Turning Points and Transitions in the Health of the Patients: A Perspective from Family Medicine

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Abstract

Turning point is a key concept in the developmental life course approach, but is currently understudied in Family Medicine, and merits further research. A turning point often involves a particular event, experience, or awareness of it, that results in changes in the direction of a pathway or persistent trajectory over the long-term. Turning points are transitions of healthcare, or changes demographic, epidemiological, psychological, social, or economic, or the key political events, crises, or decisions or regulations in the health system. Turning points are risky times which can make that the patient (and his entire family) is more vulnerable or stronger. In this article, we aim: 1) To provide a general vision of the relevant literature in the concept of “turning points”; 2) To discuss the methodological and practical considerations to use the indicators of “turning points” in the routine assistance in the consultation of the Family Medicine; and 3) To suggest areas for future research. The practical approach could be a way to see not only “problems” in patients, but also their transitions. The family doctor allows changes, where patients move from one stage to another, while help keeping all possibilities to achieve positive results. From this perspective, addressing the apparent problems and obstacles of life does not necessarily mean risks or chaos, but opportunities to gain depth in vision, and identify strengths unknown. Once the family doctor adopts this position can better help his patient to rearrange and recreate their world.

INTRODUCTION

The Family Medicine presents the unique opportunity to detect and to prevent new cases of disease and study its natural history, since it contemplates human life cycle continuously, and no one is in a better position to observe from family precedents up to the last consequences of any problem of health. For the sensible practice of the Family Medicine, the traditional skills of diagnosis and treatment are not sufficient, but that the application of others specific concepts of this specialty is also necessary [1-3].

“Turning point” it is a point of inflexion or stage or milestone or change or a decisive, crucial, radical, important, critical, historical or key moment. It is a decisive “transition”.

In the year 31 BC Queen Cleopatra of Egypt and Marco Antonio, the great roman military leader, were defeated at the battle of Actium by Octaviano, his rival in power, this was an event that marked the Golden Age of the Roman Empire for five centuries [4].

In the 14th century, the Black Death, a devastating epidemic, swept through Europe, reducing the population a third in less than two years, and producing great effects in the scientific and religious spheres. And this could be repeated in the epidemic of Ebola in West Africa in 2014 [5].

In 1917, a man directed a revolution that transformed the Czarist Russia and brought the new ideology of the communism to the world; it was a historical milestone.

The collapse of the Soviet Union in 1991 has been a point of inflexion in the history of the world. This turning point left traces in the ecosystems of the North Eurasia among 1982 and 2011, such as the widespread abandon of the agricultural lands, the recurrent droughts that affected deeply to the productivity of the vegetation, to continuous cropping, irrigation practices, increased salination, and the increase in the intensity of grazing, etc [6].

The decision of Harry S. Truman in 1945 to attack Japan with a terrible and in addition never before used, bomb on Hiroshima

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• Turning points
• Life course
• Holistic
• Trajectories
• Conceptual Framework

The consequences of the discovery of the “New World” after the travel to the unknown of Cristóbal Colón, changed the world. Without the influence of the Arabs, who ranged across North Africa and Spain in 711, and brought taxes, tooth paste, mathematical calculation, etc., Cristóbal Colón might not have found the “New World”.

In the year 221 BC the Emperor Ch’in ended the great wall and defined the map of China, also through the cruel force imposed his personality to an entire nation. How it would have been the development of China, one of the world great civilizations, without the relentless ambition of its first emperor, Ch’in? His dynasty finally gave way to another form of tyranny, dictator Mao Tse - Tung in the twentieth century.

These events had transcendental repercussions in the human life and they continue resounding in our time yet. Each historic moment seen as a “turning point” has a dramatic story to it back and a cast of leading actors whose dilemmas and conflict influenced the outcome of events. There have been countless “turning points” in history [4], but in addition, the transitions are a universal part of the life. Karl Marx, one of the principal architects of modern social science, developed the concept of “transition” to refer to the passage of a form of feudal production to another capitalist in Europe [7].

The concept of transitions has its roots in several disciplines, in addition to in the History, such as Anthropology, Sociology, Psychology and Business. The transitions are also a central theme, among other health disciplines, in the Family Medicine. Although there are various definitions of the concept, the majority agrees that transitions involve a process that eventually produces the transformation of people and contexts [8].

In The Chaos Theory, “phase transition” means sufficient internal disturbances which can lead to sudden reorganization, as an escape to a higher order, coming to an organization in a more complex way. Often, a turning point involves a particular event of the experience or awareness that brings as a result, changes in a certain direction or persistent path to long term [9]. Thus, the “turning point”, it is a key concept in the approach of the vital personal and family development, and therefore has relevant implications in the concepts and in the practice of the Family Medicine. However, it is a concept that is little studied, systematized and used in the field of the Family Medicine, and clearly it deserves further investigation.

In this article, we aim: 1) to provide a general vision of the relevant literature in the concept of “turning points”; 2) to discuss the methodological and practical considerations to use the indicators of “turning points” in the routine assistance in the consultation of the Family Medicine; and 3) to suggest areas for future research on the “turning points” in the attendance of patients in Family Medicine.

**DISCUSSION & CONCLUSION**

Systemic theory emphasizes the interaction and context. The individual behavior is seen in the context in which it occurs. The systemic model stresses the interactive process between psychosocial demands over time and key components of individual and family functioning [10].

The individual disease is an expression of the sick or problematic context. The patient is a spokesman from sick structure contextual (family conflict, social conflict ...). Emotional distress increases susceptibility to physical diseases: the stress of a test increases susceptibility to viral infection; stress of the lack of control at work or in the events of daily life increases the susceptibility to cardiovascular disease; the discomfort emotional can lead to organic disease by affecting the immune response; people can have the belief that smoking, drinking alcohol, and take a diet rich in fats relieves emotional distress, etc [11].

The term “turning point” means a point of no return, a moment or stage that “from now on will change your life”. It is the time which a fact can change a whole life; it is the time from which, suddenly makes everything changes, turns and evolves. The turning points also refers to the “unexpected twists that gives a situation”, direction changes, which can go in one direction and then in another, even rotate 180 degrees, and they may have as a peculiarity that although they follow a sense, this can turn completely upside down, and start from scratch. The transitions and turning points can be immediate or acute or long processes, non linear, more or less violent according to the resistance of individuals, actors or social groups involved.

The transitions in healthcare, institutional, demographic, epidemiological, psychological, social, economic, of public health, etc... the key political events, the crises, or decisions or regulations in the health system are risky times or turning points that can make to the patient (and his entire family) [10,12-20] more vulnerable or stronger.

The turning points could be classified in 1) transitions in the macro-level context; 2) transitions in the micro-level context; 3) transitions in the individual level; and 4) “phase transition” (Table 1). Table 2 presents the possible impact of turning points in individuals.

From Family Medicine could be considered the following turning points: 1) Sudden loss of stability (new factors emerging in the contextual or personal level with acute or penetrating form); 2) Recurrence of problematic factors (dysfunctional repetitive behaviors and repetition of severe traumatic experiences) [21]; 3) The bifurcation to be deployed during a path (a basic sequence or undeployed repeated for successive generations over time); 4) The progressive oscillation which consequently favors stability loss (a number of factors that eventually accumulate in number and come to cause new types of them) (Table 3) [4,10,22-24].

**Transitions and life cycle**

The first basic approach to transitions or turning points in Family Medicine is in the life cycle of individual and family. This cycle has implications for therapeutic work with families and individuals, as problems are often associated with critical periods of change and transition in families. For example, psychotic episodes are often related to the late teens, when they are close to leave the family and form an own home.

The basics concepts of life cycle suggest an underground order of lifetime, where the individual, family, or illness exists only within a context that follows a basic sequence or
Table 1: General Classification of Turning Points in Family Medicine.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition-Indicators</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitions in the macro-level context</td>
<td>-Economic or social changes -Changes in the organization of the Health System -Economic depression</td>
<td>-Economic difficulties contribute to poorer mental health in the community</td>
</tr>
<tr>
<td>Transitions in the micro-level context</td>
<td>-Individual changes lifecycle, educational levels, employment -From home to the hospital and vice versa; between doctors (leads) -Fragmentación de la salud care -&quot;Circularity&quot;: feedback among psychosocial and environmental factors and stressful life events</td>
<td>-One in eight Medicare patients were readmitted to the hospital within 30 days of being released after surgery in 2010</td>
</tr>
<tr>
<td>Transitions in the individual level</td>
<td>-The emergence of a serious disease</td>
<td>-There are more chances of divorce when the woman has a serious disease</td>
</tr>
<tr>
<td>Phase transition (reorganization to a more complex order)</td>
<td>The time of a disease is connected with the development phase of the family cycle</td>
<td>the development time in the family stops with care of a chronically ill child</td>
</tr>
</tbody>
</table>

Table 2: Possible Impact of Turning Points in Individuals.

<table>
<thead>
<tr>
<th>Turning Points</th>
<th>Impact on Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Transitions in the macro-level context</td>
<td>-Trouble of health (physical, mental) -Limitation of activities -Expression Of symptoms (overusers, deadbeat, &quot;difficult&quot; patients) -Events traumatic (with future impact)</td>
</tr>
<tr>
<td>-Transitions in the micro-level context</td>
<td>-Distress psychological -Control of diseases and its Impact on the family -Special needs and disabilities</td>
</tr>
<tr>
<td>-Transitions in the individual level</td>
<td></td>
</tr>
<tr>
<td>-Phase transition (reorganization to a more complex order)</td>
<td>-Resilience; positive health; coping; social support</td>
</tr>
</tbody>
</table>

Table 3: Characteristics of "Turning Points" of the Patients in Family Medicine.

<table>
<thead>
<tr>
<th>Turning Points</th>
<th>Possible Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Sudden loss of stability (new factors emerging in the contextual or personal level with acute or penetrating form)</td>
<td>-The emergence of a new &quot;leader&quot; in interpersonal relations of the person</td>
</tr>
<tr>
<td>2) Recurrence of problematic factors (dysfunctional repetitive behaviors and repetition of severe traumatic experiences)</td>
<td>-An Impact is expected on the course of subsequent events</td>
</tr>
<tr>
<td>3) The bifurcation to be deployed during a path (a basic sequence or undeployed repeated for successive generations over time)</td>
<td>A foreseeable change in the life cycle and family structure.</td>
</tr>
<tr>
<td>4) The progressive oscillation which consequently favors stability loss (a number of factors that eventually accumulate in number and come to cause new types of them)</td>
<td>-A Series of catalysts or stimuli which gradually goes changing the experience, and they are accumulated over time in number and in different types</td>
</tr>
</tbody>
</table>

not deployed. This basic sequence is repeated for successive generations over time, and life is seen as a preparation for this course undeployed. Starting with birth and ending with death. The family structure is a generic concept by which we mean a pattern, design or underground structure of the life of a person / family at a given point in her life cycle. Its primary components include: occupation, relationships, marriage, family, and roles in different social contexts. This lifetime has periods centripetal versus periods centrifugal in the family life cycle: the families develop a spiral process where over a period of several generations, occur in time, moments of great family cohesion and others of less cohesion [10].

The clinical setting begins with the expected demands biopsychosocial of a problem through its various stages, multigenerational patterns, life cycle of individual and family, and belief systems in the family (including those related to culture, ethnicity and gender).

Function and dysfunction is defined as a relative adjustment to the individual, family, social context, and psychological demands of the situation. Thus, family situation can be dysfunctional under some circumstances, and adaptive in others. In the family systems theory, the individuals are interrelated so that a change in a member affects other members of the family, and this affectation, in turn, affects the first familiar member of a circular form. Thus, the causality is a circular rather than linear [10].

Every family has its own natural history that is done through successive stages during which her members adopt certain behaviors that are predictable and will cater to standards established of social behaviors. The natural history of the family consists of stages of increasing complexity, followed by other simplification family, varying social and economic characteristics of it from its formation to its dissolution. Apart from these changes, day to day, families may face sometimes to significant demands for change, such as when a person comes -births and weddings- and when a person leaves the family or because of the death of a member. There are also external demands as social and cultural changes.
There are two dimensions in the development of the influences in the family: a vertical flow that includes the relationship models that are transmitted from one generation to other in the family, and that includes attitudes, myths, taboos, expectations and beliefs. And a horizontal flow that includes both predictable stressors of life cycle transitions, as unpredictable external events (war, death, chronic illness).

The experience that the family doctor must obtain from the family life cycle is not simply referred to an individual member of the family, but in relation to the set of demands of other members and from the external environment. The knowledge of family life cycle allows us to understand:

1- How in the stages of transition increases the stress that can manifest as physical symptoms in some member
2- The strengths and weaknesses of the time that elapses the lives of the members of a family
3- Possibilities of the family to face difficulties; and
4- The family as a space between society and the individual, in relation to behaviors, thoughts and feelings which are expressed from the personal and group level.

Examples include: 1) Developmental turning points such as early and late adolescence which appear to be particularly sensitive periods for boys to develop comorbid patterns of psychiatric problems and substance use, 2) Research has shown a developmental process of problem drinking beginning in young adulthood and conflicts with demands of roles like marriage, 3) This is also consistent with the developmental psychopathology view of transitions and turning points in people with terminal illness, depression, and those who are grieving losses, which may be at special risk of spiritual crisis [25-31]. Table 4 shows the transitions of the family cycle and its problems.

Any clinical problem can be worked with a biopsychosocial model and this includes considering the family life cycle. For example, in urinary infections in pregnancy, to consider the family life cycle means to consider in practice: teen pregnancy, late motherhood, pregnancy by assisted reproduction from age 35, single women who decide to have a child and use donor sperm, second couples who are around 40 years old and they have gone through a divorce or separation, and the family and stress (mothers with several small children, divorced, separated and widowed, or with few social contacts, unemployed, which may be more vulnerable). The genogram is ideal document to register family life cycle. In it you can find information about the family, with data concerning both phases of the cycle and the structure, life events and relationships [32,33].

Family physicians and other specialists working in the community, have the need to remember that the experience of the family is a crucial part of the social environment of the individual. The family provides the individual the most intense and influential relationships that will likely experience. However, these family relationships can mean a resource but also a problem. In addition, many problems that doctors initially identify as belonging to the individual level, may be more appropriately understood as problems of the family system. Moreover, the ill or incapacitated individual can often survive outside the institutions with the support and care provided by their families. The family has great potential as a vehicle for treatment [34]. Table 5 presents some of the main areas of transition or turning points in the family that are related to health problems. Table 6 sets out the range of transitions and turning points in the family and its repercussions.

The presence of turning points at different levels of the life cycle may involve not only specific health problems, but also different clinical expressions of these health problems. Table 7 presents an example of the possible effects of turning points on the clinic expressed by coronary heart disease patients [35].

### Transitions, “trauma” and “stress”

The circumstances of the environment in which an individual develops and the events that will facing, especially in childhood and adolescence are important factors and the basis on which constitute the identity, the development of defence mechanisms, coping strategies and social skills necessary for their development.

A characteristic of patients, is that they usually come to medical office with both mental symptoms as somatic derived from personal or relationship problems, triggered by psychosocial situations as conflicts in family, work, school, neighbours, debts, deaths, and other serious illnesses related with the environment [36]. To explore better what are the variables of the personality that determine a differential response to stressful life events, helps us to understand better the factors that make people can withstand the adversities of life: what are the deficits of those

<table>
<thead>
<tr>
<th>Transitions of Family Cycle</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Becoming partner</td>
<td>- Sexuality, infertility, family planning, migraines, back pain, chest pain, anxiety</td>
</tr>
<tr>
<td>2- Becoming parents</td>
<td>- Birth, premature birth, unforeseen demands of new baby, changing patterns of relationships, sleep, baby care, child care difficulties, postpartum depression</td>
</tr>
<tr>
<td>3- Couples with children of school age</td>
<td>- Child development, children “out of control”, tics, jealousy, fights, rewards and punishments, sibling rivalry, school problems, abdominal pain, headache, parental communication problems</td>
</tr>
<tr>
<td>4- Family with teen age children</td>
<td>- Back Home late, being away from home, domestic violence, school retardation, school refusal, abnormal eating behavior, antisocial behavior, sexual problems</td>
</tr>
<tr>
<td>5- Families with independent children</td>
<td>- Eccentric behaviors of youth, marital discord, the 40 years crisis, empty nest, separation and divorce, the output of the older children from home, marital conflict, sexual problems</td>
</tr>
<tr>
<td>6- Family in later life</td>
<td>- Prolonged grief reactions, depression, dementia, organic diseases. The impact of the death in the family, the effects of chronic diseases in relationships, fear of disease and death</td>
</tr>
</tbody>
</table>
Table 5: Some of the Major Turning Points in Family Related to Health Problems.

<table>
<thead>
<tr>
<th>Major Turning Points in Family</th>
<th>Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Family planning</td>
<td>-Different families have different family &quot;ideal&quot; structures, according to the number of children; contraception and abortion issues and their possible health consequences</td>
</tr>
<tr>
<td>2- Birth</td>
<td>-Prematurity, unforeseen demands of the new baby, changing patterns of relationships, sleep, baby care</td>
</tr>
<tr>
<td>3- Child development</td>
<td>-Child’s learning by the example of their parents, learning language structures and rules of social interaction, learning by example, the repertoire of emotional and social skills, imitating the behavior of parents</td>
</tr>
<tr>
<td>4- Family and stress</td>
<td>-The birth of a handicapped child, the death of a child, the output of the older children from home, marital conflict, sexual problems, death of a parent</td>
</tr>
<tr>
<td>5- Mental problems</td>
<td>-Mothers with several small children and divorced, separated and widowed, or with few social contacts, unemployed, etc.</td>
</tr>
<tr>
<td>6- Family conflict and violence</td>
<td>-They may appear in relation to economic, sexual or child care problems, but often reflect underground relationship difficulties</td>
</tr>
</tbody>
</table>

Table 6: The Range of Transitions and Turning Points in the Family and its Repercussions.

<table>
<thead>
<tr>
<th>Range of Transitions and Turning Points in the Family</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Any disease has an impact on other family members</td>
<td>Cancer</td>
</tr>
<tr>
<td>2- Situations in which family members may be contributing to symptoms or health problems an individual</td>
<td>Anorexia nervosa</td>
</tr>
<tr>
<td>3- Circumstances in which the illness of a family member is correlated with the increase or decrease of symptoms in another member</td>
<td>Symptoms of stress in parents are associated with exacerbations of chronic diseases in children</td>
</tr>
<tr>
<td>4- Failure to achieve normal transitions</td>
<td>A young adult with learning disability who is unable to leave the family home</td>
</tr>
<tr>
<td>5- Transitions that relate to disease or with care for disease</td>
<td>The output of the hospital and the arrival home of a chronical patient</td>
</tr>
<tr>
<td>6- The death of a family member</td>
<td>Pathological grief, loneliness</td>
</tr>
</tbody>
</table>

Table 7: Presentation of Coronary Artery Disease In Primary Care According With Some Transitions in the Family Life Cycle.

<table>
<thead>
<tr>
<th>Stage of Family Life Cycle</th>
<th>Problems and Critic Points of Transition in Families</th>
<th>Example of Symptoms in Coronary Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family with independent children away from home</td>
<td>Marital discord, empty nest, separation and divorce</td>
<td>Typical chest pain. Query with doctor in time minutes</td>
</tr>
<tr>
<td>The family with teen age children</td>
<td>The 40 years old crisis, domestic violence, school delays</td>
<td>Chest pain that tends to be typical. Query time from hours to weeks</td>
</tr>
<tr>
<td>Older parents, childless home</td>
<td>Empty nester, care and death of grandparents</td>
<td>Less typical clinical and unimpressive. Query time of days</td>
</tr>
<tr>
<td>Older parents with children at home</td>
<td>Syndrome pre-empty nest, care and death of grandparents</td>
<td>Typical chest pain, non-striking intensity, taking hours or days to consult</td>
</tr>
<tr>
<td>Family in later life</td>
<td>Retirement and old age, grief reactions, organic diseases</td>
<td>Chest pain with vegetative symptoms. Query time in minutes</td>
</tr>
</tbody>
</table>

who succumb and what factors we need put in its place to achieve effective interventions [37].

Another possible approach to the turning points or transitions is the concept of “trauma”. The turning point is a “trauma”. From this point of view, the meaning of “trauma” is broader than the concept in Freud’s theory [38,39]. Trauma is considered any stressful event extreme, something outside the realm of normal human experience, at least for the social group to which the individual belongs, and produces negative consequences on behavior and emotions of the individual, causing problems or symptoms seen as due to anxiety disorders or caused by stress.

The term stress refers to any requirement or encouragement that we produce a state of tension and that it requests an adaptive change on our part. These stimuli can be of many types: a test, a wedding, a marital separation, a trip, etc. Stress is the non-specific response of the body to demand, either in pleasant or unpleasant conditions. Some turning points of psychosocial and contextual stressors affecting health can be: loneliness, family care, violence, relationship with substance abusers, difficulties or conflicts with people close, dysfunctional family, unemployment, labour problems, physical or mental stress, pain, sadness, suffering, etc.

Doctors have long recognized that people are more prone to diseases of all kinds when they are under great stress. Negative events, such as the death of a loved one, seem to cause enough stress to reduce the body’s resistance to disease. However, positive circumstances, such as a new job or the birth of a baby at home, can also alter the normal ability of a person to resist disease. Sociologists have drawn up a list of life situations and have calculated the relative effect of stress on each of them. There are many important forms of survey and / or systemized questionnaires for research and analysis of stressful life events that may affect the patient, among which is Scale Holmes-Rahe [36].
Another source of stress can also be the little things that happen to us every day, the events of daily life, external pressures (work, studies ...) and our self-exigency. Ultimately, frustration occurs when not managed to reach a goal or objective. Ultimately a personal desire can also generate stress. The anxiety, nervousness, restlessness, appears after frustration, and this can lead us inadequate and ill feeling reactions. These “low level” turning points involving three phases: a) An initial rigid focus on one coping mechanism for dealing with stress; b) Relinquishing of that focus and decompensation; and c) Reorganizing one’s life more broadly [40].

**Transitions and “path” long-term**

Another approach of turning points is from the concept of “path”. The turning points bring as result, changes in a certain direction or persistent long-term trajectory [5, 41]. Consequently, it is important to study the contribution of the factors of life before the turning point, in conjunction with later life factors behind the transition point to identify risk and protection process throughout the lifetime.

The focus of epidemiology in the course of life emerges from the revival of interest in the role of early life factors of cardiovascular and other chronic diseases. According to these hypotheses, environmental exposures, such as malnutrition during critical periods of growth and development in uterus can have long term effects on the risk of chronic diseases of adults in the “programming” of the structure or function of organs, tissues or body systems. This idea of “biological programming” is presented as an alternative paradigm to the model lifestyle of chronic adult diseases, which focuses on behavior (including smoking, diet, exercise and alcohol consumption) affecting the onset and progression of disease in adulthood.

To counter the polarization of biological programming in uterus and adulthood, the epidemiology of lifetime is based on the premise that various biological and social factors throughout life act independently. Its influence in health and disease in adults is cumulative and interactive. One approach of life cycle does not deny the importance of conventional risk factors such as smoking and hypertension. Rather, its aim is to study the contribution of early life factors in conjunction with these processes life to identify risk and protection throughout the lifetime.

The epidemiology of life course analyzes how the exposures, socially modeled during childhood and adolescence, and risk of disease, influence the adult life and socioeconomic status, and therefore can account for social inequalities in health and mortality adult. The factors socioeconomic, the gender, the ethnic, geographical inequalities, etc., in different stages of life, can operate health effects, either through social networks risk or influencing exposures to causal factors in earlier stages of life of biological or psychological chains that are long-term risk [42-44].

We can consider several causal models of the turning points over the course of the lives of people. The accumulation of different types of exposures (such as environmental, socioeconomic and behavioral) may cause long-term damage being in dependent risk exposure, or a clustered model, or accumulation model with the pooling of risks [45]. The change does not happen as a result of discrete unique incidents but instead occurred through a number of catalysts or stimuli of change. These triggers appear gradually and accumulated over time in number and in type [23].

**Implications for future research**

The approach of the course of life with the prospect of turning points or transitions can become a powerful organizing framework for the study of health, illness and mortality [44]. A based transitions approach can be both a research tool, as a method for improving the holistic approach to issues of patient care and be useful as an aid to understanding health behaviors related to familial risk [43,44]. The analysis of life cycle transitions is a research tool and useful for the practice of the Family Medicine [42].

The influence of the turning points (including, for example, the timing and sequence of life events, individual characteristics, human action, and the social and historical context) offers a potentially fruitful area of research that can increase our understanding of why and how patients who are attending in Family Medicine have health problems and their expected trajectories at medium and long term. New research on turning points can be particularly valuable to reveal the mechanisms and underlying factors multifaceted, as well as the complex changes involved in health and disease [9].

The turning points can generally be prevented or can be intuited in the moment before they occur, and we must remember that its scope may not appear immediately, but usually leave a deep impression. It is therefore of great importance research work to find out where these inflection points arise, and find its tracks. The effects of the turning points are always of immense importance, but by themselves can have not an impact; this effect will occur depending on the personality of the individual [27,46,47].

For this research, we suggest an interdisciplinary approach [48]. A life course turning points approach needs an interdisciplinary framework for guiding research on health and disease, human development, and aging. Family doctors, psychologists, sociologists, demographers, anthropologists, epidemiologists and biologists have actively that to promote such an approach [45]. An approach based on transitions and turning points in the life cycle can contribute to the understanding of social and biological risk pathways for health and strength resilience throughout life [49].

**Implications in the practice of the family medicine**

During a transition, people experience stress and anxiety. However, overcoming the consequences of transition imply an increase in knowledge, obtaining new skills, and the reformulation of identity [8]. The focus on addressing the turning points in Family Medicine has conceptual characteristics, nuances, approaches, problems and own tools, which have not been sufficiently highlighted. The every day work of family doctor is based on these crucial and differentiating elements. Table 8 presents some of these tools [1,50,51].

The work of the family doctor includes the construction of bridges, as a civil engineer does [2], to save hiatuses that occur in the lives of patients as a consequence of the turning points.
and transitions. Various interventions that could be useful to approach the turning points are shown in Table 9 [46,52-60].

CONCLUSION

The argument of this article is that the most explicit use of perspective of life course transitions and turning points can improve the interdisciplinary approach in the practice of the Family Medicine. The utility of this approach is demonstrated by the ideas that contribute to the understanding of the relationship between historical time, social context and changes in the population and health of groups, families and individuals over time.

The family physician is always working with uncertainty. So, you need to “have three heads” (biopsychosocial) [61]. And here, turning points and transitions are uncertainty factors, but also can be tools to manage it [62,63]. Systematically perform detection turning points and transitions are uncertainty factors, but also can be tools to manage it [62,63]. Systematically perform detection of risk factors and biopsychosocial fundamental transitions in patients seen in consultation can facilitate preventive work.

Table 8: Some Possible Elements Specifics and Differentiators of Family Medicine, among which is include the Use of Transitions and Turning Points.

<table>
<thead>
<tr>
<th>Instruments Specifics and Crucials of Family Medicine</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The clinical interview</td>
<td>- From the context toward the symptom</td>
</tr>
<tr>
<td>2. Symptoms and signs</td>
<td>- Chemical, symbolic or group expressions</td>
</tr>
<tr>
<td>2- Contextualized clinical history</td>
<td>- List of problems and resources, beliefs, “master”-problems</td>
</tr>
<tr>
<td>3- Contextualized making decisions</td>
<td>- Contextualization, the continuity of care, the emotions, the patient participation, the strategy, etc.</td>
</tr>
<tr>
<td>4-TRANSICIONES Y TURNING POINTS</td>
<td>- Life cycle, genogram, Family line, stressful events, family crises, social support, groups risk, relational capital, etc.</td>
</tr>
<tr>
<td>5- Community resource inventory</td>
<td>Mutual Aid Groups</td>
</tr>
</tbody>
</table>

Table 9: Some Interventions that could be Useful to Approach the Turning Points.

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The review of the Community Care</td>
<td>Focusing more on that the patient in context is able to meet its transitions</td>
</tr>
<tr>
<td>2) Doctor-patient trust</td>
<td>Reciprocal relationships that are based on mutual trust between providers and families</td>
</tr>
<tr>
<td>3) Aaron Antonovsky’s sense of coherence</td>
<td>The sense of coherence is strongly developed if a person sees the world as comprehensible, as manageable, and as meaningful</td>
</tr>
<tr>
<td>4) Help people understand stressful events</td>
<td>Perceiving the event as a learning lesson is associated with increases in extraversion and conscientiousness</td>
</tr>
<tr>
<td>5.- Develop a transition plan</td>
<td>Provide support before and after transition. Transition planning should be appropriate for person development</td>
</tr>
</tbody>
</table>

Family doctors could explore in an active way this fundamental concept of the turning points, using a holistic frame. Thus, the practical approach with patients could be a way not only see “problems” in the patients, but also their “transitions” and “turning points”. That is, the family doctor can allow changes in where patients move from one stage to another, while him help keeping all possibilities to achieve positive results. From this perspective, addressing the apparent problems and obstacles of life does not necessarily mean risks or chaos, but opportunities to gain depth in vision, and identify strengths unknown. Once the family doctor adopts this position, he can help his patient to rearrange and recreate their world better.

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