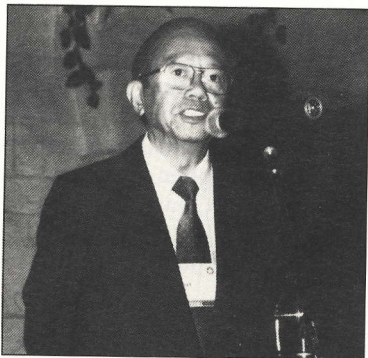


Family Practice across the Globe

— Peter C Y Lee



Dr PCY Lee

President of WONCA
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Curriculum vitae

Dr Lee was born in Kong Kong on 26th June, 1926. He graduated from the University of Hong Kong with the degree of MB, BS in 1952. He was made a Justice of Peace for life by the Hong Kong Government in 1974. He was awarded the Honorary Degree of Doctor of Laws by the University of Hong Kong in 1977; was conferred the Honorary Fellowship of the Hong Kong College of General Practitioners in 1987; was conferred the Honorary Fellowship of the Royal College of General Practitioners of England in 1990, and was conferred the Honorary Membership of the College of Family Physicians of Canada in 1992. He was President of Hong Kong Medical Association from 1968 to 1976. He was the Founder President of the Hong Kong College of General Practitioners, serving as President from 1977 to 1988, and now serving as the Censor-in-Chief of the Hong Kong College since 1988. Currently, he is the President of the Confederation of Medical Associations in Asia and Oceania (CMAAO) and President of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA).

Note: In opening the 8th Family Practice Congress Dr Peter Lee, the President of WONCA who practices in Hong Kong gave this address.

Summary

WONCA has developed and expanded to such an extent that it can now reach out to most of the peoples of this world. Most member-countries have well-established departments of Family Practice, headed by full professors, attaining the highest degree of professional competence. Many other societies cannot afford such highly qualified physicians, but they, too, should benefit from WONCA; and they could, if we revamp our philosophy and spell out the distinction between the Speciality of General Practice and the Concept of General Practice. Not all societies can afford the speciality of General Practice, but the concepts could be taught, applied and practised at all levels of medical care – from the nurse practitioner to the health worker to the highly qualified doctor. A practical example of the 4 different categories of “doctors” in China is given: WONCA could never train all those 2 million Chinese “doctors” to be fully proficient in the discipline but WONCA can expose them to the basic concepts of continuing, comprehensive and whole person care – and the masses of people in the rural areas would benefit!

And what is applicable to China, is applicable to Africa too!

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I am privileged to assume the Presidency of WONCA at a time when our organization is poised to spread its influence over most of the Globe. I can envisage that by the turn of the century, WONCA would indeed be the “World Organization of Family Doctors” in real fact as well as in name. This state of affairs is made possible by the wise and capable leadership of our past Presidents. At present, our internal administration is solid and efficient and our financial status sound and satisfactory – thanks to the competent stewardship of our Hon Secretary/Treasurer.

Recent political changes in Europe also favour our inclination to expand. The very successful WONCA European Regional Conference in

China has more than 2 million doctors.

Barcelona last December gave us an indication of how much WONCA could do to serve Europe, particularly Eastern Europe. The dissolution of the USSR opens up further opportunities for WONCA to go into the newly independent republics with offers of help.

We understand that the Regional Group in Latin America (ICFM) is seeking financial support to continue its activities and that individual colleges are being set up in various countries in the region. Whilst WONCA is not in a position to offer financial assistance to these fledgling colleges/academies in Latin America, they merit our encouragement and support.

In Africa, only Zimbabwe, Nigeria

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and South Africa are WONCA Members. This continent urgently needs good medical services – even of the most basic variety. In this respect, WONCA could do a lot of good work.

Of course, we must not forget China which has one quarter of the population of the world. During the past year, we made good headway in

China has one quarter of the world's population.

China by sending Dr Brian Cornelson of Canada and Dr Meng-Chih Lee of Taiwan to Beijing for a total period of nine months, and we shall continue our efforts to incorporate general practice into the health delivery system of this immense country.

So far I have outlined how much WONCA could do to benefit the peoples of the world. However, in so doing, WONCA must revamp its original philosophy and strategy in order to give of its best to the world. Let us reminisce. WONCA started as an organisation of individual colleges and academies dedicated to the maintaining and continuous upgrading the high standards of General Practice/Family Medicine in our member countries. In those early days, our member colleges and academies had to campaign hard for the mere recognition of General Practice/Family Medicine as a distinct academic discipline as well as a clinical speciality. That was why our constitution stated that only colleges or academies with fully qualified

General Practitioners/Family Physicians could be WONCA members.

WONCA can now look back with pride and satisfaction.

Most governments of our member countries have recognised our discipline as a speciality and most universities in member countries have well-established Departments of General Practice/Family Medicine headed by a full professor or professors of the discipline. However, we must not rest on our laurels and must never abandon the movement to incessantly uplift the standards and status of our discipline in every way. We must insist that the level of General Practice/Family Medicine being practised in our societies must at all times attain the highest degree of professional competence.

On the other hand, to insist that similar standards must also be applied to all other societies or countries of the world would result in WONCA being looked upon as an "Elitist

Political changes also encouraged WONCA to expand.

Group" completely isolated from the rest of the world. This is because the vast majority of the national economics of the world could not afford nor support such highly qualified physicians. It would be a great pity and a grave mistake if we were to deprive the majority of the world's peoples from

reaping the benefits of our very special discipline because of this very basic economic factor.

The answer to this paradox lies in the fact that our discipline which is community-based, has a singular peculiarity that no hospital-based medical speciality possesses. This

Most countries have well-established departments of General Practice, headed by full professors.

singular peculiarity is that there is a very sharp distinction in our discipline between the *Specialty* of General Practice/Family Medicine and the *Concept* of General Practice/Family Medicine. Whilst the *Specialty* of General Practice/Family Medicine relates only to the highest level of professional competence, the *Concept* of General Practice/Family medicine could be taught, applied and practised at all levels of medical practice from the level of a health-worker, to the nurse practitioner, to the actual Specialist in General Practice/Family Medicine.

To give a practical example, there are four different categories or levels of so-called "doctors" in China. The first category is those who had finished six years of primary school and six years of secondary schooling and then enter a medical school to study for five years which include one year of internship. The second category is those who had finished six years of primary and six years of

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secondary schooling and enter a medical school which has only a three-year course including internship. The third category is those who had finished six years primary but only three years secondary schooling and enter a *junior* medical school for three years.

Four different levels of doctors in China.

The fourth category is the most numerous and is one that only applies to villages in rural areas. The head of the village will simply appoint a person (who is usually one of the farmers) to be the "village doctor".

Once appointed, this person will go to a township hospital for a period of three to four weeks "to get a feel of things medical". At the end of this "training", he will be sent back to the village as "village doctor". Whilst the first, second and third levels of "doctors" work in cities, counties, townships, etc, and will be paid a salary by the Central Government, the "village doctor" will not be so paid, but can charge a patient ten cents for each "consultation" and oftentimes about twenty cents more for medicines. At such rate of remuneration, the village doctor certainly could not make a living. But we must not lose sight of the fact that this "village doctor" is in actual fact a real-life farmer who continues to work as such for his livelihood, and his duties as the "village doctor" are only as an adjunct to his real vocation as a farmer.

The Ministry of Health in China fully

understands that to deliver health services to its people in this way is far from ideal, and has established in strategic cities so-called "Junior Medical Schools" to upgrade the standards of these village doctors, most of whom may even be illiterate. This programme has already started. It is hoped that by the year 2000, 60% of these village doctors would have "graduated" from such "Junior Medical Schools" (which is similar in standard to "Category 3", as described above). For your information, I can divulge that China has over two million "doctors", of whom over 800 000 are "village doctors", over 300 000 are those who were on the third Category as described above, and fewer than 900 000 are doctors belonging to the first and second categories.

In view of the circumstances stated above, it would be preposterous to suggest that we train all two million Chinese doctors to be fully proficient in the Discipline of General Practice/Family Medicine. However, all

The sharp distinction between the *Speciality* of General Practice and the *Concept* of General Practice.

"doctors" (and hence their patients) in China would benefit if they were to be introduced and exposed to the *Concept* of General Practice which emphasises the cardinal principles of continuing, comprehensive and whole person care with particular reference to the patient's immediate environment and family relationships.

It is the teaching of this *Concept* of General Practice/Family Medicine in all grades and levels of medical schools in countries like China that will actually bring the ultimate benefit of our discipline right down to those who need it most - that is, the masses of people in the rural areas.

What is applicable to China is also applicable to most of the less economically developed countries, in fact, in most of the countries I have mentioned in my earlier paragraphs, like Eastern European countries, countries of the former USSR, Latin American countries and, last but not least, practically all the countries in Africa. Similarly, many countries in Asia, particularly South-East Asia and South Asia, may benefit.

I have discussed this important topic with members of the WONCA Executive and am glad to inform you that the Executive Committee and Council have accepted my suggestion. In actual fact, at its last meeting in Vancouver last May, WONCA Council passed a resolution which stated:

"That WONCA promote not only the speciality of General Practice/Family Medicine, but also the concept of General Practice/Family Medicine as being applicable to all primary health care workers."

It is this perception of change in the philosophy of the underlying aims and ideals of WONCA which would successfully carry our organisation into the 21st Century and beyond.
