

Nomenclature: Appropriateness of Primary Health Care Physician

It is arguably a matter of public interest that the continuing confusion emanating from multiple designations of clinicians involved in continuing care be urgently debated and resolved. It is currently accepted that the designations general practitioner, family practitioner, family physician, and primary health care physician can be used interchangeably. This confusion is not encountered in all other disciplines involved in health care.

Accepting that these four designations mean one and the same person, let us now examine the English meaning of general, family and primary.

General: The word general means not partial, not particular, not local and not sectional. I contend that the designation general practitioner is old fashioned and has not kept with the pace of new developments in the care of patients. It appears to be inconsistent with resolutions passed at Alma Ata in 1978. The term continues to be used in the United Kingdom and its former colonies – principally Australia, New Zealand and South Africa.

Family: this is defined as members of a household – parents, children and servants. Religiously correct people may narrow the definition to imply husband, wife and children as recognized by their religion.

Primary: this word implies earliest, original of the first rank in a series, belonging to the first stage of development.

In defence of the nomenclature "Primary Health Care Physician" Community clinicians involved in non-selective continuing care of patients i.e. general practitioners, family physicians and family practitioners correctly claim that they are the first

contact with patients in matters of ill health in the community. "Continuity of care has been correctly identified as a crucial element in family practice. Continuity is not only a question of duration. A physician in a diabetic clinic may look after a patient continuously for twenty years, but this is not what we have in mind. Continuity in family practice is an unbroken responsibility to be to be available for any health problem through to the end, whatever course it may take".¹

In the first stages of the development of medical care of patients, this health professional with four designations is the first to be approached. In the definition of primary, we have said that this may mean belonging to the first stage of development. Therefore out of the four categories, General practitioner, Family Practitioner, Family Physician, Primary Health Care Physician appears to be the most appropriate from a linguistic point of view if we are to leave historical sentiments behind.

Increasingly, throughout the world primary health care is frequently referred to in terms of the care of patients in the community. There has long been a recognition that a primary health care physician may not work in isolation. This has led to the formation of primary health care teams. No country in the world talks about a general practice or family practice team. Primary Health Care team is the rule and allows consistency. Members of this team may include

- Primary Health Care Nurse
- Community Psychiatric Nurse
- Psychological counselor
- Community Pharmacist

with the doctor (Primary Health Care Physician) as the chairperson.

Referring to the doctor in this team as a Primary Health Care Physician is clearly most appropriate and does not lead to confusion. Non-selective primary health care is involved in a number of areas concerning the continuing care of patients – the list would include "six main functions:

- Health maintenance
- Illness prevention
- Diagnosis and treatment
- Rehabilitation
- Pastoral care and
- Certification

Except for health maintenance and pastoral care, these functions are all concerned with illness.² However, at the conference at Alma Ata in 1978 the above list for primary care was found to be incomplete and inadequate. The emphasis at Alma Ata was on defining primary health care as a discipline, which is non-selective. "In non-industrialized countries we have the synergism (joint action) of malnutrition and infectious diseases which is a major cause of high morbidity and mortality rates especially among children of poor families. Consequently, 'farming circumstances are the main determinant of health among vulnerable groups in developing countries.'³ Clearly, participatory action by patients in their care was considered crucial at Alma Ata.

References:

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3. Macdonald John J. Primary Health Care. Earthscan Publication Ltd. London. 1995.

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