relative dearth of role models and practicing family physicians on the faculty of medical schools. Recruitment into Family Medicine is also made difficult by the lack of understanding of the discipline and the lack of enthusiasm for this career choice in the primarily upper-middle-class families of those attending medical school. Family Medicine residencies have been created in the last several years with government support, but train a very small percentage of Brazilian medical graduates. Because residency training in a specialty is not required for practice in Brazil, most primary care doctors in the PSF have come directly from medical school and many stay for only a few years before returning to training in another specialty.

The purpose of this article is to assess attitudes of medical students in the greater São Paulo area toward Family Medicine as a discipline and as a career option. We are not aware of any prior surveys of attitudes toward Family Medicine among Brazilian medical students.

Methods

In the Spring of 2003, two of the authors (JF and PK) lived in São Paulo as part of JF's Fulbright Fellowship at the Federal University of São Paulo (UNIFESP) medical school. During this time, JF made formal presentations at UNIFESP and at other São Paulo city and state medical schools about Family Medicine. At these talks, a survey was distributed to attendees that asked two open-ended questions about what interested them most about Family Medicine and what they thought was the major challenge facing Family Medicine. We collected a total of 167 responses. IRB approval was received to analyze the data from the Kansas University Medical Center.

The Medical Schools

The medical schools were all located in São Paulo, the most populous state in Brazil and a leader in business and education. São Paulo state has 40 million people and is 248,800 sq km (97,500 sq mi), roughly the size of Wyoming with the population of California, while São Paulo city has 11 million people, with about 19 million in the metropolitan area. At the time of the study, there were at least 27 medical schools in the state of São Paulo (this number changes as new private schools are frequently created). Students at 6 medical schools were surveyed. They included 4 of the 8 medical schools in São Paulo City (UNIFESP, Santo Amaro, Santa Casa, and ABC) and

2 schools within 100km of the city in São Paulo state (Jundiá and the Pontifical Catholic University of São Paulo at Sorocaba).

The Analysis

Responses to the questions were written in Portuguese and translated into English. Using techniques of content analysis¹, ML reviewed the translations and worked with JF and PK to independently review the answers, assign initial codes and group responses into themes. Areas of disagreement were discussed and resolved. The themes were generated and sorted into concept clusters groups that expressed meaningful similarities and differences². PGB and ML, the authors most familiar with the Brazilian medical education system and Brazilian medical students, reviewed these themes and groupings for face validity and appropriateness, and their insight was incorporated into the final analysis.

Results

From answers to the question, "What do you find most interesting about Family Medicine?" three major themes were identified: the *character of the doctor-patient relationship*, the *character of the practice*, and the *philosophy and values of Family Medicine*.

The *character of the doctor-patient relationship* had the greatest number of comments, with 78 (47%) of respondents using some form of "treating the whole patient, not just a part", 35 (21%) commenting on the unique nature of the relationship between family physicians and their patients, and 19 (11%) simply citing the "role of the doctor". Students' responses indicated strongly positive perceptions about the nature of the doctor-patient relationship in Family Medicine, which seemed to resonate with

their ideas and perhaps ideals about becoming a physician.

"Family Medicine rescues the doctor-patient relationship in its broadest sense."

"It is the only way the doctor can reach the patient, not only in relations with the family, but with each patient."

"The relationship is important because the doctor becomes like a "friend" of the patient."

"The most important thing is the possibility of a closer relation with the patient, over a longer period of time. With this, we can go deeper into treating not only the disease but also the whole patient, and have a more effective cure."

"The possibility of ...having a doctor-patient relationship that is less cold than that experienced in the hospital."

In particular, the relationship between Family Medicine and humanism, which was variously understood as holistic, comprehensive and ongoing, was repeatedly mentioned.

"Family Medicine has the human relationship between the doctor and the patient. All doctors should have this relationship, but we don't see it."

"Family Medicine helps to change the medical course of study, makes it more humanistic."

"The contact in Family Medicine lets you talk with the patient in a humanistic way, let's you realize that this is a person not an object of study."

"The family doctor puts together technical and humanistic knowledge."

"I know that humanism is a fundamental word in Family Medicine; everything you do is based on the patient."

"Family Medicine has the opportunity to treat many different ca-

ses, in a different way from other specialties. Family doctors not only have a humanistic side, they treat the pain"

In the second theme, the *character of the practice*, comments related to the breadth of the practice of Family Medicine and the wide variety of patients (adults, children, pregnant women, etc.) seen, "the care of all patients", and its "generalism" in 32 (19%) of responses. Nineteen (11%) of responses also identified as attractive the multiple settings in which Family Medicine can be practiced (hospital, office, nursing home, workplace, etc.)

"I like the idea of being the "complete" doctor, using all of the areas of medicine when taking care of the patient of any age or sex. Also, addressing the prevention of disease and having contact with the community."

"The involvement of the doctor with the patient, treating not only the disease, but helping to solve the problems of the patient that might interfere with his health."

"There is magic in the CONTINUITY which will make your work effective as you follow the patient."

"The fact that the family doctor never knows what is going to come to his door; he treats every kind of patient."

"The chance of being a doctor to everyone or almost everyone; the family doctor treats all areas of patient and community health."

"The idea of a global doctor is good in which one must know medicine, pediatrics, gynecology, obstetrics and psychiatry."

"The possibility of following the patient over his life and the life of the disease, which allows us to see the resolvability of certain diseases."

The third theme which students identified as interesting about Family Medicine, its *philosophy and*

values, was specifically mentioned by 28 (17%) of respondents, either alone or in conjunction with other comments related to one of the first two themes.

"It is a philosophy of making health not based on a specialty."

"The family doctor is THE DOCTOR of the patient, the first person the patient searches when something is wrong. It is the essence of medicine."

"The approach of a multifaceted medicine where we have to use our feelings, something we do not learn about in the university."

"How we take care of people; the specialty is based on the patient. We don't see this in our medical school."

"Treating the patient and not the disease."

"The most important thing is to treat all the basic needs of the patient. This has been lost in the hyper-specialization process [of medicine]."

"It is pure, the art of taking care; it is the opportunity to make medicine in its most essential way."

Responses to the question on the greatest obstacle to Family Medicine identified the lack of knowledge by patients of Family Medicine (50, 28%), the lack of perceived specialty status for Family Medicine (39, 22%) and its absence in the residency and medical student education structure (28, 16%). Political issues were named by 25 (14%) of respondents, 14 (8%) identified physician attitudes, and 16 (9%) cited general resistance to change by the discipline of medicine. Frequently mentioned was strength of the current system of specialist medicine:

"It will be difficult to introduce this new concept of doctor into the minds of the population and have Family Medicine become the fundamental specialty in Brazil and reduce the number of 'hyper-specialist' doctors."

"The biggest challenge will be to break the specialist culture, both among professionals and the population."

"It will be a challenge to recruit doctors who want to be family doctors, because nowadays we only make specialists and sub-specialists."

"It will be necessary to change the understanding of doctors and students about the concept of 'family doctor' in day-to-day life, their career and in any area of medical work."

Students noted that Family Medicine was not widely accepted in Brazil and that ideas about Family Medicine were not widely discussed in medical school curricula. Challenges identified were:

"Being inserted into the medical curriculum and in society, in a cultural way, like in the USA,"

"A lack of interest because of the lack of dissemination of this new specialty in medical education."

"The lack of space and discussion in the medical school"

"To get universities to accept the discipline in the curriculum."

"The structure of medical education, which is built around specialists."

There were also comments related to the education of the public to accept Family Medicine:

"Another challenge is to make the community understand why they should go to a family doctor before looking for a specialist."

"Making people do not believe in treatment given by a non-specialist or trust in the family doctor's capacity as a full health professional. They think he is a lower-status professional."

"Change the mind of the population and the other doctors that we can treat a big portion of the health problems with Family Medicine, without using other specialists and big Health Care Centers."

Discussion

This assessment of attitudes toward Family Medicine, taken from a convenience sample of students from 6 São Paulo area medical schools who attended talks on Family Medicine by a Family Medicine educator from the US, identified 3 themes regarding the most attractive aspects of the discipline to these students. They are the *character of the doctor-patient relationship*, the *character of the practice*, and respondents' perception of Family Medicine's *principles and values*. While these are significant issues for US family physicians and Family Medicine educators, the Brazilian students defined the character of Family Medicine more by the relationship with the patient as than by the practice breadth and variety, while in the US the specialty is more often identified by the latter characteristics.

The greatest appeal of Family Medicine to these Brazilian students is the *relationship* that develops between the family physician and his/her patients. Frequently described as "humanism" or "humanistic medicine", students and many educators feel this is lacking in the current medical education curriculum. Indeed, the Vice-Dean in charge of Undergraduate Education brought JF as a Fulbright fellow into UNIFESP to assist in developing a more humanistic curriculum.

While Brazilian students also identified the *character of the practice* themes (the breadth of the practice, the multiple settings in which the practice occurs) that many, including the US-based authors, see as defining the specialty, the Brazilians cited them less often, and seemed to view them as secondary to the first theme. This is important because, if they believe that they can be humanistic pediatricians,

internists, psychiatrists or surgeons, they may be less motivated to actually enter training in Family Medicine.

The third theme, the *principles and values of Family Medicine*, is highly tied to the students' perception of the discipline as "holistic". While the term "holism" has a variety of definitions and usages³, in this study it had at least two meanings. The students use it to describe a broad approach to the individual patient that included psychological and social, as well as physical, functioning (thus tied to the *character of the relationship* theme). Holism was also used to recognize that the family physician cares for many different conditions and types of patients (adult, child, pregnant woman) who would otherwise be cared for by a variety of specialists and sub-specialists (related to *character of the practice* theme).

Based on the results of this study, creating the skilled family physicians Brazil will require gaining student interest, particularly by leveraging the interest they have humanistic medicine (the *character of the doctor-patient relationship* theme). It will also require exposing them to the breadth of Family Medicine in practice (the *character of the practice* theme) including increased emphasis on medical skills and knowledge in obstetrics, pediatrics and medical subspecialties that demonstrates the high level of medical knowledge required of family physicians, as well as experiences in public health, community and preventive medicine and the collaborative interdisciplinary practice needed for the PSF.

The information from this survey may also be of use in encouraging the interest of US medical students in Family Medicine, which has seen a marked downturn in recent years. In the US (as in Brazil),

undergraduate medical education, and residency training in Family Medicine places primary emphasis on the content knowledge of the specialty and activities and procedures involved in its practice. It may be useful for Family Medicine educators in the US to place greater emphasis on attracting medical students who are interested in the human side of the doctor-patient relationship and demonstrate how Family Medicine is the best vehicle

for applying that interest, as well as focusing to a greater extent on the *principles and values of Family Medicine*.

There are several limitations to this study. It is a convenience sample of students who had enough interest to attend a talk on Family Medicine, and it only included schools in and near São Paulo city, in particular schools in which the Brazilian Society for Family Medicine (SOBRAMFA), an independent

São Paulo-based group, had presence. Their attitudes may well not generalize to the broad population of Brazilian medical students. However, they are a reasonable reflection of the attitudes of students who are likely to have thought about Family Medicine. Combining this information with work done on attitudes in the US and other countries may help inform strategies to increasing student interest in the specialty.

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