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Review Article

Cooking Up Family Medicine: A Metaphorical Kitchen Guide for Medical Training and Clinical Practice. 5. “Hot Dogs with Mustard and Ketchup” (Family 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 “Hot Dogs with Mustard and Ketchup” (Family 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, here is the recipe for “Hot Dogs with Mustard and Ketchup” (Family Care).

Hot Dogs with Mustard and Ketchup (Family Care)

A hot dog is a sandwich made with a frankfurter sausage (boiled or fried) in an elongated bun, traditionally served with mustard and ketchup.

Therefore, the hot dog consists of three basic ingredients: 1) the sausage, 2) mustard, and 3) ketchup. There is no true hot dog without at least these three elements. Even if the sausage isn't of high quality, with enough mustard and ketchup, it will be edible. Other optional ingredients include fried onions, pickles, and Cheddar cheese.

It's like buying three and paying for only one. When you think of a sausage, the image of mustard and ketchup also comes to mind, and vice versa: if you think of mustard and ketchup, the image of a frankfurter also comes to mind; there's a causality that's not linear, but circular.

The same applies to Family Care—the patient care model based on the family system—which has three basic elements: 1) the family as context, 2) the therapeutic triangle of doctor-patient-family—and even if the family context is complex, if a sufficient amount of the doctor-patient-family therapeutic triangle is used, it will be possible to intervene in that problem; and 3) the fact that most health problems are the result of circular causality.

Ingredients

-Families as Context, preferably those in a glass jar (Western nuclear family consisting of two generations, parents and children, living under the same roof)

-Questions about Each Family Member's Opinions on the Problem

-1 Emphasis on the Relationship with the Family Member

-1 Genogram

-1 Maintaining Alliances with all Family Members without Taking Sides

-Circular Causality Sauce to taste

-Therapeutic Triangle Sauce (Doctor-Patient-Family) to taste

Preparation

The Family Contexts and the Questions about Each Family Member's Opinions on the Problem are cooked, opened in half, and toasted in a pan (this can also be done without toasting). Then, a wedge of the Genogram is cut and chopped into very small squares and circles. Maintaining Alliances with All Family Members is peeled and grated, and Emphasis on the Relationship with the Family Member, pickled, is sliced very thinly. Then the Family-Context is added, along with the Therapeutic Triangle of Doctor-Patient-Family and Circular Causality, and it's ready to eat. It's delicious; guaranteed.

Variation

It can be used with different types of families, in addition to the nuclear family: “Frankfurt, Berlin, Munich, and Hamburg” (Extended or Joint Family, Blended Family, New Types of Families - Simultaneous or Reconstituted Family, Single-Parent Families, Same-Sex Families-, and Other Family Rearrangements - Sibling Groups, Uncles-Nephews/Nieces, Grandparents-Grandchildren).

Time

It usually requires several sessions to be properly prepared.

Cost

Theoretically easy; more complicated in practice

Precautions and Contraindications

There are very few contraindications. Sometimes there are explosive interactions, but the family can almost always manage their emotions. What sometimes seems like a "disastrous" session (dangerous emotional interactions) often yields fruitful results. The less dysfunctional the family, the better for the family interview.

Concept of Family Care

Among the fundamental tools of the general practitioner's clinical work, an important one is knowledge of the family health history. This data is essential for the comprehensive study of the patient. For the primary care physician, family care means moving "from the Dyad to the Triad": from doctor-patient to doctor-patient-family. The family is the primary and determining context for the physical, emotional, and intellectual development of each of its members and is the primary social context for treating illness and promoting health. Families directly transmit some diseases through the biological transfer of DNA. But these diseases are often not one hundred percent genetically determined. Long-term behavioral patterns can reduce or increase genetic risks, and both genetic risks and health-related behavioral patterns originate in the family unit. It is possible to improve the positive impact of physicians on an individual's health by including other family members in the care plan. Like a living organism, the family goes through evolutionary phases with a predictable course, regulated by internal factors—biological and psychological—and by external factors—cultural expectations and social possibilities. The family life cycle is an organizing concept that allows us to understand the sequential evolution of families and the transitional crises they experience as their members grow and develop. The concepts of the family life cycle are a practical and effective way to help clinicians implement a biopsychosocial approach. Transitional moments in family life produce tensions that demand changes in family organization to adapt to the changing needs of its members [12-18].

The genogram 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. Creating the genogram fosters a therapeutic bond with the family, which implies a qualitative change in the relationship. The genogram generates hypotheses—in circular terms—about patients' risks of developing illnesses or experiencing family-related stressors, such as diabetes, hypertension, coronary heart disease, substance abuse, and depression; it allows for the development of a provisional explanation of how the family system is organized around a problem; the genogram shows family life events, transitions, and turning points, which represent moments for timely prevention and treatment. "Complex" genograms present families with psychosocial problems that may manifest as biomedical problems. The genogram can be used as a screening tool for all patients, at first glance, regardless of the reason for the consultation, to identify biological or psychosocial problems that could later manifest [19, 20)].

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