

# A Fundamental Tool of the General Doctor: Knowledge of the Family Life Cycle

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**Received date:** November 09, 2024; **Accepted date:** November 15, 2024; **Published date:** November 19, 2024

**Citation:** Jose L. Turabian, (2024), A Fundamental Tool of The General Doctor: Knowledge of The Family Life Cycle, *J. General Medicine and Clinical Practice*, 7(19); DOI:10.31579/2639-4162/240

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## Abstract

Among the fundamental tools of the clinical work of the general practitioner (GP), an important one is knowledge of family health. These data are essential for the comprehensive study of the patient and her family. The family health study is a type of research that takes the family as the unit of analysis to generate knowledge about the relationship of this social group with the health of its members and the community. It aims to reflect the multiple and complex interactions between society, the family and health, as well as between health policies, health care systems and family needs. For the GP, working with a family health approach is assuming a biopsychosocial framework

**Kew Words:** general practice; family; tools; theoretical framework

## Introduction

Among the fundamental tools of the clinical work of the general practitioner (GP), an important one is knowledge of family health [1-4]. These data are essential for the comprehensive study of the patient and her family. The family health study is a type of research that takes the family as the unit of analysis to generate knowledge about the relationship of this social group with the health of its members and the community. It aims to reflect the multiple and complex interactions between society, the family and health, as well as between health policies, health care systems and family needs. For the GP, working with a family health approach is assuming a biopsychosocial framework [5].

Family is two or more people related or connected biologically, emotionally, or legally. Although the roles and composition of the family have changed and expanded [6], its function remains constant: to provide security and an environment that promotes the physical, mental, and social well-being of the members. Illness is a powerful agent of change. The impact of the disease on the family is diverse and can be devastating. The disease in the family causes a great disruption that alters relationships, demands, roles, communication and tasks [7-9].

The family life cycle concept is a practical and effective tool to help GPs implement a family health approach. The importance of knowing the family life cycle and its stages lies in the fact that it is a very powerful tool to be able to predict, monitor and intervene, if necessary, in the face of health problems [10]. Family life cycle theory suggests that successful transition can also help prevent illness and stress-related or emotional disorders. Moments of transition in family life produce tensions that require changes in the family organization to adapt to the changing needs of its members [11]. Many studies reveal the importance of the family in the health and disease

process, because a series of life events and/or normative crises (marriage, birth of a child, etc.) and non-normative crises (divorce, etc.) take place within it [12, 13].

Every family has its own natural history that is made through successive stages during which its members adopt certain behaviors that are predictable and comply with established social behavior norms. The natural history of the family is constituted by stages of increasing complexity that are followed by others of family simplification, varying its social and economic characteristics from its formation to its dissolution. Apart from day-to-day changes, families can sometimes be faced with important demands to change, such as when a person arrives – births and weddings – and when a person leaves – leaving the family and the death of a member. There are also external demands such as social and cultural changes.

For more than 30 years, the idea of the individual life cycle model has been extended to the family life cycle. This cycle has implications for therapeutic work with families and individuals, as problems are often associated with critical periods of change and transition in families. For example, psychotic episodes are often associated with late adolescence when you are about to leave your family and start your own home. There are two dimensions to the development of influences in the family: a vertical flow that includes the models of relationship and functioning that are transmitted from generation to generation in the family, and that includes attitudes, myths, taboos, expectations and beliefs with which families grow up. And a horizontal flow that includes both the predictable stressors of life cycle transitions, as unpredictable external events (war, death, chronic illness).

The GP must understand the different tasks and roles of the patient within the life cycle. This information allows contextualizing the health problems

of the patient and the family, as well as increasing the usefulness of their interventions. Using the life history/family life cycle methodology, the clinician begins to understand the patient's autobiography and can use the life cycle tasks as chapters in each patient's life history. This will help make connections between the data being presented and the behaviours and feelings observed. Understanding the disease and the patient's experience in the context of their life and in their personal stage of development (family, work, beliefs, life crises...) requires knowing the patient's position in their life cycle, which can shed light on their experience at that time. The context includes pathology, disease, the person and the environment. Each person is part of multiple and interconnected systems, including family, ethnicity, colleagues, social contacts, work, school environment, and religion.

Patients are parents, partners, children, etc., who have a past, a present, and a future. Motives, ideals, and expectations have been built in each phase of her development, and her life is greatly influenced by each phase of development, such as isolation and loneliness for an elderly widow, or complex for a middle-aged woman with multiple responsibilities as a wife, mother, daughter, and worker. Thus, their position in the life cycle, the tasks they assume, and the roles they take will influence their medical care; for example, the beginning of diabetes mellitus in a young person versus in an elderly person [14].

It must be taken into account that the concept of the family life cycle was developed centered on the Western nuclear family model, which, in its pure form, is currently not the most frequent [6]. Thus, we can have families in different steps of the cycle at the same time. A "new" couple may find themselves in a courtship phase, but at the same time have to deal with the problem of a teenage son from a previous marriage. Under these circumstances, each family member may experience the family life cycle differently. However, despite these difficulties, the family life cycle provides a framework within which to consider the problems of families and the individual illnesses of its members [15-17].

The evaluation and management of any clinical problem should include consideration of the family life cycle. For example, in urinary tract infections in pregnancy, taking into account the family life cycle means, in practice, taking into account aspects such as teenage pregnancy, late maternity, pregnancy through assisted reproduction from the age of 35, single women who decide to have a child and go to the clinic for sperm from a donor, second couples who are around 40 years of age, have gone through a divorce or separation, etc. or the family and stress: mothers with several small children, divorced, separated and widowed, or with few social contacts, unemployed, etc. These aspects mark degrees of vulnerability and risk.

In the practice, there are several instruments to study the family, but due to its functionality and applicability, the genogram becomes the instrument that stands out in its use as an instrument for the study and approach of the family. The genogram also allows the GP to obtain information on developmental stages, vital events, family context, trans-generational experiences of health and illness, and to determine repetitive patterns on ways of relating to and coping with critical situations [18-21]. In addition, the elaboration of the genogram has therapeutic implications; There are therapeutic benefits embedded in both the process of genogram interview and data produced [22].

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DOI:10.31579/2639-4162/240

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