

Toward the end of the “generalist physician”: new nomenclature

Pelo fim do “médico generalista”: uma nova nomenclatura

Por el fin del “médico general”: una nueva nomenclatura

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Abstract

Introduction: In Brazil, there is no consensus on how to refer to a physician who has no specialty: clinician, generalist physician, general clinician, etc. These terms overlap with established medical specialties, such as Internal Medicine (in Brazil, “Clínica Médica”) and Family and Community Medicine. **Objective:** To explore the causes of the variety of terms, highlight its negative consequences, and propose a new nomenclature. **Methods:** This is an essay with a non-systematic review of national and international literature. **Results:** Brazil is one of the few countries that uses the term “Clínica Médica” instead of “Internal Medicine.” Formal opinions issued by Medical Councils contain conflicting recommendations. This leads to confusion in academic literature, public recruitment processes, and communication with the public. **Conclusions:** Changing the name from “Clínica Médica” to “Internal Medicine” would be more in line with major international references and would facilitate understanding. Using the term “physician without a specialty” instead of “generalist physician” and similar terms would make communication clearer and more transparent and would avoid misunderstandings with generalist specialties, such as Family and Community Medicine and Internal Medicine.

Keywords: Terminology; General practitioners; Family practice; General practice; Education, medical, undergraduate.

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Resumo

Introdução: No Brasil, não há consenso sobre como se referir ao médico sem especialidade: clínico, médico generalista, clínico geral etc. Esses termos se sobrepõem a especialidades médicas definidas, como Clínica Médica e Medicina de Família e Comunidade. **Objetivo:** Explorar as causas dessa variedade de termos, expor suas consequências negativas e propor uma nova nomenclatura. **Métodos:** Trata-se de um ensaio com revisão não-sistemática da literatura nacional e internacional. **Resultados:** O Brasil é um dos poucos países que usa a expressão “Clínica Médica” em detrimento de “Medicina Interna”. Os próprios pareceres dos Conselhos de Medicina trazem orientações conflitantes. Isso leva a confusão na literatura acadêmica, nos concursos públicos e na comunicação com a população. **Conclusões:** A mudança do nome da especialidade “Clínica Médica” para Medicina Interna estaria mais alinhada às principais referências internacionais e facilitaria a compreensão. O uso da expressão “médico sem especialidade” ao invés de “médico generalista” e afins tornaria a comunicação mais clara e transparente e evitaria mal-entendidos com especialidades generalistas, como a Medicina de Família e Comunidade e a Medicina Interna.

Palavras-chave: Terminologia; Clínicos gerais; Medicina de família e comunidade; Medicina geral; Educação de graduação em medicina.

Resumen

Introducción: En Brasil, no hay consenso sobre cómo referirse a un médico que no tiene especialidad: clínico, médico generalista, clínico generalista, etc. Estos términos se superponen con especialidades existentes: Medicina Interna (en Brasil, “Clínica Médica”) y Medicina de Familia. El objetivo de este trabajo es explorar la causa de la variedad de términos, apuntar sus consecuencias negativas y proponer una nueva nomenclatura. **Método:** Ensayo con revisión no sistemática de la literatura nacional e internacional. **Resultados:** Brasil es uno de los pocos países que utiliza la expresión “Clínica Médica” en vez de “Medicina Interna”. Los artículos de opinión escritos por miembros de los Consejos Médicos expresan orientaciones conflictivas. Esto lleva a confusión en la literatura académica, en las selecciones públicas y en la comunicación con el público. **Conclusión:** Cambiar el nombre de “Clínica Médica” a Medicina Interna estaría más alineado con las referencias internacionales y haría más fácil la comprensión. El uso de la expresión “médico sin especialidad” haría la comunicación más clara y evitaría malentendidos con especialidades generalistas, como Medicina de Familia y Medicina Interna.

Palabras clave: Terminología; Médicos generales; Medicina familiar y comunitaria; Medicina general; Educación de postgrado en medicina.

INTRODUCTION

In Brazil, there is widespread confusion about the terms “generalist physician,” “general clinician,” “clinician,” and “family and community physician”^{1,2}. There are two ways to become a specialist: by completing a medical residency or by passing the board certification exam. However, a medical degree qualifies a physician to practice the profession in its entirety. For this reason, the simple title “physician” does not seem sufficient, as it does not specify whether or not the individual has a specialty. This leads to the need for a qualifier: what kind of physician? The most common responses are “generalist physician” and “general clinician”. Added to this is the creation and expansion of the Family Health Strategy (FHS), which does not require registration of a specialty qualification in Family and Community Medicine (FCM). Many FHS positions are filled by physicians without any specialty, which creates confusion regarding the difference between a physician working in the FHS and one who is qualified in FCM.

This text seeks to explore the causes of this variety of terms, highlight their negative consequences, and propose a new nomenclature. To this end, a non-systematic literature review was conducted in the PubMed, SciELO, and Google Scholar databases, as well as specifically in the digital archives of the Brazilian Journal of Medical Education and the Brazilian Journal of Family and Community Medicine³. The reference lists of the articles and the suggestions from professionals with expertise on the topic were also reviewed.

The size of the problem

The general public is not familiar with — nor should it need to be familiar with — the terminology of medical training: student, academic, intern, generalist, resident, *fellow*, and various types of specialists. In a well-organized health system, the physician providing the initial care — whether in primary care, the emergency room, or urgent care — is expected to be able to resolve most of the problems presented there and, if necessary, refer the patient to the most appropriate specialty. Some people believe that doctors already graduate with some form of specialization. Some refer to those without a specialty as “general clinicians,” while others call them “generalists.” This terminology is reflected in the media and even in job advertisements¹. Consider the example of a 2024 job posting from the municipality of Candelária, in Rio Grande do Sul, Brazil: the posting lists openings for an obstetrician-gynecologist, a pediatrician, and a “general clinician for the Family Health Strategy”. For the obstetrician-gynecologist and pediatrician positions, a certificate of specialization is required. For the FHS general clinician position, only a medical degree⁴ is required.

In the Brazilian Classification of Occupations, published by the Ministry of Labor, “clinical physician” has the following synonyms: “general clinician, general practitioner, physician specialized in clinical medicine, physician specialized in internal medicine, internist”⁵. At the same time, “generalist physician” has the following synonyms: “allopathic physician, physician in internal medicine, military physician”⁴.

In the field of research, the terminology is also unclear. The health sciences descriptor “general clinicians” corresponds to “general practitioners” in English and has alternative terms such as “generalist physician, general physician, and general practice physician”⁶. “Clínica médica” is not a descriptor but rather an alternative term for “clinical medicine.” The terms “Internal Medicine” and “Family and Community Medicine,” on the other hand, are less ambiguous (although the fact that the English term for FCM is “family practice” — which does not include “general practice” — may cause confusion)⁷.

The opinions of the Regional Medical Councils are also not uniform in their recommendations⁸. A 2010 opinion states that “a general clinician is a specialist in general clinical medicine (adult medicine) accredited through a medical residency program duly accredited by the Ministry of Education or by the specialty society”⁹. Another opinion, from 2019, states that “The terms ‘general clinician’ and ‘generalist’ are erroneous”¹⁰. The Commission for the Dissemination of Medical Affairs (CODAME) of the CRM-PR issued guidance along these same lines¹¹. However, there are other opinions that use “generalist physician”¹².

The term “generalist physician” to refer to a physician without a specialty appears to be the most common in the literature¹³. It is used in important works such as *Medical Demographics in Brazil 2023*¹⁴ and by the Federal Council of Medicine itself in *Medical Demographics 2024*¹⁵.

The Brazilian medical community appears to have underestimated the importance of nomenclature. In 1978, the Brazilian Association of Medical Education held a seminar titled “The Training of the Generalist Physician.” As one of the outcomes, Prof. Kurt Kloetzel presented the paper “The profile of the general clinician”¹⁶. In his article, he states that “Discussing whether this professional should be called a generalist, family physician, general clinician, or simply a general doctor may be nothing more than an interesting exercise in semantics.” At the same time, the professor seems to favor the term “general clinician” and, curiously, uses the *American Academy of Family Physicians’* definition in the article to illustrate what is expected of this general clinician. Also in 1978, Rocha considered the terms “general clinician” and “family physician,” while ignoring “generalist”¹⁷. In 1980, Cassorla deemed the debate over the term unnecessary¹⁸.

The 2001 Brazilian Medical Curriculum Guidelines (DCNs, Diretrizes Curriculares de Medicina) state only that “The undergraduate medical program defines the graduate/professional profile as that of the

physician with a generalist, humanistic, critical, and reflective education, capable of practicing in accordance with ethical principles”¹⁹. In the 2014 DCNs, the wording changes to “The medical graduate will have general, humanistic, critical, reflective, and ethical education, with the capacity to act at different levels of health care, engaging in activities related to health promotion, prevention, recovery, and rehabilitation”²⁰. In both cases, the terms “general” and “generalist” do not indicate a category contrasting with that of a specialist, but rather a description of the type of training, just as “humanistic,” “critical,” and “reflective” do.

General clinician, general practitioner, and family and community physician

It is interesting to examine the case of Portugal, a country that shares the same language and has also established a public health system. Until the creation of the National Health Service in 1979, physicians without a specialty were called general clinicians²¹. With the organization of the system, it became clear that specific training was necessary to work in Primary Health Care (PHC). Within approximately a decade, the specialty of general practice was created, with its own residency program, and physicians without a specialty who wished to work in PHC were given the opportunity to complete a training program to qualify as specialists. With the mandatory medical residency for graduates starting in 1982 and the end of the specialization course for general clinicians, by 1997 there were no longer any physicians without a specialty in Portugal. In 2011, the specialty of General Practice was renamed General and Family Medicine^{22,23}.

In England and Australia, the specialty corresponding to FCM is called “general practice”²⁴. Often, due to a translation lacking proper cultural adaptation (although correct according to the Health Sciences Terminology, DeCS), “general practice” is regarded as “general clinician,” in the sense of lacking a registered specialty qualification².

The generalist–specialist dichotomy is a key issue for FCMs. While they recognize themselves as generalists in terms of their scope of practice, they also seek recognition as specialists, possessing postgraduate training and specific knowledge. For this reason, many FCMs use the term “focal specialist” to refer to other specialties.

From clinical medicine to internal medicine

Even though the term “general clinician” is historically and internationally more closely associated with FCM, the mere similarity between “general practice” and “clinical medicine” creates uncertainty. What should a specialist in “clinical medicine” be called? A “clinical physician”? Simply a “clinician”? “Specialist in clinical medicine” is accurate, but it is long and redundant.

It is proposed that the name of the specialty be changed to “internal medicine”. This change would eliminate ambiguity and align much better with the international community. The specialist would be called an “internist”. These terms have been in use in Portugal since at least the 1980s²⁵.

“Internal medicine” appears to have its origins in Germany in the late 19th century. There, a field of knowledge began to take shape, strongly guided by pathophysiology, that excluded surgery and dermatology and differed from FCM in that it was predominantly practiced in hospitals (secondary and tertiary care)^{26,27}.

According to a survey by the Pan American Health Organization (PAHO) published in 2011, of 14 countries in Latin America, only Brazil, Argentina, and Paraguay use the term “Clinical Medicine”²⁸. The other 11 use “Internal Medicine.” The *American College of Physicians* identifies itself as representing “internal

medicine physicians". The *International Society of Internal Medicine*, which brings together specialty societies from various countries, has 63 members: only Brazil includes "clinical medicine" in the name of its society²⁹.

In 2018, at the III Forum on Clinical Medicine, the Federal Council of Medicine (CFM) debated a proposal by the Technical Chamber of Clinical Medicine to change the specialty's name to "Internal Medicine"³⁰. Also in 2018 and again in 2019, the CFM organized two editions of the Brazilian Internal Medicine Olympiad³¹. Some medical services and regions in Brazil appear to already be using the name.

A 2021 resolution by the National Commission for Medical Residency that "approves the competency matrix for medical residency programs in Internal Medicine in Brazil" has as its general objective "To train the resident physician in Internal Medicine to..." and as two specific objectives "To train the resident physician to become a specialist in Internal Medicine..." and "To train the clinician in patient care..."³². There is no benefit to this duplication in terminology.

A more clearly defined identity strengthens the specialty, making its role in the health system and its scope of practice more evident. Perhaps the internist, by not being so easily confused with a physician without a specialty, would not feel as pressured to seek an identity within a subspecialty.

CONCLUSION

The proposal is to completely phase out the term "general clinician" (Table 1). The term "generalist" may occasionally be used to refer to specialties with broad scope of practice (family and community physicians, internists, and pediatricians), as is common in the international literature^{33,34}. "Generalist," in the sense of lacking a specialty designation, should be replaced with "physician without a specialty". This is similar to CFM Resolution No. 2,336/2023, which states that: "A physician (...) is prohibited from advertising — when *not a specialist* (emphasis added) — that he or she treats specific organ systems, organs, or diseases, as this may cause confusion with the advertising of specialties"³⁵. The adjective "clinical" should be used in a sense close to its etymology: that is, a physician (or any health professional) engaged in patient care, to distinguish them from a professional who deals solely with managerial, administrative, research, and similar functions³⁶.

Table 1. Current terms and proposed nomenclature.

Terms currently in use	Proposed nomenclature
Generalist physician, general physician, general clinician	Physician without a specialty
General clinician, clinician, specialist in Clinical Medicine	Internist (specialist in Internal Medicine)
General clinician (<i>general practitioner</i>), Family health physician, Family and Community Physician	Family and Community Physician (specialist in Family and Community Medicine)

Source: Compiled by the author.

The family and community physician is a generalist specialist in PHC. The internist is a generalist specialist in adult care at the secondary and tertiary levels. Under current legislation, physicians without a specialty do not have a defined scope of practice and are legally authorized to perform any medical act. As a result, they end up practicing in areas with the highest demand and the most common conditions, creating an overlap with the fields of family and community medicine and internal medicine.

Clearer nomenclature facilitates communication and is also an important step toward defining the scope of practice of each specialty and the rational organization of the Unified Health System. Finally,

the proposal is expected to make medicine more transparent and ethical and improve communication with the public.

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CONFLICT OF INTERESTS

Nothing to declare.

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