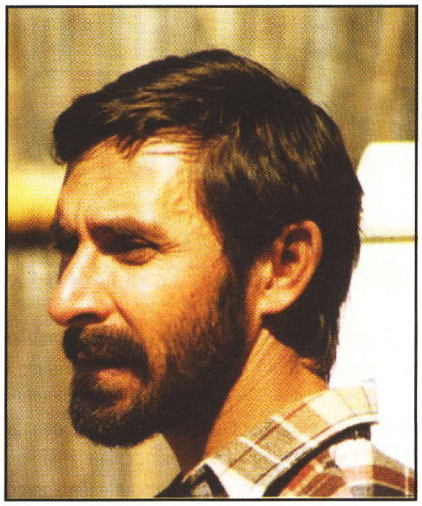
Why Compulsory Family Medicine for General Practice?



Pioneers have worked consistently over the past 35 years to establish family medicine and position it appropriately to serve the people of South Africa. The time is ripe for another leap. The proposal to make family medicine postgraduate training an integral part of general practice, primary health care and district health will be discussed and decided upon by the Medical and Dental Professions Board in September. (See the document on page 6). This is an opportunity to give general practice, primary health care and district health a solid foundation.

What is family medicine? For me it is the body of knowledge and practice that guides the family physician. The family physician, in a nutshell, is a community-based doctor, an excellent clinician who understands and manages undefined illness. She is a resource to a defined community as part of a health care team and understands the importance of the doctor patient relationship.[1] Family medicine works for a health care system that offers high quality, relevant and cost-effective care with increasing equity.[2]

These principles guide the history, ethos and knowledge of family medicine. They are internationally accepted and form the basis of global networks of discussion, research, training and practice.

In South Africa *private* general practice is coping with a fast changing situation that becomes more complex, competitive and difficult by the day. Practitioner associations and networks developed over most of the market. I am concerned that private general practice without family medicine becomes business driven with management as the main area of excellence. In an industry increasingly controlled by big business, management is important. But it cannot replace the excellence in family medicine. Caring for people who are ill and at risk is our core business and the principles and skills of family medicine is critical for success. Agreements, rules and contracts need to be guided by the principles of family medicine, which include business principles as the management of resources. Family physicians must take lead in managed health care and ensure that these principles are used to obtain quality, equity, relevance and cost effectiveness. We need to apply this knowledge to keep health care within reach of all South Africans.

Primary health care in the public sector for a long time was seen by the policy makers and managers as a nurse based service managed by public health. Prevention was all-important, ill people queued in the "minor ailment" parts of clinics and very little attention was given to rehabilitation. The doctor visiting the clinic had to see those "minor ailments" that were too difficult for the nurse and then go back to the hospital. Involving family medicine changed this into a district health service, which cares for a population at risk. Prevention and promotion is important, but caring for "minor ailments" is as important. A "minor ailment" is a person who hurts and suffers of anything from a family problem to the beginning of a serious disease. Continuity of care, seeing patients at the clinic, at home and at the hospital by the same doctor, joint management of patients and breaking down the barriers between clinic, private practice and hospital can happen.

It is the insight we got from family medicine that made us to say absolutely no to the plan to separate the district hospital from the rest of the health district. It is the family physician that can work meaningfully in the hospital, the hospice, the home and the clinic.

We need family medicine knowledge to address the present challenges of chronic illness, lifestyle diseases, HIV/AIDS, palliative care and clinical forensic medicine, to mention some.

Rural health without family medicine is seen as a challenge of procedural skills in rural hospitals. Family medicine sees it as a rural district health service where we again strive for quality, equity, relevance and cost effectiveness.

Many colleagues without formal postgraduate family medicine training have done and are still doing excellent work in the field of general practice, primary care and rural health. Your contribution will always be important. Family medicine gives us a description of the concepts and a language for issues we face and it helps us to discuss them and take decisions. It also gives us a basis to interact with other health team members including specialists, nurses, therapists and pharmacists.

Health care, general practice, primary care, district health and rural health are all in trouble in this country. Other countries addressed this by increasing the role of the primary care doctor and by making family medicine the basis of this role. And this is what the proposal before the Medical and Dental Professions Board is about. It is not about turf battles or interest protection. It is to create a platform for the generalist, the general practitioner, the primary care doctor and the family physician to make a contribution.

I trust the proposal will be considered also from this angle.

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Prof. Hugo is also the Chairman: Committee for General Practice, Medical and Dental Professions Board

1. Standards for accreditation of residency training programmes. The College of Family Physicians of Canada. April 2002. Website: www.cfpc.ca
2. Boelen C, Haq C et al. Improving Health Systems: The contribution of Family Medicine. Singapore. WONCA. 2002.