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Teamwork Between Gynecology and Family Medicine: The Tennis Players in a Doubles Match and the Fable of the Butterfly and the Beetle

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Introduction

Playing a game of double tennis is very different than playing a round of single tennis. This seems obvious because you are not playing alone, the double games require teamwork and communication, that is, respect, understanding, and constant communication. It is vital to give your partner support and words of encouragement — no individual brilliance but a coordinated collective effort. You must take responsibility to make your partner feel safe, comfortable, and well positioned; moving together. Players feel less pressure because they share the game with their partner and therefore it is often more enjoyable and fun.

The gynecologists and family doctors usually play "tennis doubles games" (or triples, quadruples, etc.!): the patient is also treated by family doctor in primary health care, by the gynaecologist, by others hospital specialists, the nurse, the social worker, the midwife, the dietician, and so on.

Gynecology and Obstetrics is a specialty of the human health area, which contributes to the training of specialized professionals with high levels of quality and commitment to the action of their profession in response to the needs and demands of society.

Obstetricians and Gynecologists manage to solve problems of health of the woman in state of pregnancy, puerperium and lactation as well as the physiological and clinical pathological states proper to its sex. They treat the diseases related to the genital apparatus of the woman benign or malignant and the alterations that compromise its functional state. They also provide care to women with ethics and a critical spirit that allows them to rationalize diagnostic methods for the study of their problems. The gynocologist proposes adequate guidelines for the therapeutic management of the problem at the collective or individual level.

Gynecologist investigates health problems within the scope of its competence, determines risk situations and establishes intervention methods and instruments to solve them. We need remember that gynecological diseases and preventive activities in gynecology affect not only the patient but the whole family, and they are affected by their context. Gynecology as a medical discipline has come a long way in the past century. Not only are there better medications, but there are also better and more focused interventions. To train specialists in Gynecology and Obstetrics with solid scientific, technical and human bases and with social relevance and values that allow it to serve the community in the various fields inherent to its specialty, is necessary to learning teamwork [1].

On the other hand, primary health care provides the first point of entry for health-care delivery, with links to higher levels of the health system and other services. Family physicians do not treat diseases but take care of people. Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family within the context of community. Providing family-oriented primary care is one of the distinguishing features of this specialty [2-4].

Family doctors need to understand that the disease process is socially constructed within the patient's life, and they have to mediate between the subjective experience of illness of the patient and scientific explanation. This subjective experience is built in the family context and is expressed in the medical consultation. For training specialists in family medicine with solid scientific, technical and human bases and with social relevance and values that allow it to serve the community is necessary to learning teamwork [5-10].

In this context, it can be logical that the concepts and theories that belonging to interface between Gynecology and family medicine are often difficult to explain and to understand. To show this interface, with an educational approach, we can do it through a fables and metaphors. The fable is an adult education method that can serve to intuitively understand abstract concepts, by linking them to specific situations, and so to facilitate their assimilation. The fable is a brief written narrative that has a didactic purpose; this means that there is a moral or teaching, and it applies to our life. Most of his characters are animals that think and speak like they were human beings. In the fable you can distinguish two parts: one is the story itself; and the other moral. Metaphors enable us to understand something that is unknown in terms of its familiarity. For this reason, they are used frequently in all sciences that adopt common words to name complex realities. The metaphors are analogue devices, used to illuminate reality. Metaphors can simplify expert knowledge, not by ignoring or reducing the inherent complexity, but by providing a point of entry for its comprehension. They are a means of generating ideas, promoting creativity, and constructing concepts and theories. Thinking based on metaphors and comparisons is a way of transforming a concept into something that is so suggestive, interesting, and surprising, that it reaches people more easily [11-14].

Clinical Case: The Butterfly and the Beetle

Once upon a time, there was a butterfly and a beetle that they consulted with their family doctor.

The Miss Butterfly feeds sipping nectar of flowers with their "tongue like coiled tube", an extensible oral structure that evolved from some of the typical articulated mouthparts of insects. This "coiled tongue" was flexible and very sensitive. It could be introduced into a tubular flower. She was a "generalist" that could pollinate tubular flowers as much as open flowers.

The Miss Butterfly was obese, and wanted a contraceptive method. She entered the consultation in a flexible and determined form, taking short flights, with her beautiful and bright wings.

- "I can not leave my diet of nectar", explained the Miss Butterfly

The doctor was thinking about the indication of oral contraceptives in this obese patient...

-"In the Miss Butterfly, the control of her contraceptives will be impossible without collaboration between a team: family doctor, nurse, gynecologist...

The next patient was the Mrs. Beetle, with his brightly colored hard shell "metallic", landed after a tiny flight -which she makes only when it is indispensable-, and kept the hind wings under the elytra. She was a pollinator insect "specialist" of large open flowers, and she was fed both pollen and nectar.

The Mrs. Beetle had polycystic ovarian syndrome.

The doctor was thinking about controlling her polycystic ovarian syndrome...

"The control of polycystic ovarian syndrome in the Mrs. Beetle will be impossible without collaboration between a team: gynecologist, family doctor, endocrinologist, nurses and social workers, family and community...."

The doctor continued thinking: "The problem is how to define tasks and functions on that work in collaboration -in equipment. Whether in contraceptive use and control, polycystic ovarian syndrome, or prevention of cervical cancer, or screening for breast cancer, etc., we often do not have clear positive results in the short term, but to improving the clinical status of long-term in chronic patients with better physical and mental functioning, and less complications, and getting these effects persist long time, the assistance need that it be done as a team. "

-"So we need generalists and specialists." Indeed, it is showed in nature. Miss Butterfly and Mrs. Beetle are telling us that the butterfly pollinates the tubular flowers, and the beetle the flowers open.

The doctor, search medical studies on the subject based on the evidence: "We have studied the effect of the diversity of pollination in plants, comparing a mixed community, with tubular flowers or open flowers and other unmixed, and insects pollinators with long tubes or short tubes. As expected, insect with long proboscis pollinated more tubular flowers, and it is not pollinated if they were only insects with short trunk. But the unexpected was that on a ground mixed, although insects of long trunks increased pollination of flowers open, when the two types of insects were present, the final result of the pollinating was better. It seems then that in such complex terrain, insects with long trunks prefer tubular flowers and reduce their visits to the flowers open, leaving them, for more efficient care, to insects with short tubes"-"So we need generalists and specialists." Indeed, it is showed in nature. Miss Butterfly and Mrs. Beetle are telling us that the butterfly pollinates the tubular flowers, and the beetle the flowers open.

"Would there then that put the second-level specialists as gynecologists, in primary care level?", the doctor asked himself. "No; it is just the opposite. It is clearly inappropriate that the doctor treats the patient at home in the same way he could do it on the floor of the hospital. Family doctors, as generalist pollinators, with long proboscis can pollinate open flowers and tubular flowers, and the specialists, with short trunk, can only pollinate open flowers, but they do it better than insects with long proboscis".

Conclusion and Summary

Work in medicine is a shared one, literally a collaboration work with all parties involved in health. Collaborate or cooperate, it means coming to support others in their activities. In nature, the formula for survival lies not in power but in symbiosis. It is a process where different parties who see different aspects of a problem can constructively explore their differences and reach solutions that go beyond their own limited vision.

An essential rule for the gynaecologist and for the family doctor that is playing a doubles game of tennis is to “respond to the ball the player who is best placed in that position” — not the senior one or the one with better qualifications. In many cases, assistance and intervention for the patient can be done for different professionals: it will be done by the person better placed in each particular case. For the patient, especially for complicated illness or multimorbid (abnormal uterine bleeding, amenorrhea, premenstrual syndrome, menopause, galactorrhea, hirsutism, breast disease, polycystic ovary syndrome, pelvic inflammatory disease, etc.), the best is cooperation between gynecologist and generalist.

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