

## Letter from . . . Chicago

### Families and their doctors

GEORGE DUNEA

The structure of the family has undergone many changes since the tragic night when Mrs N collided with a mammoth in the dark. She had left the cave to pick some strawberries for dessert for what had been a wonderful dinner. Old Mr Neanderthal had been in great form; his numerous children had gulped down the juicy morsels of reptile steak with gusto; and the poor relations had quietly packed away the leftovers into what later would become known as doggie bags. Then the accident happened and as the local medicine man was rushing about with his trephines it was apparent that life would never be the same again.

For one thing the family began to shrink in size. It became uneconomical to have quite so many children. They were expensive to maintain, increasingly useless in the fields, and they each insisted on having their own cave. Then the poor relatives stopped coming, preferring to collect welfare cheques to enduring Mr N's sense of humour. In North America the family declined to six members by the end of the eighteenth century; and the trend continued, reversed only temporarily by the baby boom after the second world war, when favourable economic conditions led young people into marrying early and raising large families. By 1970 the family had shrunk to 4.0 and to an average of 3.2 by 1985.

Other changes occurred as Mr N let go of the purse strings and stopped ruling with the club. By 1976 the family seemed to be as dead as the mammoth that had attacked Mrs N, thus becoming a convenient election issue in post-Neanderthal politics. Candidate Jimmy Carter, harking back to the nice dinners at the cave, declared that the decline of the family had reached dangerous proportions. Citing statistics showing increased divorce, illegitimacy, teenage pregnancy, crime, and drug use, he pledged to strengthen the American family—as did Gerald Ford. Others also thought that it would look good to worry about the family or sell well to write about it. There was a deluge of publications with appropriate references to Plato and Friedrich Engels. 1976 became the Year of the Family. It culminated in a White House conference where liberals and conservatives glared at each other like Neanderthals and Cro-magnons, arguing whether homosexuals and people living in sin could also constitute families. Then they picked up their clubs and walked away without anything being accomplished.

#### Yearning for the good old days

Ten years later many people still yearn for the good old days. Periodically a conservative politician will crawl out of his cave to lecture on the family and what it stands for. He complains about new laws that undermine the family, making it more profitable for couples to live apart and collect extra welfare benefits. He is joined by sociologists critical of a self centered generation that seeks fulfilment, autonomy, mobility, and mastery over the environment

at the expense of the traditional ways. They say that without the courage to grow up, love, marry, and raise children a society can have no solid foundations, that a race that denies its destiny to be familial has no future.

Other students of the family are less pessimistic. Some believe that the extended and nuclear families are now giving way to a whole variety of different arrangements. Side by side with these traditional families there would be an array of combinations and permutations of people married, divorced, or unmarried, with the children from previous marriages sometimes being brought together to form new aggregate families. Increasingly, people are marrying late or not at all; the number of single people has doubled in the past few years and the percentage of traditional husband and wife households continues to decline—from 82% in 1980 to 73% in 1982 and 58% in 1985. Families are not only more diverse but also less stable—half of the marriages contracted this year are likely to end in divorce. At present some 60% of children may be expected to spend at least some time living with a single parent; and people living alone now constitute a quarter of all households. About one million couples live apart because they hold jobs at the opposite ends of the continent. Though hard on airfare and telephone bills, such long distance marriages are often successful, the reported divorce rate being only 10%—perhaps because absence makes the heart grow fonder.

Some 10 million women, however, are raising families as single parents. Among the poor in the inner cities teenage pregnancy perpetuates the matriarchal tradition of several generations of women living together in households without men. Middle class women may also decide to go it alone, some by raising children conceived for a few hundred dollars at the cryosperm banks. Though less effective than using the highly motile fresh sperm, cryopreservation allows more time for observing the donors and ruling out diseases with long incubation periods. It also gives recipients access to a wider choice of donors, who remain anonymous but whose racial, medical, occupational, and educational histories are available. For men sperm donation opens the prospect of immortality as their semen may be stored after death; and it also offers the potential for a whole array of new relationships. One man has enriched his life by becoming a regular sperm donor, for \$25 each time. He has fathered 11 children, whom by signed agreement he may contact when they turn 18 years old. He thinks that this extended future family has added meaning to his life, though recognising that problems could arise should his offspring all turn up at once to visit him.

#### Trivialising procreation

Also blurring the traditional boundaries of the family is surrogate motherhood. In a highly publicised case recently a woman refused to part with a child that she had borne but the judge ordered her to uphold the contract she had signed. Though the baby girl will live with her father and be adopted by that man's wife, she will grow up in the knowledge that she is the result of her real mother renting

out her uterus for \$10 000. Already a strong sentiment is rising against the perceived trivialisation of procreation, the exploitation of an underclass of breeder women, and the confusing entanglements that may ensue. Yet even more confusing is in vitro fertilisation. We read about a woman in South Africa having undergone a hysterectomy in the past and now having her ovum fertilised in a test tube and implanted into her mother's womb. Thus the woman bearing the child will be both its mother and grandmother—and with a little ingenuity could also become its aunt or cousin.

Also confusing are the stresses occurring in the doctor's family. Here there had always been the problem of the doctor being out all day with patients and leaving the wife alone with the children, always waiting for daddy to come home, then having him collapse after dinner too tired or emotionally spent to take part in family activities. Always having his practice come first and the family second was the most persistent complaint of 50 doctors' wives surveyed about a decade ago. Not being able to schedule time for the family and for social commitments ran a close second. And then there were wives from smaller or rural communities complaining about living in a fishbowl, always having to take part in volunteer and auxiliary functions and even being expected to give medical advice to the neighbours. But now the psychologists find that many doctors' wives also suffer from a lack of intimacy with their husbands, at least partly because some of the qualities that make a good doctor make a bad husband. Doctors are expected to remain detached from their patients' problems; husbands need to display emotional warmth and share their feelings with their spouses if they are to achieve true intimacy in marriage. It seems that many doctors have an inordinate need to serve others to the exclusion of their own needs; they may feel stressed by threats to their self esteem or status within the profession; and some have difficulty in switching from the role of the doctor at work to husband or father at home.<sup>1</sup> As a result many doctors' wives end up by leading their own lives; some turn to alcohol; and the doctor's marriage ends up in divorce more often than that of his patients.

### Growth in fundamentalist family practice

Turning now to the doctor's practice, we find a paradox in the growth of an almost fundamentalist family practice movement at a time when the family itself is under siege. The movement arose from an atavistic hankering for the old medicine man coming to treat Mrs N in her cave, then also attending to baby Neanderthal's sniffles, Mr N's gout, and the poor relations' neuroses. It was thus a reaction against the perceived dehumanisation and overspecialisation of medicine, the idea being to treat the patient and his family in their own community and environment. The general practitioners were first coopted and grandfathered into the new movement, which later became a recognised discipline with its own programmes, boards, and organisational structure in hospitals.

Currently family practice doctors are training in one of the 400 programmes in the United States—about eight in Chicago. Some 15% of all medical graduates enter these programmes, often located in suburban community hospitals and loosely affiliated with a medical school. Training is for three years, in internal medicine, paediatrics, and obstetrics and gynaecology, with much emphasis on outpatient work. The residents are supervised in the clinics and they also rotate through the various departments of the hospital. At the same time they continue to attend their regular outpatient sessions, thus maintaining contact with their long term patients. Sometimes they work in pairs so as not to interrupt the continuity of patient care required on the wards. The programmes are most successful in community hospitals, but perhaps less so in some of the teaching hospitals, where they impinge on the turfs of paediatrics and internal medicine. Already the paediatricians have too few ill children to fill their beds, while the internal medicine programme directors are sufficiently puzzled about what to do with their academic division of general internal medicine without having to face another group clamouring to be recognised as primary physicians.

### Pleuralism is likely to prevail

Yet family practice, true to its fundamentalist spirit, claims to be different by virtue of its emphasis to treat the family, whatever kind of family that may be. It emphasises psychological aspects; psychologists and family therapists come on rounds with the doctors, and there are conferences with and about the family. There is also an emphasis on faculty development, on interviewing and teaching techniques, including the use of videotapes. Some trainees develop special interests and have taken higher degrees in public health; others hope to carry out the kind of research done so well in the past by Jenner, McKenzie, and Pickles. Family practice graduates are in high demand, especially from health maintenance organisations looking for generalist gatekeepers to practise paediatrics and gynaecology, thus taking care of 90% of all problems.

But in academia not everybody is happy. Many chairmen of internal medicine believe that their trainees more than adequately fulfil all the primary care needs, discounting the arguments that their residents are too disease or laboratory oriented. They see no need for yet another training programme for generalists, especially since their residents take care of most of the outpatients in the large hospitals. Some have proposed a uniform four years' combined family practice and internal medicine residency that would produce a generic primary physician.<sup>2</sup> But barring an unusual degree of cooperation between the various interests pleuralism is likely to prevail for the foreseeable future.

### References

- 1 Vincent MD, Slater GR. The physician's marriage. The struggle for intimacy. *Humane medicine* 1986;2:7-12.
- 2 Colwill JM. Education of the primary physician: a time for reconsideration. *JAMA* 1986;255:2643-4.

## MATERIA NON MEDICA

### The legend

The yellow cab dropped me at a nondescript doorway. Inside, in the semidarkness, a young man in a tuxedo blocked my way: "Standing bar only, sir—fifteen dollars." I stretched my arm through the throng to buy a Budweiser, pushed further down the room, and explained to another bouncer that I was looking for some friends. A waitress found me the last unoccupied wooden chair, almost hidden in the crush of people and tables.

A moment later the club became even darker and spotlights picked out a trio on the little stage. Grand piano, string bass, and drums played mainly with the brushes. Even I, no jazz fanatic, could tell they were good, and when the announcement came I realised that they were the backing group to one of the genre's living legends.

After a couple of minutes the applause persisted and began to swell as a foot appeared on the tiny wooden staircase beside the stage. Dressed in flowing red, the legend herself slowly descended. Flashbulbs popped. She started a scat song which soon focused into the line, "Don't take no flashes!" The snapshotting continued. The legend stopped and with an electric mixture of threats and coquettishness persuaded her fans not to photograph her "because it hurts my eyes." Those eyes had seen it all. They could kill a clattering waitress at 30 paces.

The legend had first recorded "Misty" 30 years previously and she was a perfectionist. Tonight, it seemed, things were not quite right. She wanted more bass on the mike and more obedience from the audience. Even when she melted into infectious giggles we had the uneasy feeling that if we didn't love her enough she'd stalk off in a huff. She introduced the band whose names, in spite of their Dixie grins, sounded like a firm of British solicitors. Her Gershwin medley was punctuated with affectionate applause. Concentrating on producing beautiful sounds, she mopped her brow with a little hankie and occasionally scratched her cheek while singing. When she drew attention to a sensuous lyric ("... Taste me with your kisses... Find the secret places...") with a disgusted grimace, we fell around with laughter. She ended with *Sondheim*—an unexpected framework for her *rococo blues*, stood up from her stool, blew kisses, and processed towards the little staircase. Three hundred adoring New Yorkers shouted for more, but she didn't come back.—JAMES OWEN DRIFE, Leicester.