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Reconciling the foundational principles of family medicine with the new digital health age

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Family Medicine is the specialty arm of medical practice which for most patients in the world represents their means of entry into the healthcare system. The history and foundational principles of Family Medicine are well described in *McWhinney's Textbook of Family Medicine*.[1] McWhinney states "what they [family physicians] do is a matter of their mindset, their values and attitudes, and the principles that govern their actions".[1]

The current challenges of a digitalized, technology--based primary care meant to produce better tracking and documentation of health care services are no doubt an increasing threat to Family Physicians and their patients aligning. "To clinicians – efficacy and not efficiency – has the higher value."[2] Principles meant to optimize healthcare resources, health care budgets, and the adoptions of Information Communication Technology (ICT) into clinical workflows, all to improve efficiencies, are a threat to principles of patient-centered care. Alienation, cynicism, and physician burnout have reached critical levels within Family Medicine, and it is crucial to revisit the foundational principles outlined in *McWhinney's Textbook of Family Medicine* to realign and reconcile all that is important to patient-centered care. We must attempt to find "virtual care" expressions of these principles while maintaining the holistic and artisan roots for Family Medicine as a profession.

The nine principles that would govern a Family Physician's worldview of their practice were laid out by McWhinney are:

1. Family physicians are committed to the person rather than to a particular body of knowledge, group of diseases, or special technique.
2. The family physician seeks to understand the context of the illness.
3. The family physician sees every contact with his or her patients as an opportunity for the prevention of disease or the promotion of health.
4. The family physician views his or her practice as a "population at risk."
5. The family physician sees himself or herself as part of a community-wide network of supportive and healthcare agencies.
6. Ideally, family physicians should share the same habitat as their patients.
7. The family physician sees patients in their homes.
8. The family physician attaches importance to the subjective aspects of medicine.
9. The family physician is a manager of resources.

These principles constitute the humanistic aspects of the doctor-patient relationship. The relationship between a patient and their family physician is based upon continuous care, regardless of the digital and health literacy of patients and their providers, disease state, cultural and linguistic influences, or social demographics. Committing to the person means contextualizing their illness and concerns within their worldviews and understanding. Contextualizing the patient's illness and concerns also means understanding the digital literacy of that patient and their caregivers. The subjective aspects of medicine are the more subtle components of the human interactions and communication patterns between Family Physicians and their patients. These foundational principles will need to be layered upon and understood within our digital health systems and virtual care systems as ICT become essential ingredients to doctor-patient interactions.

The COVID-19 pandemic disrupted access to healthcare through the channels most familiar to patients. Family Physicians committed to continuity of care were

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quick to adopt virtual care strategies even though the validity and patient acceptance of these digital interventions were not widely known in the context of Family Medicine. While pre-pandemic studies of telehealth showed patient satisfaction with this modality of care, "factors of effectiveness and efficiency are mixed".[3] Thus, patients and their providers were thrust into the adoption of ICT without adequate time to assess workflows, digital literacy skills, and proper virtual care triage to determine which conditions can or cannot be seen as a virtual visit. The transition to a "hybrid model" using a combination of face-to-face with virtual care strategies will require defining the key components of Family Medicine in the context of a newly evolving digital ecosystem. How patients will perceive the implementation of virtual care post COVID and how patients and their family physicians will continue to interact using ICT for primary care will be an area of ongoing research? These are rapidly changing and critical times within Family Medicine as a profession, but also opportunities for leadership in research to produce the needed hybrid system of virtual care that can remain true to the principles of Family Medicine and our holistic roots of patient-centric care.

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