Preoccupation with Health or an Ideal Environment to Practice Family Medicine?

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In their paper "Health behavior in a kibbutz population: correlations among different modalities of healthcare utilization" in the current issue of *IMAJ* [1], Friedman and Lahad simultaneously reflect on and abandon the study population, namely the kibbutz residents. This population, which constitutes less than 4% of the total population, is well investigated and more than 200 papers on the subject were found in a recent Medline research. Why is this population so popular, relative to its proportion, in clinical investigations? The reason is that it allows an exclusive focus on the associations that investigators wish to focus on – since the enabling factors are equalized among the study subjects, and the healthcare staff has extensive knowledge of each patient that enables control for many bias factors such as chronic diseases. This situation is one of the advantages when working in a kibbutz clinic.

In this closed environment with the continuous and comprehensive services of a nurse-physician team, it is relatively easy to gather information on various aspects of medical care that the participants received throughout the period of the study. However, since almost all the health activities of the kibbutz member are coordinated by the clinic staff and almost unlimited access to a multiplicity of providers is allowed, the kibbutz physician-nurse team sometimes find themselves caught up by increasing demands for referral that constrain their ability to coordinate care [2].

Most of the kibbutz physicians are specialists in family practice, received the best of modern medical training, are deeply involved in their communities, and are familiar with all aspects of their patients' lives. Furthermore, working on a kibbutz provides them with the opportunity to apply the biopsychosocial model of family medicine [3].

The kibbutz environment attracts physicians by offering inexpensive accommodation and the promise of a high quality of life. However, in the extended family-type lifestyle of the kibbutz, conflicts often arise in the relationship between the residents and the doctor, leading to dissatisfaction and high physician turnover [4].

One might suggest that the population of the kibbutz is unique with respect to its usage of medical resources, thus conclusions cannot be projected to the entire population. It is important to note that the kibbutz community has become increasingly more open to outside influences. In 1980 a record was compiled of the different symptoms and complaints that patients in 29 kibbutzim present to the family physician. These complaints were classified according to the ICD-9 and were found to be similar to equivalent studies in urban populations in Israel and Britain [5].

Friedman and Lahad indicate that an individual's preoccupation with health leads to higher levels of healthcare utilization. Preoccupation with health was measured using conventional and unconventional modalities. Bernstein and Shuval [6] showed that alternative medicine users often occupy themselves with their health problems and define themselves as being in poor health. Astin, in his study [7], argues that alternative medicine users are somatizers and as such they would be more likely to seek out various healthcare alternatives.

Alternative treatment and referrals, although increasing in popularity, are not a substitute for primary care medicine but rather serve as a complementation even among the kibbutz population.

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