

Authors' Response to "Anticipating Uncertainty: A New Frontier in Family Medicine Training"

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TO THE EDITOR:

We would like to thank Dr Jerjes for his thoughtful and detailed comments on our publication "Three Types of Uncertainty. A Qualitative Study of Family Medicine Residents."¹ The topic of uncertainty, especially among residents of family medicine, is still insufficiently understood and therefore should be addressed by future studies. Residents participating in our study described a broad spectrum of cases that went along with the perception of biomedical, interpersonal, and psychosocial uncertainty. By analyzing these descriptions, it became clear that uncertainty is not invariably seen as something negative by our interviewees. Rather, they also regarded uncertain situations as learning opportunities and, in the long run, boosters to their self-confidence. In our opinion, it's important for advanced training programs in family medicine to train young physicians' awareness and understanding of uncertainty as a chance for personal and professional development.

We certainly sympathize with attempts to anticipate uncertainty and to teach strategies to achieve this. However, this should not mislead us into assuming that uncertainty is rare or at least limited to some situations or events. Rather to the contrary, uncertainty is the rule in many areas. One of us has discussed this for the diagnostic process in primary care.²

But again, once we are aware of this, we can assume realistic attitudes and develop adapted strategies.

Family medicine prides itself for considering interpersonal and psychosocial factors within the consultation. This, however, introduces dimensions of uncertainty that biomedically oriented physicians in other fields often ignore. By embracing this kind of uncertainty, family physicians turn what is often felt to be deficient or even negative into a positive and productive force.

Moreover, our study also has shown that the sources and the degree of perceived uncertainty varied widely within our sample. This may result from variations in professional experience and personality traits. Furthermore, the perception of uncertainty does not necessarily decrease with professional experience. To mention an example, one of our more experienced participants suggested that more knowledge about the possible consequences of medical decisions can lead to an increased perception of uncertainty.

To summarize, in our opinion, it is not realistic to teach residents in family medicine to spot, master, perhaps even eliminate areas of uncertainty. What is needed are open-minded and accepting attitudes, a willingness to learn and to grow with uncertainty, as well as strategies to cope with ever-present uncertainties in one's practice. The support mentioned by Dr Jerjes will prepare residents to deal with ambiguity and complexity, such as Balint groups or preceptors (supervisors) addressing these issues on a continuous basis. Once again, we would like to thank Dr Jerjes for his statement, which we largely agree with but to which we would like to add a nuance.

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