



ISSN: 2832-7942

**Annals of Public  
Health & Epidemiology**

DOI: 10.33552/APHE.2023.02.000535

**Iris Publishers**

**Editorial Article**

Copyright © All rights are reserved by Jose Luis Turabian

# Panoramic Vision and Simultaneous Perspectives for Decision-Making in General Medicine and Epidemiology

**Jose Luis Turabian\***

*Specialist in Family and Community Medicine, Health Center Santa Maria de Benquerencia Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain*

**\*Corresponding author:** Jose Luis Turabian, Specialist in Family and Community Medicine, Health Center Santa Maria de Benquerencia Toledo, Spain.

**Received Date:** April 13, 2023

**Published Date:** May 02, 2023

## Abstract

A universal requirement of “being a scientist” is that we understand and respect the natural state of the environment in which we find ourselves. Therefore, just as marine biologists must learn to be underwater in order to study marine life scientifically, so too, physicians, and especially general practitioners and epidemiologists, must accommodate to the particular characteristics of the human condition and environment from patients and communities.

**Keywords:** Evidence based medicine; Health policy; Public policy; Policy development; Process assessment; Health care / methods

## Introduction

The perception of conflicts and the challenges that social reality is facing is not only a magnificent way of gaining an understanding of our environment, but it is also an excellent way of anticipating the challenges we must face and anticipating the consequences. Only in this way can we evaluate the basic epidemiological conditions, risks and capacities of individuals or groups, in order to define correct strategies in the medium and long term. We normally view data and their interpretation (clinical symptoms and signs; epidemiological data such as the distribution, frequency, magnitude, and determinants of existing diseases in defined human populations) from only one perspective, our own. But there is a “panoramic view” that allows the individual to get a better understanding of what he is looking at. From a single perspective there are always parts of an object that are hidden or obscure: the vision of a forest or the mind of a person need panoramic views to get to know them better

and avoid distortions and illusions inherent in a single perspective. In addition, the “panoramic vision” is useful for human relations. Is there something that requires a better understanding of human contexts than the way we communicate and interact? Thus, it is appreciated that things are not what they appear to be from a single point of view, and that what appears to an indisputable actor in a given scenario for an observer is different for another.

The individual, the group, the family, the “sick” community, seen from a panoramic point of view, can appear as an admirable, intricate, beautiful unit of process. What we normally perceive as conflict, contradiction, dissociation, risk, problem, etc., can then be perceived as inevitable, necessary and even adequate. That is, if said person, group, family, community can be fully understood, everything finds its proper place and can be perceived. All conflicts and ruptures turn out to have a meaning and explanation. Even the



concepts of disease and health can merge and blur their contours, when we consider the symptom as a pressure towards health, or we consider neurosis or dysfunction as the healthiest possible solution for the moment to the problems of the individual or the family and their context. The panoramic vision contextualizes clinical and epidemiological work: it is like the process of opening doors and windows for the professional and for the patient/community, and seeing how light illuminates environments and relationships, clarifying the understanding of a situation or problem [1,2]. In this way, general medicine and epidemiology could be illustrated with the jazz metaphor [3-5]. Jazz seeks volume of sound, volume of phrase. Classical music was based on planes (not volumes) arranged in layers, built one on top of the other; horizontal and vertical planes, which created an architecture of noble proportions: palaces with terraces, colonnades, monumental stairways, receding into deep perspective. In jazz all these elements are brought to the fore [6].

Another example is what happens in cubist paintings: It is a characteristic of both cubism as well as general medicine and epidemiology, to convert a part into a whole, to produce an absolute reality from a fragmented reality. Cubists artists, such as general practitioners and epidemiologists focus on translating a complex individual/community reality, and on expressing the factors of the environment that are above the outer appearance [5, 7, 8]. But, not only the cubists, but certain classical artists also enlighten us on the concept of panoramic vision: didn't Dürer and Leonardo da Vinci make a deliberate simultaneous use of various perspectives and points of view when it suited their purposes? El Greco gives the example of an artist's perspective, leaping violently back and forth, fixing on the same canvas details of a city, seen not only from various exterior points, but also from various streets, alleyways and squares; and the complexity of their vision also includes various allegories: the Tagus River, the Virgin and San Ildefonso, and the situation of the Hospital de Tavera, appearing on a cloud, in explicit reference to the administrator of the building, a friend of the painter and probably author of the commission for the work [9].

## Conclusion

The analysis of what is the process by which diagnoses or epidemiological assessments are made, was initially aimed at describing the reasoning of the expert physician, and later has been influenced by statistical models [10, 11]. But, every disease is a story that involves the person's body, community context, and it occurs at a time and in a place, with unique characteristics in the patient, the doctor and other relevant actors in each case. With all

these subjective and objective data, clinical and epidemiological decisions are made. The information will be true if it is useful in its context; whether it makes sense or significance in our patient and community. This panoramic contextualization of simultaneous perspectives makes the subjective data become objective in this situation. Clinical-epidemiological reasoning includes assigning certain weights to information from various sources. Facts not only have true value, but have importance, significance, or relevance. Trivial information fails to be significant even if it is a true value of an objective measure. Therefore, in the clinical and epidemiological method we need to increase not the mathematical objectivity, but the relevance of the data, and the path is the panoramic view.

## Acknowledgement

None.

## Conflict of Interest

No Conflict of interest.

## References

1. Bracken P, Thomas P (2002) Time to move beyond the mind-body split, The "mind" is not inside but "out there" in the social world. *BMJ* 325: 1433-1434.
2. De Rosa C, Sampogna G, Luciano M, Del Vecchio V, Fabrazzo M, et al. (2018) Social versus biological psychiatry: It's time for integration! *Int J Soc Psychiatry* 64(7): 617-621.
3. van Ark AE, Wijnen Meijer M (2019) "Doctor Jazz": Lessons that medical professionals can learn from jazz musicians. *Med Teach* 41(2):201-206.
4. Begel A (1998) The Family Conference: A Jazz Jam. *Fam Syst & Health* 16:437-442.
5. Turabian JL, Perez Franco B (2016) *The Family Doctors: Images and Metaphors of the Family Doctor to Learn Family Medicine*. New York: Nova Publishers.
6. Eisenstein SM (2005) [the sense of cinema]. Buenos Aires, Argentina: Siglo XXI Argentina Editors S.A.
7. Klee P (2013) *Creative Confession and other writings*. London: Tate Publishing.
8. Turabian JL, Perez Franco B (2001) [Community Activities in Family Medicine and Primary Care]. Madrid: Díaz de Santos.
9. Museo del Greco (2023) [View and plan of Toledo. El Greco] (1541-1614). Ministerio de Cultura, Gobierno de España.
10. Custers EJFM, Stuyt PMJ, De Vries Robbé P (2000) Clinical problem analysis (CPA): a systematic approach to teaching complex medical problem solving. *Acad Med* 75(3):291-297.
11. Gill CJ, Sabin L, Schmid CH (2005) Why clinicians are natural bayesians. *BMJ* 330:1080-1083.