

Transforming Health/Illness on A Large Scale with Brief, Low-Cost Interventions

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Abstract:

The general practitioner (GP) is like a catalyst: a small amount of he or she, when present in a "chemical reaction", can produce significant results. Thus, the GP continually performs small or brief interventions that are, in reality, "maximal" due to their profound effects. The GP is a small enzyme, seemingly insignificant at first glance, but upon which the pace and speed of a chemical reaction depend. The GP's work resembles that of a powerful reagent. Their presence is never dominant, always judicious and adapted to the demands of each situation, and this is reflected in the speed and quality of the results. Their task is humble but very important: to discover what stands between people's interest in health and their attainment of it, and to know what he or she can do to help them achieve it using the least amount of our effort. To empower individuals to be in a better position to progress [1,2].

Keywords: general practice; physician-patient communication; decision making; brief intervention; motivation; immunization; impact

Introduction

These brief, high-impact interventions in general medicine would include at least:

1. The doctor-patient relationship
2. Performing the genogram
3. The technical measurement of blood pressure
4. Brief advice on habits
5. Vaccination (immunization)

1. The doctor-patient relationship

The type of doctor-patient relationship creates a context for intervention. The doctor-patient relationship is a diagnostic and treatment tool. It is not merely a means to an end, but a central therapeutic component and an intervention tool in itself. It is important to remember that the most frequently used medicine by primary care physicians is the doctor themselves. Physicians who adopt a warm, friendly, and reassuring style of consultation are more effective in their interactions with patients than those who adopt a formal style and do not offer friendly reassurance [3-8]. How do people become capable of coping not only with internal conflicts, but also with originally traumatic environmental situations? Once a person has made any personal change—even a minimal one— (a relationship of acceptance, whether the

evaluation is positive or negative, a discovery of their problems, their causes and consequences, their relationships and resources, their alternatives), the need for defensiveness diminishes, and their contextual situation is no longer the same. Once this person perceives themselves differently, they react differently, and thus new changes occur, initiating a cycle of development. True communication happens when the evaluative tendency is avoided; when we listen with understanding. What does this mean? It means that we see what the other person expresses and their ideas from their point of view, that we feel as they feel, in order to be within their frame of reference. If we can listen to what they have to say, if we can understand how they see things, if we can see the personal meaning it has for them, if we can feel the emotions it evokes in them, then we will be releasing powerful forces of change within them. This empathetic understanding—understanding with a person, not about a person—is so effective that it can change their personality. If we understand the other person in this way, we can enter their private world and see how life appears to them, without trying to make evaluative judgments. In this situation, also we can change ourselves [9].

If the therapist possesses within themselves an attitude of profound respect and full acceptance of the client as they are, toward the client's potential to cope with themselves and their situation, and if these attitudes are imbued with sufficient warmth and deep affection for the person's core, and if a level of communication is achieved such that the client can begin to perceive that the therapist understands the feelings they are experiencing and accepts them

in the full depth of that understanding, then we can be sure that the process has already begun [10].

2. Creating the Genogram

This is an instrument or tool of the biopsychosocial model that provides information about the patient, their family, and their context, which implies prognostic value and useful information for the consultation. The genogram is a tool that connects individual care with community care. Creating the genogram establishes a therapeutic bond with the family, which implies a qualitative change in the relationship. By creating the genogram, the physician finds a diagram that modifies the traditional relationship with their patient, since they have before them a large amount of information that refers to both the patient and their family. It is important to emphasize that the genogram is also an intervention or treatment tool. There are inherent therapeutic benefits both in the process of the genographic interview and in the data produced. Creating a genogram always implies an intervention on the patient [11-13].

3. The Technique of Taking Blood Pressure (BP)

In a quick consultation, it's common to overlook the 5-minute rest period or the correct arm position. Correcting these details prevents false diagnoses of hypertension (and unnecessary medication) or overlooking actual hypertension that could lead to a stroke years later. The most important and common office test is BP measurement; however, it is considerably undervalued. BP assessment is one of the most common measurements performed in outpatient clinical settings, particularly in general medicine, but also in cardiology, diabetes and endocrinology, nephrology, etc. Accurate BP measurements are crucial for the diagnosis and treatment of hypertension. Physicians or physician assistants often work in a fast-paced environment; however, small inaccuracies in BP measurement can have considerable consequences. Non-standardized BP measurement can lead to overestimation or underestimation of BP by an unpredictable magnitude, which will inevitably lead to suboptimal treatment. Overestimating actual BP by 5 mm Hg would lead to inadequate treatment with antihypertensive drugs in 30 million Americans, with consequent exposure to adverse drug effects, the psychological effects of misdiagnosis, and unnecessary costs [14, 15].

4. The Brief Habit Advice

By "brief intervention," we mean implementing an intervention that requires very little time. Brief interventions aim to motivate people at risk to change their behavior. An hour-long speech is not necessary. A direct comment such as, "I've noticed you've gained a little weight, and this is affecting your blood pressure. Could you try walking for 15 minutes a day?" carries enormous psychological weight when it comes from a medical authority, often serving as the catalyst for lifestyle changes that prevent type 2 diabetes. In primary care, brief interventions last from 30 seconds to 5 minutes and are a technique used to initiate changes in unhealthy or risky behaviors, such as smoking, lack of exercise, alcohol abuse, mental health disorders, or substance use. Primary care professionals are ideally positioned to identify, assess, and deliver brief interventions to these patients. Brief interventions are based on motivational interviewing techniques. Motivational interviewing is a technique that aims to be impartial and non-confrontational. Its success depends largely on providing objective feedback based on the information provided by the individual [16-21].

5. Immunization (Vaccination)

It is considered one of the most cost-effective interventions in the world. With a relatively low cost per dose, it prevents millions of deaths annually and avoids massive expenditures on treatments for chronic diseases or preventable disabilities. GP plays a critical, front-line role in vaccination, providing over 50% of clinical immunization visits and serving as the primary source of vaccine information. They are essential for overcoming vaccine hesitancy, administering vaccines across age groups (infants to elderly), and protecting high-risk patients. Their recommendation is crucial for improving vaccination rates. GP can use each visit (e.g., ankle sprain, depression follow-up) to check immunization status and administer vaccines [22-27].

In short, these are low-cost interventions (an updated version of "less is more"), with a minimalist or "zen" approach; they are "soft" interventions for hard problems. They are actions that embody a minimalist concept; this generally implies that something has been reduced to its essentials, with superfluous materials removed; it is everything that has been reduced to its essence, without any unnecessary elements filling it in. Why should GPs perform these types of interventions? Because these interventions are effective and cost-effective. They incorporate creativity and common sense. Diagnosis and treatment in medicine are a matter of scale. In brief or small GP interventions, the diagnostic and decision-making process is carried out on a scale appropriate for both the GP and the patient.

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