

EDITORIAL

Family Medicine: Indispensable for An Effective Healthcare System

Marie Andrades

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Pakistan is beset with enormous healthcare problems including the quadruple burden of both communicable and non-communicable diseases posing a major public health challenge for all stakeholders¹. The existing healthcare system consists of three tiers of primary, secondary and tertiary care in the public sector composed of dispensaries, basic health units (BHU), rural health centres, district hospitals, and larger tertiary care hospitals². Despite a well-defined structure of the public health care system, 80% of the general public uses the private sector for healthcare incurring out of pocket expenditure. The low utilization of public services could be driven by multiple factors like deficiency of appropriately trained healthcare personnel resulting in poor quality and poor access, lack of availability of personnel and resources like medicines, cost, and distrust in the government healthcare system. As a result, BHUs are underutilized, whereas the tertiary care system is overwhelmed with patients who could easily be dealt with at the primary care BHU level.

Strong primary healthcare can address up to 90% of a population's health needs. Our BHUs are currently manned by medical officers with no clear training in primary care leading to treatment and management which may be inappropriate for primary care. Family medicine is a primary care specialty geared towards providing comprehensive holistic healthcare for the individual and family across all ages, genders, and diseases. It is based on knowledge of the patient in the context of the family and the community, emphasizing not just curative but also preventive, promotive, and rehabilitative healthcare³. The trained family physician is able to manage majority of the health problems in the community preventing such patients from requiring tertiary care. A trained family physician acts as a healthcare leader with a role in not just disease management but also in supervision, capacity building of the team, clinical governance, and championing community-oriented primary care.

Strong evidence exists to show the impact of Family Medicine on health systems. Barbara Starfield⁴ led a multi-country analysis of health systems concluding that a country's strong primary care/family medicine system is associated with improved population health outcomes for all-cause mortality, all-cause premature mortality, infant mortality, low birth rate, mortality from heart disease, cancer, stroke, improved self-reported health, reduced healthcare spending, and greater patient satisfaction. Further evidence indicates that trained family physicians have a positive impact, on the quality of clinical processes, health services performance, and healthcare team building⁵. Countries where chronic diseases are the principal health burden, family doctors manage 95% of the health problems while absorbing only 5% of the health budget⁵.

Realizing the evidence and the need to reduce the burden on tertiary care with greater emphasis on disease prevention, the federal government has incorporated family physicians as an essential element in the health system at primary care level. This is in line with the need to meet the target of the United Nation's 17th Sustainable Development Goal: Good Health⁶. In addition, World Health Organization Eastern Mediterranean Region endorsed a resolution to incorporate Family Practice approach into primary care as a central strategy to achieve Universal Health Coverage⁷.

In Pakistan, there are a total of 11,530 Primary Health Care centers with only 18 postgraduate certified family physicians working at these facilities⁷. Currently, less than 2000 doctors are qualified family physicians in the country. Many of them are working abroad primarily due to lack of sufficient jobs for their qualification resulting in an even greater dearth of trained family physicians available to serve the country's needs. Ironically, Pakistan has a total of 108 medical colleges with Family Medicine as a department in only 11 of them and eight Family Medicine postgraduate education sites, of which three are in the public sector.

Recognizing Family Medicine as an urgent priority, Pakistan Medical and Dental Council (PM&DC) has now accepted Family Medicine as a separate specialty with teaching hours mandated in the undergraduate

Correspondence: Professor Marie Andrades. Head, Family Medicine Department, Jinnah Sindh Medical University, Karachi, Pakistan

Email: marie.andrades@jsmu.edu.pk

curriculum emphasizing teaching in the final year of medical school.

Considering the enormous need for trained family physicians in Pakistan, the greatest challenge is overcoming the dearth of qualified human resource. In light of this need, the following solutions are suggested.

There are currently 186,980 doctors registered with PM&DC for their basic medical degree MBBS⁸. Many of them are practicing as general practitioners (GPs) and medical officers (MOs) in the private and public sector providing primary care to the population. Upgrading these GPs and MOs knowledge and skills in Family Medicine through mandatory Continuing Professional Development (CPD) programmes mandated by the PM&DC will help in fulfilling the gap in primary care. These CPD certified physicians can then be developed as Family Medicine trainers to fulfill the dearth of teaching faculty at primary care centers. The centers where they work can be accredited based on fulfilling certain criteria as training sites for undergraduate and postgraduate teaching. The postgraduate trainees will help in overcoming the dearth of human resource for primary care while fulfilling their training needs. These organizations can work with both the government and WHO to provide access to the GPs registered in their database.

Medical colleges should initiate departments of Family Medicine separately or in conjunction with community medicine (where financial resources are constrained) hiring the major and minor diplomas in Family Medicine. Community Medicine and Internal Medicine faculty can also be developed as Family Medicine trainers through training of trainer programmes. Enhancing employment opportunities will help in retention of qualified family physicians within the country.

Short one-year diploma programmes in Family Medicine may be introduced through medical universities for non-practicing doctors (many of whom are women) and practicing GPs to enhance the pool of qualified family physicians. In this regard, three public sector universities have already initiated this step, with Jinnah Sindh Medical University shortly to follow suite.

In conclusion, there is no denying the fact that Family Medicine is the cure for the ailing healthcare system in Pakistan and indispensable for provision of effective primary care in Pakistan's health sector. The dearth of trained family physicians is a stumbling block in this regard. Using a multipronged approach will help in overcoming this challenge.

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