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THE DOCTOR'S PRESCRIPTION: 'PEOPLE MEDICINE'

By Christina Robb, Globe Staff
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Stanley Sagov was covering for my obstetrician the first time I talked to him. I was seven months pregnant, and a mole on my neck, bruised by the chain of the good-luck talisman I was wearing, had turned black and scary.

I called him on a Friday night, and to my complete amazement, he told me to call first thing the next morning for an appointment to see him that day. A doctor who saw patients on Saturday? Sagov is a family doctor. He is also a jazz pianist, a photographer, a scuba diver, a teacher and a native of South Africa. He sees patients on some Saturdays and weeknights. He makes home visits. And he takes care of 90 percent of the complaints he hears right in his office.

He didn't send me to a skin specialist, as I expected he would have to. He didn't refuse to remove the mole and say it was nothing, as I feared he might. He removed the mole himself, then and there, explaining everything he was doing, step by step. He added his opinion that the mole was simply bruised, but said he didn't want to take chances.

Then my husband and I had a long talk with him about taking care of children and babies. We couldn't make up our minds about circumcision, and Sagov gave us half a dozen studies and articles on both sides of the issue. He also gave us his own opinion and described how he performed circumcision.

When we left we still didn't know what we would do about circumcision, but we knew we wanted him to

take care of our baby. And now he takes care of all of us.

Unlike any other medical specialty, family practice arose as a response to consumer demand. As the old-fashioned general practitioner died out, consumers refused to accept a cafeteria of specialists who dealt with them organ by organ, age by age, sex by sex or disease by disease. But GPs, who had only a one-year medical internship after medical school, were clearly outclassed as a group by specialists who had three years of residency training in hospitals after their internships.

The answer was the formation of family practice as a specialty for generalists. And "because family practice is new -- it was created as a specialty in 1969 -- it had the opportunity to set very high standards for certification and recertification," Sagov says.

Sagov was certified as a family practitioner in 1976, the year his superb consumer guide, "The Active Patient's Guide to Better Medical Care," appeared. His teaching skills are in such demand that he is now an assistant professor at all four medical schools in Massachusetts -- Harvard, Tufts, Boston University and the University of Massachusetts.

But he still has time in his Cambridge practice, the Family Practice Group, to hold out his arm and let my 3-year-old grab him with a plastic lobster claw after he takes blood from her arm for a lead test. (He recommended this test after her annual finger-puncture test for lead came back with a result that was one point above the lowest level proven to cause some impairment in children under 6, though it was well below the official federal maximum.)

Today there are more than 30,000 board-certified family doctors in the United States, and about 7,500 are in training. Family practice has become the second most popular career choice for young doctors, after internal medicine. Many health maintenance organizations include family doctors.

"The issue of choice is paramount," Sagov says. Unlike the GP who chose not to take specialist training, often

because of family or financial pressures, and like other specialists, the family doctor has chosen a three-year residency.

"This is somebody who could have chosen medicine or surgery or pediatrics. That person wanted to work with families, wanted not to limit his or her practice by sex or diagnosis, and so probably has an orientation to 'people medicine.' That person doesn't want to give up seeing any age group, likes to see old people, likes to deliver babies," Sagov says.

Like other specialists, family doctors train in hospitals and learn to treat the most serious diseases. But one of the great innovations of family practice was to insist that each resident also train in a model office where he or she treats and follows whole families and their ordinary and extraordinary ailments for three years, under the supervision of certified senior doctors. Some residency programs in pediatrics and internal medicine have borrowed this idea from family practice and now run model primary care offices, too.

Every six years, every board-certified family doctor has to complete 300 hours of approved continuing education in prescribed categories. That's one answer to the question of how they keep up. Every family doctor also must submit an audit of office records showing how he or she treated specific cases; the numbers and kinds of cases to report are prescribed by the national board. Family doctors whose continuing education and office audits pass the board's standards of acceptable practice qualify to take exactly the same exam that new residents are taking that year to become certified.

"I have taken the exam with residents that I've trained," says Sagov, who has been recertified twice. "I don't know of another specialty where there's that kind of democracy." Doctors who fail the exam have one year to take it again. If they fail a second time, they have to do a three-year residency again or stop calling themselves family practitioners. Family practice is the only medical specialty that has mandatory recertification, Sagov says (though obstetrics/ gynecology and internal medicine have voluntary recertification programs).

Family doctors become experts in the ordinary ailments of all specialties. Most have office laboratories where they can do common tests. They also become experts in how to order tests they aren't equipped to do, when to hospitalize, and how to refer patients to the right specialist in the 10 percent of

cases when a specialist is really needed -- matching patient with specialist by personality as well as by disease, calling ahead to assure good treatment for the patient and calling back to follow up on the visit.

"A family doctor has to be capable of providing care that is equal in quality to that provided by specialists," Sagov says. And in every study that has compared family doctors to pediatricians, obstetricians or internists, no difference in outcome has ever been shown, he says.

But in addition, the family doctor's bias toward "people medicine" is combined with training that explicitly deals with the ways in which relationships help people heal. Family doctors are happy, not disappointed, when it turns out you're not sick. Their textbooks start with chapters about patient-doctor relationships, families and wellness before they ever get to disease.

"It's necessary but insufficient that your disease be correctly diagnosed and treated," Sagov says. "What makes it sufficient is that you feel attended to, enabled and empowered by the intervention as well."

How do you choose a family doctor? Start with word of mouth, always the best source, Sagov says. Call doctors whose names you get from people you trust and schedule exploratory interviews. Make it clear that you're going to pay for the visit, and then ask the questions about drug use, follow-up, hours, office staff and treatment style that will tell you whether this is the doctor for you. Beware "the doctor who doesn't listen, the doctor who is distracted, the doctor who is defensive, the doctor who is withholding about his or her training and experience," Sagov says. If you feel talked down to, rushed or diminished by doctor or staff, no matter how good a reputation the doctor has or how much the doctor seems to know, scratch that one off your list. You don't have to make a trade-off between medical skill and human sensitivity. You can find a good doctor who is also a good person.

"You deserve to feel good about the person who's taking care of you," Sagov says, and you need to feel respected and listened to. "The doctor knows about disease, but he doesn't know about you," and you'll need to trust him or her to be able to tell what you know. "You will be more able to tell a more coherent story and understand your disease, understand about taking medicine and how to be more appropriate if you're confident and you feel like you're being an expert witness of your own condition," Sagov says.