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Practice of Biopsychosocial Medicine in Portugal: Perspectives of Professionals Involved

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Although, recently, the biopsychosocial approach has been emphasized in the practice of family medicine, how psychologists and physicians interact in collaborative family health care practice is still emerging in Portugal. This article describes a qualitative study that focused on the understanding of psychologists and family physicians' perceptions of their role and the collaborative approach in health care.
A questionnaire gathered information regarding collaboration, referral, training and the practice of biopsychosocial medicine. A content analysis on respondents' discourse was performed. Results show that both physicians and psychologists agree on the importance of the biopsychosocial model and interdisciplinary collaboration. However, they also mentioned several difficulties that have to do with the lack of psychologists working full time in health care centers, lack of communication and different expectancies regarding each other roles in health care delivery.
Both physicians and psychologists acknowledge the lack of academic training and consider the need for multidisciplinary teams in their training and practice to improve collaboration and integrative care. Implications for future research and for the practice of biopsychosocial medicine are addressed.
Keywords: biopsychosocial medicine, integrative care, family systems medicine

Aunque recientemente se ha subrayado el abordaje biopsicosocial en la práctica de la medicina familiar, la forma en que interactúan psicólogos y médicos en el cuidado de la salud familiar todavía está empezando en Portugal. Este artículo describe un estudio cualitativo que se centra en la comprensión de las percepciones de los psicólogos y médicos de familia de su papel y del abordaje colaborativo en el cuidado de la salud.
Mediante un cuestionario, se recogió información acerca de la colaboración, derivación, entrenamiento y práctica de la medicina biopsicosocial. Se realizó un análisis de contenido del discurso de los respondientes. Los resultados muestran que tanto médicos como psicólogos están de acuerdo en la importancia del modelo biopsicosocial y la colaboración multidisciplinaria. Sin embargo, también mencionaron varias dificultades que tienen que ver con la falta de psicólogos que trabajen a tiempo completo en los centros de salud, la falta de comunicación y las diferentes expectativas acerca de sus roles en el servicio del cuidado de salud. Tanto los médicos como los psicólogos reconocen la falta de formación académica y consideran la necesidad de equipos multidisciplinarios en su formación y práctica para mejorar la colaboración y el cuidado íntegro. Se comentan las implicaciones para la investigación futura y para la práctica de la medicina biopsicosocial.
Palabras clave: medicina biopsicosocial, cuidado íntegro, medicina de sistemas familiares

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The practice of "Family Systems Medicine," as a field, was coined in 1983 with the publication of the journal «Family Systems Medicine». The new field was characterized by an alliance between medicine, family therapy and a systems thinking orientation (Bloch, 1983). The changes in medical and mental health practice, the establishment of family medicine and family therapy, and the epistemological shift from linear to systemic thinking created the conditions that culminated in the end of the schism between the medical and mental health field. Family Systems Medicine, as a territory, emerged as a functional related unit that emphasized the importance of the systemic paradigm in Medicine or the use of the biopsychosocial model (Engel, 1977).

The field of Medicine has been going through a continued evolution. The discovery of new technologies in recent years has increased the efficiency in the treatment of several diseases and has also raised the awareness of the importance of larger levels of organization i.e., psychological, social, community, etc. that impact and receive impact from «pure» physiologic functions. Engel (1977) argued that a true scientific medical model needs to involve the psychological context in which disease occurs. Such an enlargement of the scope of medicine, also identified as «biopsychosocial medicine» (Engel, 1977), has been seen as an enrichment of the practice of medicine (Capra, 1982; DeVries, 1981; Dossey, 1984).

On the other hand, family therapy has taken the systemic paradigm farther than most other disciplines (Bloch, 1984). Therefore, it is no surprise that family systems medicine uses family therapy as a technology or a vehicle to address the psychosocial aspects of medicine. This new definition of medicine, as a biopsychosocial entity, has required family medicine to learn a new language i.e., a language of context and contingency (Ransom, 1987).

The systems perspective in science has been developing for the past hundred years. Systems theory (Von Bertalanffy, 1968) offers the medical context, the importance of including other levels of analysis beyond the individual and the understanding of how symptoms, illness and interpersonal relationships are embedded in a contextual system i.e. a biopsychosocial model (Engel, 1977). As a result, systems thinking works as a tool that allows the family physician to expand from the pure individual biomedical model to the multicausal, interactional approach epitomized in the practice of biopsychosocial medicine (McDaniel & Amos, 1983). The systems approach allows the physician to shift from the individual to the family as the unit of care.

In 1992, McDaniel, Hepworth, and Doherty added the term "systems" to Engel's biopsychosocial model with the intent "to go beyond using the model as framework for arranging the hierarchical levels of biological, psychological, and social levels to help explain the interactions across the levels of the multiple social systems involved in health and illness".

This interest for the patient in context, with a history and an emphasis on the search for meaning is at the core of the field of Family Systems Medicine. In fact, the history of Family Systems Medicine traces the evolution from an individual to a family approach in health care (Pereira & Smith, 2006).

Although, in recent years, the biopsychosocial approach has been emphasized in the practice of family medicine, how physicians and psychologist interact and in particular, the role of psychologists in medical settings has been confusing (Bloch, 1998). In fact, the terms collaborative care or integrative care are often used but not in specificity or agreed meaning (Blount, 2003). Also, how the professionals involved understand this holistic approach is not always very clear. With the increased attention on health care reform and an emphasis on interdisciplinary in health care delivery (Glenn, 1985), it is important to understand what perceptions influence the collaborative approach, how physicians and psychologists perceive their role in the process, and how they characterize family systems medicine, collaborative family health care, biopsychosocial medicine or integrative health care.

Collaborative care has many advantages. In fact physical health and mental health problems cannot be understood separately. 50% of patients seen in primary care have symptoms attributed to stress with no biomedical explanation (Benson & Stuart, 1996). Many patients seek their physician for mental health problems in particular depression, drug use, anxiety, adaptation to illness and stress related disorders (Miller, Hall, & Hunley, 2004) requiring collaboration or interaction between mental health and health professionals. Several studies have shown that 70% of clients with diagnosed mental health disorders are seen only in primary care (McDaniel, Campbell, & Seaburn, 1995). Many of these patients will not accept a referral to a mental health provider in another location, making primary medical care the most common place for treatment of mental health problems (Blount, 2003).

When effective collaboration occurs, quality of care, efficiency of care and patients' satisfaction improves (Hemmings, 2000). Collaboration, therefore, gives patients a more integrated care and a more comprehensive treatment. However, for collaboration to be successful, health providers and mental health providers need to understand their differences and carefully negotiate their boundaries in patient's care.

Recently, health care centers in Portugal include psychologists in their staff, mostly psychology practicum students who, as part of their academic education, are required to do a full year internship in a clinical/health setting. Patients have contact with psychologists by family physician referrals or they may also schedule a visit on their own. The cost for a family physician visit or a psychologist visit is the same. Health care centers are run by the State and patients pay a small fee for the services received.

The purpose of this study was an attempt to understand and clarify integrative care in health care centers in the North and Center of Portugal. According to Seaburn et al. (1996), the collaborative model used in these settings is the "Together Model in which physician and psychologist work together so that referral takes place more easily and hallway consultations helps to keep care coordinated. Physicians refer their patients that need more intense care or have less capacity for change (Stozier & Walsh, 1998).

Since the goal was to generate information regarding the new approach, qualitative mode of analysis that employed a content analysis was selected. This methodology allowed to uncover physicians and psychologists' perceptions creating theoretical concepts inductively from participants' detailed descriptions regarding the practice of family systems medicine or biopsychosocial medicine. Wynne (1988) argued that in the initial stages of development of a new field, emphasis should be given to discovery-oriented research and hypothesis-generating research rather than confirmatory research.

Methods

Sample Frame

A convenience sample comprised of 50 professionals, 18 psychologists and 32 family physicians, who worked in health care centers located in Oporto (5.8%), Braga (34.6%), Espinho (26.9%) and Lisbon (30.8%). These cities were all located in Portugal.

Previous studies on biopsychosocial medicine in United States, Pereira and Smith (2003; 2004) using a domain analysis of physicians and family therapists' verbatim reports found six domains regarding collaborative health care: Collaboration, Practice Of Collaborative Health Care, Referral, Training and Roles. The transcribed text of each ethnographic interview was analyzed using a domain analysis (Spradley,1979). A domain is defined as an informant expressed relationship between two terms: a cover term (main concept being talked about) and the included terms (other terms used to describe the main concept). The covert term and the included terms are paired together through a semantic relationship (relationship between the included terms and a covert term).

For example, a physician stated «I believe that a big part of why physicians have difficulty collaborating with psychologists doing» integrative care" is not because of the psychologist but because they do not work full time and I think some times we need them and they are not around». Using a domain analysis, «not working full time», «needing them and they are not around» are all included terms that causes (semantic relationship of cause-effect) physicians to have a hard time collaborating and, as a result, creates a challenge in the practice of integrative care. The emerging domain for this group of sentences was called «Challenges to the Practice of Integrative Care»

Each domain identified in the ethnographic interviews was grouped in a box diagram. A taxonomic and componential analysis that located similarities and differences across each domain was performed and all related domains were collapsed into several core categories. As a result, a category system emerged based on patterns across domains. These core categories were transformed in the questions used in the present study. The questions were the following:

1. What are the benefits of collaboration between physicians and psychologists?
2. What are the major difficulties in the collaboration between physicians and psychologists?
3. What type of patients' problems do physicians refer to psychologists?
4. How do both professionals keep in touch?
5. What do physicians and psychologists think of the training they received to successfully collaborate?
6. What do both professionals think of biopsychosocial medicine?
7. And finally, what is necessary to stimulate collaboration between physicians and therapists?

Following the methodology of the Smith, Sells, and Clevenger (1994) on ethnographic content analysis, physicians and psychologists were asked to answer seven questions by e-mail. Space was provided on the questionnaires to allow participants to answer the questions fully. All answers were broken down into manageable categories of themes based on the questions. A thematic content analysis was performed and frequency of categories in the discourse of participants (physicians and psychologists) was counted for each theme (Bardin, 1991). Two coders achieved an interrate reliability of 93% computed using Pearson's correlation procedure.

Table 1
Sample Characteristics

	Physicians	Psychologists/Therapists
Age (average)	46.7 (SD 5,84)	31.2 (SD 7,12)
Percentage (Total)	64.5%	34.6%
Males	27%	24%
Females	73%	76%

Results

Benefits of Collaboration Between Physicians and Psychologists

Psychologists believe that collaboration with physicians is beneficial and, together with physicians, agree that collaboration allows a better vision of the problem with more efficiency and complementarity.

- "... It helps personal conflict resolution and increases the possibilities to deal with daily patient difficulties " (Physician)
- "...There are gains for the patient, community and health care system..." (Psychologist).
- "... collaboration offers personalised interventions individually and at the community level that are more efficient" (Physician)

Table 2 summarizes the results.

Difficulties in the Collaboration Between Psychologists and Family Physicians

Physicians believe major setbacks to collaboration at the health care center have to do with not being able to get in touch with the psychologist whenever they need because they usually do not have full time schedules at the health care centers.

- " ...Often we do not have all the time we need to be with a patient and in these cases it would be very useful to have a specific psychological intervention at the right moment for that particular patient..." (Physician).

Psychologists share this concern:

- "...Lack of time is the problem and that has nothing to do with the professionals involved..." (Psychologist)
- "...Not being long term at the health care center, having to interrupt the activity when the labour agreement ends" (Psychologist)

The great difficulty felt by psychologists and physicians is lack of communication between the two professionals:

- "..I think we could work better as a team so that the professional who sent the patient does not forget him or her..." (Physician)
- "...Rejecting written information we sent reflects itself in the lack of knowledge of all the resources available in the process of referring patients and in the good interpersonal relationships necessary for collaboration to work. This makes collaboration difficult..." (Psychologist)

Psychologists also refer, as a difficulty, the fact that physicians have a different perspective and expectations regarding the work they do in the health domain:

- "...The majority of physicians are deeply centered in the biomedical model, and do not have a clear idea of psychological issues related to illness or health promotion. Some do have a clear idea but do not value it. Others do not know what psychological interventions can be done in a health care center..." (Psychologist)

Table 3 summarizes the results.

Patients Referral

Physicians refer lack of resources to understand the patient from a psychosocial point of view as the main reason to refer a patient:

- " ... When there are psychological problems that a psychologist can help with and when I need help to understand the patient..." (Physician)
- "...When I realize that, alone, I am not able to be efficient..." (Physician)

The majority of patients, psychologists receive from physicians, present developmental and behaviour problems, school problems and learning disabilities.

- "...Things have changed but I still receive mostly children and adolescents with behaviour and developmental problems ..." (Psychologist)

Table 2
Benefits in collaboration between Physicians and Psychologists

	Physicians	Psychologists
More complementarity	13 (34.2%)	4 (14.3%)
Better understanding	5 (13.1%)	4 (14.3%)
More efficiency	11 (29%)	13 (46.4%)
Better problem resolution	6 (15.8%)	2 (7.1%)
Frees appointment time	1 (2.6%)	0
A more holistic vision	2 (5.2%)	3 (10.7%)
More gratifying	0	2 (7.1%)
Total	38 (100%)	28 (100%)
Females	73%	76%

Table 3
Difficulties in Collaboration

	Physicians	Psychologists
Waiting too much for a referral	4 (10.8%)	0
No integration of psychologists /Lack of psychologists in health care centers	4 (10.8%)	0
Not being full time at the health care center / Lack of Time and Accessibility	12 (32.4%)	5 (17.8%)
Lack of communication between physicians and psychologists	11 (29.7%)	7 (25%)
None	6 (16.2%)	2 (7.14%)
Conceptual and narrative discourses of both professionals	0	1 (3,57%)
Different perspectives concerning psychologists´ work	0	6 (21.4%)
Patients are referred with a psychological label that not always fits	0	3 (10.7%)
Referring children at a very young age	0	1 (3.57%)
Sending too many patients	0	2 (7.14%)
Status between the two professionals	0	1 (3.57%)
Total	37 (100%)	28 (100%)

– "...Behaviour problems in children and adolescents, anxiety and depression in adults..." (Psychologist)

Only a small percentage of physicians refer patients to psychologists for help with their chronic conditions, therapeutic adherence or medical family therapy:

– "...I receive very few patients with problems of adaptation to illness and incapacity, low therapeutic adherence to exams and medical procedures...." (Psychologist)

Table 4 summarizes the results regarding type of patients referred.

In terms of keeping in touch with patients, most physicians have direct contact with the patient in his/her routine appointments:

– "...I have a great relationship with my patients and periodically they keep me informed of their evolution..." (Physician)

However, when the patient, for some reason, is referred to a psychologist in the community, things change dramatically:

– "...Rarely or never do I receive feedback from psychologists outside the health care center..." (Physician)

Psychologists, on the other hand, have direct contact with physicians regarding the patient:

– "...With the physicians I work closely, I have a direct contact and discuss clinical cases personally..." (Psychologist)

Table 4
Patients Referral

	Physicians	Psychologists
Behavioural Problems	14 (21,2%)	9 (16.6%)
Psychotherapy	4 (6%)	0
Psychological assessment	2 (3%)	0
Learning problems / developmental problems / low achievement	13 (19.6%)	14 (25.9%)
Smoking	2 (3%)	0
Somatization	2 (3%)	0
Depression/Anxiety	7 (10.6%)	12 (22.2%)
Interpersonal Problems	3 (4.5%)	1 (1.8%)
Family dysfunction	6 (9%)	5 (9.2%)
Problems at work	3 (4.5%)	1 (1.8%)
Symptoms with no clinical cause	6 (9%)	0
Enuresis	1 (1.5%)	1 (1.8%)
Grief	0	2 (3.7%)
Adjustment Problems	0	4 (7.4%)
Neurosis	1 (1.5%)	2 (3.7%)
Hyperactivity	1 (1.5%)	1 (21.8%)
Support to chronic patients	1 (1.5%)	2 (3.7%)
Total	66 (100%)	54 (100%)

The use of written reports is uncommon for both psychologists and physicians:

- " ...For the most part, written information to the physician does not work and when it happens it is one way and that does not allow exchange and discussion of patient's problems..." (Psychologist)
- "...We are starting an interdisciplinary process. Sending information (written) and receiving a feedback has not been a regular practice between us and that information should be well understood by both physicians and psychologists..." (Physician)
- "... With physicians that are accessible, I usually write reports depending on each situation. Also, when the intervention ends or is interrupted, I inform the physician..." (Psychologist)

Some psychologists also refer the use of the phone. Physicians, on the other hand, do not refer this type of contact.

Training in the Biopsychosocial Model

Almost all participants, whether physicians or psychologists, believe they have a deficient training in biopsychosocial medicine and felt the need to learn on their own.

- "...My training was insufficient because I was trained to give an organic cause to patients' complains, to treat disease and not patients..." (Physician)
- "...Essentially I had to study on my own..." (Physician)

This opinion is also shared by psychologists:

- "... Academic training was not enough..." (Psychologist)

Few physicians reported the need of multidisciplinary teams as necessary to obtain an adequate training in the biopsychosocial model:

- "...My training was done in multidisciplinary teams and I learn to respect and to collaborate efficiently with psychologists..." (Physician)
- "...The training I received was enough; I learned biopsychosocial medicine in Health Psychology and in a specific training on psychological interventions in primary care..." (Physician)

A few psychologists believe their training was good and allowed them to work efficiently in the biopsychosocial model:

- "...During my training, I received a lot of information on the biopsychosocial model since my training had a strong clinical and health component..." (Psychologist)

Table 5 summarizes the results

Practice of Systemic Approach in Family Medicine

Most physicians and therapists agree on this topic. They believe the systemic approach is very important in their daily work and can solve many clinical problems.

- "...It is very important because in family medicine even when only the patient is present, the family as a whole is always present. When several family members come to see us, it is necessary to know how to approach them..." (Physician)
- "...I think it is very important for the dynamic functioning of the family..." (Physician)
- "...I think this approach is very important and functional since most of the problems we see are intimately related with family causes..." (Psychologist)
- "...The family as a system is evidence that no one no longer can deny. It is not possible to design an intervention without having the family in consideration..." (Psychologist)
- " ...I believe it is very important since the patient's problems are often related or even caused by the family system" (Psychologist)

However, some professionals refer lack of time as the main cause for not using a systemic approach in their daily practice:

- "...The problem is I do not have the time to work in terms of family systems medicine" (Psychologist)
- " ...To work that way requires that the family physician is free from doing all the paperwork and proceedings that have really no impact in people's health..." (Physician)

Psychologists, more than physicians, emphasize the advantages of the systemic approach probably because they usually have more time to work with patients.

Table 5
Training

	Physicians	Psychologists
Almost non-existant	21 (56.7%)	6 (37.5%)
Multidisciplinary teams are needed	3 (8.1%)	3 (18.7%)
Need to study on my own	2 (5.4%)	0
Sufficient/Reasonable	5 (13.5%)	3(18.7%)
Good	4 (10.8%)	4 (25%)
Bad	2 (5.4%)	0
Total	37 (100%)	16 (100%)

Table 6
Biopsychosocial Approach in Health

	Physicians	Psychologists
Very important, best model, best approach	32 (78%)	12 (52.1%)
Helps to understand the system	2 (4.8%)	10 (43.4%)
Not mainstream, needs to be reinforced/I do not have the time	5 (12.2%)	1 (4.3%)
Defines the field of Family Medicine	2 (4.8%)	0
Total	41 (100%)	23 (100%)

Table 7
Health Care System and collaboration between physicians and psychologists

	Physicians	Psychologists
Making access and integration of psychologists at the health care center easier	20 (54%)	8 (32%)
Making protocols that require both professionals to work together creating interdisciplinarity	9 (24.3%)	11 (44%)
Offer training in a continous base	3 (8.1%)	0
Freeing the physician from burocracy that have no impact on health	1 (2.7%)	0
Creating the figure of "family psychologist" like "family physician"/ Giving recognition to psychologists' role in health care centers	1 (2.7%)	2 (8%)
Calling political attention through health care centers	3 (8.1%)	0
Understanding and the community, groups and individuals need to joint forces for that to happen	0	1 (4%)
Creating intervention programs with goals that need both professionals to work together	0	1 (4%)
Psychologists need to show they are needed	0	1 (4%)
Having people believe and see the work we do	0	1 (4%)
Total	37 (100%)	25 (100%)

- "...We cannot intervene without taking the family in consideration as the relational system" (Psychologist)
- "...I think the systemic approach is very important since most of the problems, the patient complaints, are related to the family..." (Psychologist)

Table 6 summarizes the results

Health Care System and Collaboration

Most physicians believe that psychologists need to be part of the health care team in the health care center.

- "...It is necessary for the psychologists to be employed by health care centers and the law already makes this possible. Health care centers need psychologists in their staff..." (Physician)
- "...Psychologists need to be placed in health care centers permanently taking in consideration the ratio of patients. Suburbs will be more complicated... " (Physician)

Psychologists agree with this opinion:

- "... It is necessary to create opening positions and conditions for psychologists in health care centers. If this is not possible we cannot show the importance of collaboration with physicians..." (Psychologist)

Most psychologists also believe there is a need for the establishment of collaboration protocols and multidisciplinary teams:

- "...Multidisciplinary cannot be applied only to psychologists and physicians. There are other professionals that need to be included as well. Being a part of a multidisciplinary team should be included in the training as part of curricula and later reinforced during the professional career..." (Psychologist)

Physicians, on the other hand, also emphasize the need for more collaboration with psychologists:

- "...Interdisciplinarity in curricula and training in graduation programs and promotion, recognition of multidisciplinarity teams in practice ..." (Physician)

"...Team spirit... We need more meetings and get together among us to gain more interdisciplinarity..." (Physician)

Table 7 summarizes the results

Discussion

Most of the participants agree on the importance of the biopsychosocial model and the practice of family systems medicine. Regarding collaboration, both professionals believe there are benefits in collaboration. These results are in agreement with previous studies (Pereira & Smith, 2003; 2004). However, issues such as improving compliance, decreasing health care costs or lessening physician's visits

in this study have not emerged as they did in these studies. One of the reasons for this finding may have to do with the fact that in Portugal, integrative care is at its beginning and therefore providers had not yet have time to acknowledge changes.

Professionals involved also agree on difficulties in the implementation of the practice of biopsychosocial medicine that are essentially due to the lack of psychologists working full time in health care centers, some physicians' incorrect assumptions about the work psychologists do and lack of communication between the two professionals. This last aspect is very important for the practice of biopsychosocial medicine to treat the patient contextually. In fact, physicians refer few patients with chronic disorders, coping problems or caregivers adaptation to a family member's illness and seem to use more a "split biopsychosocial" model i.e. psychologists treat mental health problems and physicians treat physical problems. In fact, both professionals agree that behavioural, learning and developmental problems are the ones that get referred more often. This is understandable in the beginning of a new field where both parts are trying to understand their roles (Pereira & Smith 2004). This fact support the assumptions of the split-biopsychosocial model (Doherty, Baird & Becker, 1987) in which «soma» and «psyche» are both taken in consideration but remain separated (i.e., only when physicians find nothing medically wrong with patients they refer them to psychosocial providers).

Psychologists emphasize the fact that they receive too many patients and sometimes with a psychological label (reason for referral) that sometimes is not appropriate. This issue is, in our view, very important and raises questions regarding models of collaboration. In fact, in health care centers other models of collaboration besides referral may be more appropriate (Dymn & Berman, 1986; Crane, 1986; Hepworth et al., 1988; Campbell & McDaniel, 1987; Pereira & Rotan, 1997). This result also shows the importance of more research evidence based on the impact of treating psychosocial aspects of illness so that psychologist's work becomes integrated in physicians' practice and better collaboration can result.

Interestingly, a very high percentage of participants from both groups believe they work within the biopsychosocial model but acknowledge the lack of academic training. The lack of training is an important factor to work within the biopsychosocial model (Pereira & Smith, 2003). The need for multidisciplinary teams, staff meetings between physicians and psychologists as suggested by professionals are also important and could improve collaboration. Since respondents perceived training in collaborative health care to be almost non-existent, it is understandable how difficult and confusing professionals feel regarding the implementation of integrative health care.

Family physicians and psychologists, although differing in their perceptions, seem very clear regarding the key concepts of collaborative health care: the emphasis on the patient in context and interdisciplinary collaboration. Collaboration in particular, is seen as beneficial for all the parts involved that were clear in their support of integrative health care.

Limitations

This is the first study in Portugal that attempted to characterize integrative care in health care centers. The fact that the survey questionnaire has been done by e-mail may have limited participants' answers.

Future research should use interviews and also include physicians that do not collaborate with psychologists in order to get a more accurate idea of the difficulties these physicians feel or believe about integrative care.

We would like to acknowledge the fact that informants in this study are psychologists and family physicians who work in health care centers. As a result, their views may be different than physicians and psychologists who work in hospital settings or private clinics. Thus, the theoretical concepts generated inductively from this study are now able to be subjected to theory confirmation research.

Content analysis proved to be very useful in generating information regarding psychologists and physicians' perceptions concerning biopsychosocial medicine. However, content analysis has limitations. Future research using a qualitative design with inferential statistics or a quantitative design can decide how many of these findings are generalizable to the population of those who endorse a collaborative family health care and also include patients' voices in this debate.

Conclusion

In Portugal, biopsychosocial medicine is giving their first steps with the creation, in 1996, of the " Group of Family Studies" (GEF) that include family physicians, therapists, nurses and other psychosocial providers that use a systemic approach in their practice. GEF was created due to the initiative of a group of family physicians. In 1997, the group edits the first issue of a journal called "Familiarmente" and, since then, has become a network between the members publishing articles and news on families with the purpose of teaching "how to think family and how to use the systems approach " (Ripado, 1977). In Portugal, some health care centers and a few hospitals employ, on their staff, psychologists. However, there is a big asymmetry within the country and almost all psychologists work in big cities. Very few family therapists work in these settings but several psychologists do have a family therapy background.

As the population ages in the 21st century, more ethical decisions concerning genetics, new technology and life style will become a concern. The great contribution of

biopsychosocial medicine is its change agent that allows the development of compelling goals and strategies to effect meaningful change in the heath care delivery and in patient advocacy (McDaniel, Hepworth & Doherty, 1992).

Our study attempted to study how those involved in the practice of biopsychosocial medicine understand scope and difficulties in its implementation. In fact, how both professionals can forge a relationship that is beneficial for clients is still a challenge they are learning, from each other, every day.

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