Family medicine: Discovering new fields for research and clinical care in the current world

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Abstract

Strengthening primary healthcare (PHC) research is vital to address the demands of a rapidly changing health landscape. Leadership, infrastructure, and sufficient funding have been discussed as key factors in expanding PHC research capacity. This editorial aims to highlight emerging research priorities in a world increasingly affected by crises such as war, conflict, and climate change. Research on suffering, meaning, hope, and compassion represents a promising and necessary new frontier in PHC. This field urgently needs the attention of academic institutions and funding bodies committed to strengthening primary care and family medicine.

Key words: family medicine, research, clinical care, fields

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Highlights

- PHC & UHC: PHC alone can't deliver UHC; system-level reform and political will are essential.
- Eudaimonia vs hedonism: Blending purpose-driven (eudaimonic) and pleasure-driven (hedonic) well-being can reduce burnout.
- Lifelong purpose: Support eudaimonic motivation throughout physicians' careers, not just in training.
- Sense of coherence: Comprehensibility, manageability, and meaningfulness predict better health and coping.
- Compassion's satisfaction: Compassion – for others and self – deepens care and guards against burnout.
- Research gaps: Study on suffering, hope, loneliness, conflict, and climate change to be addressed by the primary and public health researchers and practitioners.
- Six research priorities: Boost evidence, funding, leadership, team science, psychosocial and cultural determinants of health.

Introduction

A critical discussion has emerged regarding the current role of primary healthcare (PHC) within the framework of universal health coverage (UHC). Recent commentaries have challenged the longstanding view of PHC as foundational. As stated in a *Lancet* editorial: "…The stubborn persistence of this narrow approach to UHC utterly fails to recognise the transformation in disease profiles taking place in low-income and middle-income settings. Primary healthcare alone is insufficient to meet the demands of this new health landscape."[1]

In a letter to the editor of *The Lancet*, the authors agreed that primary care, especially is low-income and middle-income settings, is increasingly failing to meet the complex needs of populations. They emphasized that breaking this cycle would require sustained political will and visionary leadership – leadership capable of disrupting the status quo and creating an environment where governance, health financing, and incentive structures are realigned to support bold new action and collaboration for health for all.[2]

In this context, strengthening PHC research is vital to address the demands of a rapidly changing health landscape. Wright et al. identified leadership, funding, team science, and departmental culture as key factors in expanding PHC research capacity.[3] This editorial aims to highlight emerging research priorities in a world increasingly affected by crises such as war, conflict, and climate change. The transformation of PHC must address evolving disease profiles, rising emotional distress (especially among youth), compassion fatigue, and burnout – challenges that underscore the urgency of this discussion.

Eudaimonia: Position statements on family physicians and flourishing

In a world marked by crises, uncertainty, and suffering, the role of family physicians extends far beyond clinical expertise. It is essential to cultivate healthcare professionals who are not only competent and knowledgeable but also emotionally resilient, creative, and fulfilled – individuals who inspire hope and promote well-being. Realizing this vision calls for a renewed emphasis on the philosophical ideal of eudaimonia.

Eudaimonia, often translated as "human flourishing" or "well-being," derives from the Greek words *eu* (good) and *daimon* (spirit).[4] For Aristotle, eudaimonia denoted the highest human good – achieved through virtue, rational activity, and purposeful living – and today is understood as eudaimonic well-being, characterized by growth, authenticity, and meaning.

By contrast, Epicurus advocated a hedonistic view of happiness, emphasizing the pursuit of pleasure and the avoidance of pain.[5] This gave rise to hedonic well-being, oriented toward comfort and enjoyment.[6]

While traditionally seen as distinct, modern perspectives suggest a synthesis. For frontline healthcare workers, integrating eudaimonic and hedonic elements offers a robust framework for resilience and professional fulfillment. Eudaimonia can also be viewed as a dynamic balance between meaning and pleasure. As such, it can reduce emotional exhaustion and foster joy in clinical practice. When physicians align personal growth with meaningful patient relationships and broader societal impact, medicine transcends being a job – it becomes a calling. This path is not easy, but it is both possible and necessary to sustain a compassionate and resilient healthcare workforce. As Bauer et al. note, eudaimonia also serves as a motivational force for personal development.[7] This drive must be cultivated during medical training and throughout a physician's career. It demands systemic and individual commitment to holistic well-being. Indeed, this subject invites family physicians and primary care researchers to further contribute.

Additional and neglected areas of primary care research also need to be revisited. Ronald Epstein, in his seminal work, observes that "the world's suffering is strikingly absent in conversations among physicians and patients."[8] While clinicians often address pain, disability, and quality of life, many patients seek care simply because they suffer.

Epstein emphasizes that suffering can persist even after a disease is "cured," and that even asymptomatic conditions can provoke deep emotional distress. Suffering is intimately connected to hope and meaning – elements that must be reclaimed in medical practice.[8]

Coping with stress: Sense of coherence and compassionate care

Family physicians are routinely exposed to occupational and emotional stress, making the development of effective coping mechanisms essential. A potent source of resilience lies in the pursuit of meaning. When individuals lack a sense of purpose, suffering becomes unmanageable. Findings from a recently published study suggest that certain kinds of purpose are especially relevant in predicting people's well-being, and that these relationships are largely robust across cultures.[9] Research shows that a lack of meaning is closely associated with poor mental health outcomes,[10] underscoring the need to explore how professional suffering impacts physician's well-being.

A promising model that offers an important mechanism for understanding and coping with stress is the sense of coherence (SOC). It reflects a person's ability to perceive life as comprehensible, manageable, and meaningful. The SOC includes 3 dimensions: comprehensibility; manageability; and meaningfulness. Haugan and Dezutter argue that individuals who find meaning in life, even amidst illness, manage their conditions better and report higher levels of well-being.[11] This aligns with Aaron Antonovsky's salutogenic theory, where SOC plays a central role.[12,13] Research from the University of Crete, Greece, supports SOC as a strong determinant of health, linking it to improved clinical and laboratory outcomes.[14–17] Studies from Crete reveal that individuals with strong religious beliefs report lower depression levels, and higher SOC scores correlate with reduced symptoms on the Beck Depression Inventory (BDI).[16] Interventions to strengthen SOC – through behavior change or reframing life events – enhance stress resilience, particularly in high-pressure professions, such as family medicine.[18]

Simultaneously, compassionate care is emerging as a vital tool for supporting physicians' well-being. Defined as "feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help," "a sensitivity to the suffering of others, combined with a desire to alleviate it,"[19] compassion deepens patient–physician relationships and acts as a protective factor against burnout. Research also links compassion – toward self and others – to greater psychological well-being.[20,21]

Paradoxically, suffering itself can enhance compassion. Personal loss, while painful, often increases one's capacity for empathy. As Megan Shen writes, "the most significant payoff to suffering is compassion, not just resilience."[22] In an era of growing disconnection, compassion is arguably one of the most powerful tools for healing and growth.

In today's global context, where social and environmental health determinants are increasingly relevant, family medicine must expand its research scope. Topics like loneliness are gaining prominence. Recent studies from the University of Crete contribute valuable insight into this growing field.[23,24] These findings underscore the need for primary care interventions that enable patients, particularly those with severe or terminal illnesses, to reflect on the meaning of their lives. Such approaches may help individuals better cope with the psychological stress of modern crises and should inform future research in family medicine. However, realizing this vision requires specific foundational steps. As noted in Herbert's editorial, 6 key recommendations are essential for advancing family medicine research – among them, a more substantial commitment to evidence-based practice, physician support in clinical settings, and increased research funding.[25]

Conclusions

Ultimately, alleviating suffering in primary care is not only a clinical goal but a profoundly human one. Physicians who find purpose and joy in their work can have a profound impact on both patient outcomes and their well-being. Research on suffering, meaning, hope, and compassion represents a promising and necessary new frontier in PHC. This field urgently needs the attention of academic institutions and funding bodies committed to strengthening primary care and family medicine.

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