



Comparative view between Realistic Medicine and Realistic Health in the Portuguese general practice/family medicine environment: an exploratory observational study

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ABSTRACT

Introduction: Realistic Medicine (RM) and Realistic Health (RH) are two concepts related to physicians' approaches to patient care.

Objectives: To assess the opinions of Portuguese general and family medicine (GP/FM) doctors regarding the criteria of RM and RH.

Methods: Following ethical and authorship approvals, a validated specific questionnaire, its responding invitation in mailing lists in 2023 and 2024, with context variables sex, age, being a medical resident of specific training in MGF (MIFE-GP) or a specialist doctor (E-GP), and type of health unit of work (USF or UCSP) were observed and made. Informed consent, a single anonymous response, on a 1 to 5 points Likert scale, 5 (strongly agree). Total scores ranged from [10 to 50] for RH and [6 to 30] for RM. Descriptive and inferential non-parametric analyses were performed.

Results: A $n=130$ convenience sample, 64.3% women, 74.6% working in the USF model, 28.5% under 34 years, and 46.9% between 35 and 54 years, and 15.4% being MIFE-GP, was studied. The RM score between MIFE-GP and E-GP, the latter scoring higher, was different, $p=0.032$. "Do you consider that Realistic Medicine is similar to Realistic Health?" was different for sex ($p=0.037$) and age group ($p=0.039$), with men and older respondents more likely to recognize the difference. A moderate positive correlation between RM and RH scores for E-GP, $r=0.497$, $p<0.001$, and a weak positive one for MIFE-GP, $r=0.277$, $p=0.237$, were found.

Discussion/Conclusion: This unprecedented and exploratory study revealed a lack of conceptual clarity among respondents regarding RM and RH, particularly among MIFE-GP, about the broader RH.

Keywords: Realistic Medicine; Realistic Health; General practice; Family medicine.

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INTRODUCTION

The remarkable advances in scientific and technological knowledge have contributed to increased life expectancy, with many individuals maintaining controlled health conditions later in life, benefiting from earlier diagnoses and more effective therapies.¹⁻⁶ The debate on how to maintain this increasingly costly health-state brought two concepts: Realistic Medicine (RM)⁷⁻⁸ which prioritizes healthcare that is efficient in managing disease, minimizing harm and waste, and aligned with patients' preferences and the Realistic Health⁸ (RH) one prioritizing health as dependent on, a system genuinely built around promoting health rather than responding to disease, in-line with the World Health Organization initiative One Health.⁸⁻¹¹ Since there is a lack of discussion in the Portuguese medical literature regarding these concepts, particularly from the perspective of physicians practicing general practice/family medicine (GP/FM) in Portugal, this study aimed to explore opinion of Portuguese GP doctors on the defining criteria of RM and RH and their respective perception of practice.

METHODS

The STROBE guidelines for cross-sectional observational papers were observed. After copyright authorization and ethical approval, a questionnaire was developed according to the theme developed by the original author⁸ and underwent a pre-test validation, to determine the completion time, readability, comprehensibility, suggestions and reliability, in a convenience sample of eleven GP, six women (four specialists and two interns) and five men (three specialists and two interns), applications spaced two weeks apart.

The final version of the survey, including the questionnaire, was distributed in specific and dedicated conversation online networks, GP XXI, and other specific networks known to the authors, at the end of 2023 and the beginning of 2024, to obtain a convenience sample. It included the variables gender, age, being a medical resident of specific training in GP (MIFE-GP) or a specialist doctor (E-GP), as well as the type of healthcare unit of work (USF or UCSP model), with three reminders for responses spaced fourteen days apart. Informed consent allowed only one anonymous response on a Likert scale from 1 (strongly disagree) to

5 (strongly agree), the total ranging from [10 to 50] for RH and [6 to 30] for RM. The data analysis was conducted using SPSS v. 27, with descriptive and inferential statistics, with non-parametric tests for ordinal and numerical variables without normal distribution and Fisher's exact test for nominal variables. For correlation between scale values, adapted tests to the normality of numerical data were used. A sample size of 160 respondents was stipulated, ten for each of the sixteen questions of the questionnaire.

RESULTS

In the pre-test phase, an average response time of four minutes was recorded, with a suggestion to explore the concept of person-centred medicine. The reliability was verified with a Spearman correlation value of 1.000 for RM and RH scores.

In the main study, a sample of $n=130$ respondent doctors was obtained, of whom 64.3% were women, 74.6% worked in the USF model, 28.5% were up to 34 years old, and 46.9% between 35 and 54 years old, and 15.4% were MIFE-GP.

The internal consistency of the questionnaire was 0.836 (Cronbach's α), and "if item deleted" ranged from 0.817 to 0.841. The Intraclass Correlation Coefficient was 0.779 [0.719 to 0.831].

The median and interquartile range (IQR) of the RH sum score were 40.0 [38.0-44.0], and of the Sum of RM was 27.0 [24.0-30.0]. The ratio between median RH/sum RH was 0.8, and median RM/sum RM=0.9.

No significant differences were found for sex, type of healthcare unit (USF or UCSP), and age group, for the sum of RH ($p=0.646$, $p=0.123$, and $p=0.705$) and for the sum of RM ($p=0.204$, $p=0.301$, and $p=0.630$).

According to being E-GP or MIFE-GP, no significant difference was found for the sum of RH ($p=0.778$), but a significant difference was found for the sum of RM ($p=0.032$), MIFE-GP 25 [22.5-28], and E-GP 27 [24.0-30.0].

For the questions "Do you consider that Realistic Medicine is similar to Realistic Health?", "What is your level of agreement with your clinical activity in Realistic Health?", and "What is your level of agreement with your clinical activity in Realistic Medicine?" a significant difference was found for "Do you consider Realistic Medicine to be similar to Realistic Health?" for gender



TABLE 1. Descriptive and inferential characteristics of the sample by sex, type of healthcare unit, age group, and being a specialist or intern in specific training

		Gender (*)		Total	p
		Male	Female	n (%)	
		n (%)	n (%)		
General Practice kind of Health Unit	UCSP	6 (13.0)	26 (31.3)	32 (24.8)	0.016
	USF	40 (87.0)	57 (68.7)	97 (75.2)	
	Total	46	83	129	
Age group	Under 34 years	8 (17.4)	28 (33.7)	36 (27.9)	<0.001
	35 to 54 years	16 (34.8)	45 (54.2)	61 (47.3)	
	Equal or above a 55	22 (47.8)	10 (12.0)	32 (24.8)	
	Total	46	83	129	
Degree in specialty	E-GP	35 (76.1)	74 (89.2)	190 (84.5)	0.161
	MIFE-GP	11 (23.9)	9 (10.8)	20 (15.5)	
	Total	46	83	129	

Note 1: MIFE-GP = Medical resident of specific training in General Practice; E-MGF = Specialist doctor (E-GP).

Note 2: (*) Mann-Whitney U test; (**) Kruskal-Wallis test.

TABLE 2. Inference of the questions "Do you consider Realistic Medicine to be similar to Realistic Health?", "What is your level of agreement with your clinical activity in Realistic Health?" and "What is your level of agreement with your clinical activity in Realistic Medicine?" based on the contextual variables

	Do you consider Medicine to be similar to Realistic Health?	What is your level of agreement with your clinical activity in Realistic Health?	What is your level of agreement with your clinical activity in Realistic Medicine?
Gender (*)	0.037	0.670	0.639
Kind of working Health Unit (*)	0.082	0.199	0.378
Degree in specialty (*)	0.739	0.443	0.201
Age group (**)	0.039	0.993	0.959

Notes: (*) Mann-Whitney U test; (**) Kruskal-Wallis test.

(71.4% of female doctors having difficulty in perceiving such difference and 53.3% of male doctors recognizing the difference) and for age group, $p=0.039$ (46.7% of doctors over 55 years considering such difference and 54.7% of those aged between 35 and 54 years considering difficult to recognise it).

A moderate positive and significant correlation between the sum of RM and RH for E-GP, $r=0.497$, $p<0.001$,

and a weak positive non-significant correlation for MIFE-GP, $r=0.277$, $p=0.237$, was found.

DISCUSSION/CONCLUSION

This unprecedented and exploratory study on new paradigmatic concepts related to medical techniques and ecology was conducted using a specific questionnaire with good psychometric properties.



Unfortunately, the estimated sample was not achieved; reasons for this, like fear of responding, ignorance of the theme, not recognizing it as important or relevant, must now be studied. In fact, the One Health initiative must be realistically incorporated into the mindset of GP/FM physicians, as medicine is one component of the broader health system.¹⁰

In this sample, both MIFE-GP and E-GP participants placed less emphasis on RH, as reflected by the RH median/score ratio (0.8) compared to RM (0.9). However, among E-GP, the correlation between RH and RM was moderate and significant, while among MIFE-GP, it was weak and not significant, indicating that residents less valued RH-related aspects. Older age and male gender were more frequently associated with the difference's reconnaissance.

Given the exploratory nature and the sample size, further studies with this questionnaire are necessary in other medical activity contexts to broaden conclusions and enhance specific knowledge and training defending the Planet.¹¹ The study of health outcomes and consequences is necessary to compare the two forms of medical practice, and population adherence should also be considered.

Realistic Health education should therefore begin early, during undergraduate medical training.

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CONFLITO DE INTERESSES

Os autores declaram não possuir quaisquer conflitos de interesse.

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RESUMO

VISÃO COMPARATIVA ENTRE MEDICINA REALÍSTICA E SAÚDE REALÍSTICA NO AMBIENTE DE MEDICINA GERAL E FAMILIAR: UM ESTUDO OBSERVACIONAL EXPLORATÓRIO

Introdução: A Medicina Realística (MR) e a Saúde Realística (SR) são dois conceitos sobre cuidados médicos, cuja delimitação ainda apresenta ambiguidades entre os profissionais.

Objetivos: Investigar a opinião dos médicos portugueses de medicina geral e familiar (MGF) acerca dos critérios de MR e SR.

Métodos: Foram obtidas anuências autoral e ética e realizado questionário específico validado, aplicado em redes virtuais de conversação em 2023 e 2024, com as variáveis: sexo, idade, ser interno de especialidade (MIFE-MGF) e especialista (E-MGF) e tipo de unidade de saúde de trabalho. O consentimento informado permitiu uma só resposta, anónima em escala de Lickert de 1 a 5 (5=Concordo Totalmente), variando o somatório entre [10 a 50] para SR e [6 a 30] para MR. Realizou-se análise de dados descritiva e inferencial não-paramétrica.

Resultados: Amostra de conveniência de $n=130$, 64,3% mulheres, 74,6% trabalhando em USF, tendo 28,5% até 34 anos e 46,9% de 35 a 54 anos, sendo 15,4% internos. O somatório de MR entre MIFE-MGF e E-MGF foi diferente, $p=0,032$, pontuando mais os MIFE-MGF. Para "Considera que a Medicina Realística é semelhante à Saúde Realística?", as variáveis sexo ($p=0,037$) e grupo etário ($p=0,039$) foram diferentes, sendo os homens e os mais idosos aqueles que mais a reconhecem. Entre a soma de MR e SR para E-MGF verificou-se correlação moderada positiva e significativa, $r=0,497$, $p<0,001$, sendo fraca positiva e não significativa para MIFE-MGF, $r=0,277$, $p=0,237$.

Discussão/Conclusão: Este estudo inédito e exploratório destaca escassez de clareza conceptual entre os respondentes quanto a MR e SR, especialmente para MIFE-MGF na mais lata SR.

Palavras-chave: Medicina Realística; Saúde Realística; Medicina geral e familiar.
