

The Gynecologist and the Family Doctor as Lawyers

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INTRODUCTION

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 gynecologist proposes adequate guidelines for the therapeutic management of the problem at the collective or individual level.

On the other hand, family doctors are 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 [1-3].

Gynecologists and family doctors are the two medical specialties that fundamentally share medical care for health problems and preventive actions in women. In this field, both have to work as a team [4]. And they share the difficulties of managing women's health problems. Both also have to face a major risk: overdiagnosis and overtreatment. Although this phenomenon occurs in all medical specialties, women take better care of their health, and they rely more on prevention than men, so it is not surprising that they are more affected by the excess of all types of health activities; the "excess medicine" [5].

The clinical work is involved in the uncertainty because the application of the Truths of biomedical science in the life and in the circumstances of each individual patient will always be uncertain. So doctors, especially young doctors, are learning to

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fear to the uncertainty. We are asking for more and more evidence. To try to assure ourselves, often in vain, of what we are seeing. And because we are afraid that those who are in the kingdom of the healthy, perhaps should be in the realm of the sick, continually divert resources from the sick to the healthy, and so the overdiagnosis is inevitably linked to the insufficient treatment of those who are already sick. Overdiagnosis of the healthy and insufficient treatment of the sick are two sides of the coin of modern medicine [6, 7].

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 metaphors. 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 [8, 9].

The Metaphor: the Gynecologist and the Family Doctor as Lawyers

The lawyer is an independent professional who, as a consultant and representative of a person, defends their rights and interests.

The lawyer is a versatile technician who, depending on their areas of expertise, can provide services defend a person's interests in all kinds of legal proceedings, negotiations, and

drafting of all types of public and private contracts. They provide advice and brokering for all types of real estate transactions, tax advice, counseling and rights management, defence against sanctions, and so on.

The gynaecologist and the family doctor spends years serving the interests of their patients and relatives. They know her strengths and weaknesses. Through these multiple inquiries the doctor has established bonds of affection and commitment, always seeking the best for the patient. Thus, gynaecologist and the family doctor see beyond the medical aspects. They become an advocate for the patient and recommends solutions that are best for the patient. In this way, they are the patient’s advocate.

But, sometime, the physician tends to work differently from the attorney. For the physician, the patient “is guilty” (it does not matter to have a mistake and to call guilty or sick to a healthy patient, that is, from an epidemiological point of view, does not mind incurring a type I error: take for real a false positive; so giving more value to the test positive, although they may be false).

However, from point of view of the lawyer, the individual is innocent until proven otherwise (he prefers to err by calling “not guilty” instead to have a fault in reverse, that is, he prefers to incur the type II error: take as true a false negative).

From an epidemiology perspective, when the outcome of a clinical trial, or a diagnosed test is expressed in dichotomous terms (useful or not), there are four ways in which the conclusions could be related to reality.

Table 1: Four Ways in Which the Conclusions of the Diagnostic Test Could Be Related to Reality.

CONCLUSION OF STATISTICAL TEST	REAL DIFFERENCE		
		Present	Absent
Statistical difference	CORRECT	INCORRECT (Error Type I or Alfa) (Comparable to false positive)	
No statistical difference	INCORRECT (Type II error or beta) (Comparable to false negative)	CORRECT	

[3, 10-13]. Thus, examples for the type I error would be:

- 1) Physician believes that the patient is sick, even though in reality he is healthy;
- 2) Lawyer finds the defendant guilty, even though he is actually innocent.

For Type II Error

- 1) Physician believes that the patient is healthy, although in reality he is sick;
- 2) Lawyer argues that the accused is not guilty, even though in actually he is guilty.

In his role as patient advocate, the gynaecologist and the family doctor has to fear to the error type I, instead the type II error. From an epidemiological point of view the family doctor has to be more of a lawyer than a medic.

In Conclusion and Summary

The gynecologist and the family doctor, in their shared work of attention to the health problems of women, have to be alert to avoid the cases in which it is done “too much” in women: situations and patients in which Physicians make decisions, more or less unanimously, without scientific justification. This is not an exclusive issue for women, but it may be more striking in them, because there are multiple situations (such as the use of prenatal ultrasound, guidelines for the threat of abortion, screening for gestational diabetes, use of epidural anesthesia , episiotomy, cesarean sections, uterine cancer screening, breast cancer screening, menopausal hormone therapy, etc.), in which women may undergo medical interventions that may be discussed whether or not they are necessary or Of utility totally or only partially demonstrated [14].

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