

Definitions and uses of 'family history' and the consultation—perspectives from lay people

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Background

Family history often comes up in the primary care consultation. It can inform diagnosis, referral and health promotion. There is little research on family history taking in primary care, and even less on the patient perspective. We conducted a qualitative feasibility study of lay perspectives on family history.

Methods

9 lay people (8 women and 1 man) between the ages of 24 and 67 were interviewed. They were recruited from community groups (e.g. library reading groups, older people's organisations). They were asked how their families communicated about health, how they would describe their own medical family history and how important it was to them. They were also asked about their experiences of talking to health professionals about family history.

Results

A qualitative thematic analysis of the interviews identified the following main themes:



Family strengths and weaknesses: Interviewees noted patterns in their families, often related to 'strengths' (such as longevity) and 'weaknesses':

[Family history is] heart things, breathing things; asthma, skin type things, Dad did have rheumatics so I don't know whether what I've got comes from there. ... My sister has got angina, my brother has had open-heart surgery, I forgot to tell you that. I think it's hearts and skin and breathing. (Interview 1)



Collective histories: A strong collective sense of susceptibility to illness could be developed by a family, to the extent that other conditions could be discounted:

Because there's no cancer in our family, no breast cancer or... I'm very naughty in that respect and I don't go for breast cancer screening because I think 'Well, it's not going to happen to me.' ... I think I'm probably taking more care of the cardiovascular health than probably is proportionate and less ... I'm sort of putting blinkers on with other things, so I think maybe that strong emphasis on heart problems and blood pressure problems in our family... and the myth in our family that there's no cancer. (Interview 4)



Looking after one another: Family members were very protective of each other. This could take the form of family pressure to eat healthily, take medication, get checked. It could also mean protecting family members from worry by not talking about health, or a mixture of both:

I think it is important to perhaps know what's going on in the family - to be aware. I'm conscious now perhaps for my daughter that if there is a link in the female side of things perhaps with Lupus, I would like to think that... I mean I don't want to frighten her with it. (Interview 6)

My uncle rang me once to say that... because he has angina and other heart problems, he said 'You need to get your cholesterol checked' ... So that was another thing that I found out, but only because he rang me and told me. My brother and I don't really talk about health at all. (Interview 2)

Conclusion

The sense of family history expressed in these interviews was collective. Looking at family history was instrumental for a sense of health and vulnerability to illness. However, this emphasis on conditions in the family could also lead to disregarding conditions that were not in the family.