

# Family Conference In Primary Care Practice

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**Retno Asti Werdhani, Dhanasari Vidiawati Trisna**

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*Department of Community Medicine, Faculty of Medicine Universitas Indonesia*

From the Epidemiology Triangle, we can see that a person's health status is influenced by 3 factors: host, agent, and the environment. The environment plays the biggest role as the cause of health problems, one of which is the family environment.<sup>1</sup> Family can become a supporting factor or inhibiting factor in the successful management of patient's cases. Therefore, a primary care physician/family physician needs to conduct family meetings to discuss and agree on solutions with the patient's family by paying attention to inhibiting and supporting factors and find common solutions for the benefit of the patient.<sup>2,3</sup>

## **When do we involve families in patient's case management?<sup>3,4</sup>**

In mild disease, doctors need only interact with the patient to solve their health problems, especially in self-limiting disease. However, there are times when the disease recurrent/chronic, or treatment fails, the doctor must communicate with other parties, in this case, the closest environment to the patient, the family. Family participation is needed in cases of children who need the role of parents. Communication with family in chronic cases can be useful therefore the family can understand the patient's condition and facilitate the

patient to meet his/her needs for recovering from the illness.

In the case of terminal/irreversible diseases, the family needs support, not only in understanding the patient's condition, but also emotional support. Especially, if the patient's family also turned out to have an impairment that could affect the success of patient's management. In such conditions, a doctor needs to conduct family meetings to discuss and agree on solutions with the patient's family by paying attention to the inhibiting and supporting factors, and find common solutions for the benefit of the patient.

## **Family meeting**

Family meetings are part of a patient's management plan where doctors feel the need for family empowerment/family involvement to help patients recover from their illness/control their disease/improve the patient's quality of life or doctors identify family problems that can block patient management plans by trying to discuss problem-solving with family.<sup>5</sup>

Some of the principles of the family meeting include: Know all members of the patient's family; Determine the purpose of the family meeting; Provide information and facilitate

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Korespondensi: **Retno Asti Werdhani**

E-mail: [retnoasti@yahoo.com](mailto:retnoasti@yahoo.com)

discussion; Identify strengths, resources, and family support that can be used for the benefit of the patient; and making further management plans.

There are 3 stages in the family meeting process: The pre-meeting stage; The meeting stage; and the post-meeting stage

### **The Pre-meeting stage**

This stage is the preparation stage before the meeting. At this stage, the doctor, assisted by the team, needs to ask permission from the patient and explain the purpose of inviting the patient's family. Family meetings cannot be held without the consent of the patient unless the patient is in the condition that makes him/her impossible to make a decision. This patient's consent needs to be documented in the medical record.

After obtaining consent from the patient, the doctor asks the patient which family members will be invited to the family meeting. In this process, the doctor makes a family genogram and determine the stages of family life to identify the risk of health problems in other family members. The contacts person can be the patients or someone else who is appointed by the patient. Once agreed, together with the patient/family, a date is determined for the meeting (scheduled). The meeting can be held at the patient's house or at the clinic depending on the agreement.

Before the meeting takes place, the doctor and the team need to formulate the purpose of the meeting, analyze problems from various data that has been collected previously, make hypotheses, and compile a list of questions, and develop a strategy for family meetings to be carried out effectively and efficiently.

### **The meeting's stage**

The duration of the family meeting lasts about 40 minutes, a maximum of 60 minutes. The family meeting takes place through 5 stages: Ice Breaking and introduction; convey the purpose of the meeting and agree on the purpose of the meeting with the family; discuss issues following the agenda of the meeting; identifying resources that can be used together; Create a follow-up plan.

In the introductory stage, the doctor and team greet the family, introduce themselves and the team, as well as their role with the patient, and identify the relationship of each attending members of the family with the patient. After everyone knows each other, the doctor can ask the family's expectation on attending the family meeting, then the doctor can convey the purpose of the family meeting. The doctor and the team can use the whiteboard/flipped chart to record some informa-

tion that needs to be agreed upon later. If necessary, priorities can be agreed upon meeting objectives which can be completed in 40-60 minutes.

After agreeing on the purpose of the meeting, the doctor can start the discussion with the family by asking how far the family members know about the patient's health problem, and what efforts they have made to help the patient control his/her illness/recover from his/her illness, has the family experienced the same problem, and what the family has been done when faced with the same problem. Doctors and teams can invite patients and families to actively ask questions. From this discussion, it is expected that an agreement can be obtained regarding the role of family members in patient management.

After getting the commitment from the patient and family, doctors and the team can explore various resources in the family or outside the family that can be used to facilitate patient management and families in helping patients. After that, the doctor and family can make a followed-up plan, agreeing on successful indicators in solving patient's problems with the family. Identify sources of strengths and limitations and how to address these limitations to improve management success. All followed-up plans need to be documented and agreed upon in writing, by all elements present at the family meeting.

In closing session, the doctor thanks the family for taking the time to attend the family meeting and if needed, the next meeting could be scheduled.

### **The Post meeting**

After the meeting, the doctor and the team can make a written report that is included in the medical record documentation. The report was signed by the doctor, the family meeting's team, and attending family members.

The report consists of: List of invitees present and absent (along with reasons for absence); List of patient problems, list of family problems; Results of family assessment; Supporting and inhibiting factors from the family; Planning for the patient's care plan management; The role of the patient, health team, and family members according to the meeting agreement

The doctor then review the genogram and evaluate the hypothesis whether it is answered or not. If not answered, it is necessary to conduct another meeting with the patient/family again.

### **Conclusion**

From this explanation, we understand that health care and patient management requires col-

laboration and communication between doctors, patients, and families as partners who can be involved in patient management.

### References

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