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Review Article

Cooking Up Family Medicine: A Metaphorical Kitchen Guide for Medical Training and Clinical Practice. 3. "Pizza" (Contextualization of Clinical Care).

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Abstract:

The family doctor is the general practitioner who assumes the responsibility of attending to the patient in a comprehensive, biopsychosocial, contextualized manner, focusing on family and community, with continuous care, without selecting patients based on age, sex, disease, organs or body systems. Family medicine training can often feel like a massive, overwhelming banquet of information, and the concepts and theories that belong to family medicine are often difficult to explain and understand. Here, these concepts are explained through metaphors—a way of transforming a concept into something suggestive, interesting, and surprising—, irony—which implies that what is said is not what is meant—, and humor, which can be therapeutic. The series of short articles, "Cooking Up Family Medicine: A Metaphorical Kitchen Guide for Medical Training and Clinical Practice," is thus an ironic metaphor that breaks down the complexity, offering a refreshing, bite-sized approach to the foundational concepts every family doctor must master. It is a series of 10 short chapters / metaphorical and ironic cooking recipes." Inside these metaphorical cookbook articles, you won't find instructions for roasting chicken or baking bread. Instead, you will discover concise, ironic, and highly practical "recipes" designed to help you easily digest and internalize core clinical principles. Each article serves as a quick-to-read kitchen lesson, transforming abstract family medicine theories into actionable for your daily clinical practice. These series of articles provide the perfect ingredients to sharpen your clinical intuition—one delicious concept at a time. This article presents the recipe for "Pizza" (Contextualization of Clinical Care). Bon Appétit, Doctor!

Keywords: contextualization of clinical care; ironía; metaphor; medical training; clinical practice; general practitioner; family medicine

Introduction

The academic discipline of family medicine is unique and coherent. It possesses knowledge, skills, and attitudes common to other clinical specialties, community medicine, behavioral sciences, and social sciences. However, it uses them in a particular way, thus constituting a recognizable, unified, specific, and differentiated set of skills [1]. But, concepts belonging to family medicine are often difficult to explain and understand.

Metaphors enable us to understand something that is unknown in terms of its familiarity [2-5]. Irony is also a very useful educational tool [6], as it stimulates critical thinking and fosters self-reflection [7, 8]. And the respectful use of humor is important in medical practice [9-11].

Traditional medical textbooks treat knowledge like an assembly line: rigid, serious, and cold. This series of articles adopts a different approach. We treat family medicine like a kitchen. Why a kitchen? Because being a great family doctor is not so much about blindly following a strict protocol, but about knowing how to balance the ingredients. It takes a dash of clinical intuition, a generous dose of empathy, a solid foundation in evidence-based medicine, and, occasionally, a pinch of irony and

humor to get through the day. Within these articles, you won't find instructions on how to bake a soufflé. Instead, you'll find a collection of concise, metaphorical "recipes" designed to help you "cook up" the core concepts of family medicine. So, wash your hands, put on your apron (or white coat), and let's get cooking! Bon appétit, doctor. In this scenario, here is the recipe for “Pizza” (Contextualization of Clinical Care).

PIZZA (Contextualization of Clinical Care)

The dough is the base of the pizza. Then there are the toppings: vegetables, meats, cheeses, seafood, etc. At first glance, it might seem that these toppings are what give it its flavor, but no, it's the dough in which they are embedded. To properly appreciate these toppings, they must be seen within the context of the dough. In reality, there are no pizza toppings without the context of the dough, nor dough without toppings. One creates the other and vice versa, and they co-evolve. Intervening on the toppings (without considering the dough) is not possible. It's the same in family medicine practice: the base, the dough—the context—is the most important thing; then there are the additional ingredients: signs and symptoms, complementary imaging tests, laboratory tests, adjuvant treatment, etc.

Ingredients

-130 grams of Theoretical Framework in Which We Operate

-20 grams of Fresh Historical Dimension or 7 grams of Dehydrated Historical Dimension

-25 grams of Continuity of Doctor-Patient Care

-Thinking in Systems Networks

-A pinch of Panoramic Vision that Includes the Perspectives of Other Actors

-A little bit of the Existence of Mutual Causal Relationships or Circular Causality, or any spice you like

-1 Liter of Social or Relational Dimension

Preparation

Mix the Continuity of Doctor-Patient Care with 100 grams of the Theoretical Framework in Which We Operate, 2 tablespoons of Thinking in Systems Networks, and the Panoramic Vision that Includes the Perspectives of Other Actors.

Then quickly knead and add the necessary Social or Relational Dimension to obtain a consistent and elastic dough. Sprinkle this dough with the Theoretical Framework in which We Operate and let it rest for about 30 minutes, wrapped in plastic wrap and refrigerated.

Also sprinkle the kitchen counter where you'll be working the dough with the Theoretical Framework in which We Operate. Using a rolling pin, also sprinkled with the Theoretical Framework in which We Operate, try to roll out the dough as thinly as possible, giving it the typical shape of a pizza.

Now you have your homemade pizza dough; all that's left is for you to finish it with the rest of the ingredients: the Clinical Signs sauce, the Clinical Symptoms, etc.

The dough is baked for approximately 10 minutes. Remove from the oven and add the desired toppings (Signs and Symptoms: Complementary Analytical Tests, Complementary Imaging Tests, Wait and See, Adjuvant Treatment, etc.), and continue baking for a total of 20 minutes.

Variation: The pizza can be topped with your preferred ingredients. In addition to Signs and Symptoms: Complementary Analytical Tests, Complementary Imaging Tests, Wait and See, Adjuvant Treatment, etc.

Time and Cost

Making pizza dough isn't complicated; as you make more dough, you'll become more adept at contextualizing it, and each time you'll get better.

Precautions and Contraindications

The secret to a good pizza –clinical attention– lies in the correct fermentation of the pizza dough –context–, cooked to the precise point where, although still soft, it is still crispy. It is important that the dough –context– doesn't stick to the sides of the pan because this will slow down the fermentation. It's important that the dough—the context—has a lot of flavor, so that even if we come across parts without filling, it still tastes good. It's important to add salt; bland dough—a bland context—is awful. The kneading—the contextualization—is very important.

Concept of Contextualization

The clinical task of the family physician is to recognize that the common denominator of illness is that it occurs or arises in situations—within the mass. When seeing a patient, one thinks in terms of diseases—pneumonia, etc.—these are useful concepts that contain a wealth of knowledge about etiology, course, prognosis, and treatment. But at the same time, one always knows, deep down, that illness is a process inextricably intertwined with the untold history of that particular patient. To give value to these symptoms, they must be considered within their context.

There is no individual without context, nor context without individual. One creates the other and vice versa, and they co-evolve. Intervening on the individual (without considering the context) is not possible (it can only be done unconsciously or without proper information); there are no individuals, only individual-contexts. And conversely: intervening on the context (as if it were not co-dependent on the individual) is not possible. Furthermore, contexts are local. The entirety of the world is the juxtaposition of specific and distinct individuals and contexts.

Since the person within their context is the center of medical interest, it is necessary to learn the methods of the naturalist: Understanding, Observing, Thinking, and Reflecting. These methods allow us to truly "see" patients as people, beyond simply observing the mechanisms of the disease. It is not about seeing the disease and "something" about the patient, but rather about putting the "patient-context" first, with the disease and its pathophysiology secondary.

The kind of information physicians need to understand people is subjective—it arises from the subjectivity of both the patient and the physician. Subjectivity becomes objective when it becomes an object of contextualization.

To understand the full impact of a disease (neurological, cardiological, etc.) on an individual, it is essential to consider the overall context. The identification and diagnosis of diseases (such as Alzheimer's) are more closely related to certain contextual factors than to specific pathological factors. The course of the disease is influenced by the concurrent contextual factors. The severity and prognosis of the disease (chronic, such as (depression...) can be predicted more accurately from the loss of social and family roles and activities than from the clinical [12-20].

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