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Review Article

Cooking Up Family Medicine: A Metaphorical Kitchen Guide for Medical Training and Clinical Practice. 4. “Paella” (Community 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 “Paella” (Community care). Bon Appétit, Doctor!

Keywords: community 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, the recipe for “Paella” (Community care) is presented here.

PAELLA (Community care)

Paella (the original name is "Valencian paella") is a communal dish. In paella, meats, vegetables, and seafood are combined with rice. But to understand each ingredient of this dish, it must be done within the context of a larger whole: paella is an "open system"; a whole where individual ingredients depend on all the others; the parts are intrinsically related to each other.

The same is true for the family doctor working in the community: the community is like a huge paella containing the grains of rice, subjects (individuals) or groups, and the slices (institutions). As in paella, the behavior of the heterogeneous amalgam of actors and groups within the community in a given context must be explained by processes occurring in that context, and only by reference to the whole do the parts acquire meaning.

Ingredients

-1 kg of Families

-500 g of Work Environments

-200 g of Schools

-200 g of Community Groups (women, youth, pensioners, etc.)

-1 Social Volunteering Group (NGO)

-3 Mature Self-Help Groups

-600 g of Individuals

-A pinch of Consumer Groups

-Patient Groups to taste, but don't overdo it

-One tablespoon of Institutions for every cup of Individuals.

Preparation

Pour the Institutions into a paella pan and when it's very hot, sauté the chopped Families and Work Environments, turning them so they brown evenly.

Add the chopped NGO, the chopped Schools, and the Community Groups (women, youth, pensioners, etc.); let it cook for about 5 minutes and then add the peeled and chopped Self-Help Groups, and let it cook for another 5 minutes. Add the hot water, almost boiling (about 2.5 liters).

Bring to a boil, then reduce heat and simmer until the Families and Work Environments are cooked—about 40 minutes. Add a pinch of Consumer Groups and check the Patient Groups.

Add the Individuals (the water must be boiling), spreading them evenly so they are as well distributed as possible. Keep the heat on high for about 10 minutes, then reduce the heat and cook for another 8 minutes. Let it rest for about five minutes before serving.

The Individuals should be whole, dry, and separate, but it's normal for the Individuals or the rice to clump together in the community and in Paella, where several individuals or grains of rice stick together. Variation.

The only constant ingredient, besides the rice (the Individuals), is the Consumer Groups. But everything else varies because there are paellas with snails, broad beans, rabbit, fish, shellfish, vegetables, or a thousand other ingredients (citizen leaders, citizen representatives, neighborhood associations, social groups, self-help groups, institutions, schools, private agencies, volunteers, NGOs, professional healthcare associations, companies, factories, etc.), all of which can be called paella. Furthermore, there are many types of rice—just like there are many types of individuals: long grain, short grain, brown, parboiled, instant.

Time

The duration is 1 hour and 30 minutes, but Community Care can and should be provided during regular consultations—10 minutes per patient—and continuously.

Cost

Medium. It requires understanding the concept of providing community care when it is contextualized for the patient. There is a "macro" level of community care that requires contact with groups and institutions and that has a high cost for the average primary care professional.

Precautions and Contraindications

Individual, family, and community care are all aspects of the same thing. They cannot be separated from one another. Clinical care is always individual, family, and community-based simultaneously. Furthermore, groups and the community should not be considered homogeneous elements. The community (the public) is a heterogeneous mix of actors, a diversity of behaviors.

Concept of Community Care

The concept of "community" is modified and replaced by "context." Community care practice in general medicine is "contextual medicine," which implies sharing and empowering connections within the patient's relational matrix (12). Community care, from the perspective of the family physician attending to individual patients, means giving importance to and taking into account "contexts": a) creating contexts (relationships, connections), and b) considering contexts (environments, actors, resources) (13-19).

All health problems are simultaneously individual, group, and community-related. In all cases, illness is an alteration or dysfunction of the communication relationships between actors and contexts (human beings, perceptions, environments, etc.). In family medicine, there are no isolated individuals, but rather individuals in reference to others, in relation to others. When we believe we are intervening in isolated individuals, we are never treating just one individual. Changes in that person have repercussions on relationships with other individuals and contexts, and these changes, in turn, affect the patient, and so on. The unit of intervention is the individual plus the relationships/connections/links between actors (20).

Community is not established solely through geography, but through "links." Conceptually, a community can be a neighborhood, a "community" of interests with or without geographical boundaries, or the sum of a person's relationships and connections. Working from a community perspective means that the family physician performs the work of "creating contexts" through the relationships established with patients or clients of the practice. Community care is about moving from medicalizing social relationships to socially contextualizing medical practice. It is not that healthcare professionals should solve social

problems, nor that they should take social problems into account (too vague), but rather that social problems are part of the consultation. The pathology ("disease"), the experience ("illness"), and the social impact of health problems cannot be separated from primary care practice. Community care includes an emphasis on the need to empower people, including those with health problems, to address their needs. For this power to be used effectively, it is necessary to consider the positions of a number of actors in the patient's context: professionals, informal caregivers, friends, social networks, community healers, central and local government, volunteers, etc. (14).

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