

Guest Editorial

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Family Medicine: A new take on an old practice

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Comprehensive Primary health care in Pakistan is lagging behind the developed world because number of medical graduates choosing family medicine as a career is sparse. Majority of Pakistani population is without adequate access to the health care system. Family medicine is a field in which complete and comprehensive healthcare services are provided to the patients and their families. It deals with not only prevention and screening but also diagnosis and first-hand treatment of many acute and chronic health problems [1]. Family physician can provide health care for almost all sorts of problems encountered in ambulatory setting and can play a key role in integration of primary health care with secondary and tertiary health services [2].

Family physicians have been trained to provide care for the patients of all age groups. Because of this capacity, their services are not only comprehensive but are cost-effective as well. As they are complete blend of curative and preventive services, they are ideal candidate for provision of comprehensive primary health care both in developing and developed countries [2].

Primary health care is incomplete without family medicine or general practice. It's a research proven fact that competent family medicine practitioners result in outstanding health outcomes of the societies. Standardized mortality ratio (due to all causes) in 15 to 64 years age group is less in areas where adequate number of family physicians are available & vice versa. With the addition of one family physician per 10,000 population, there will be 6% decrease in mortality [3]. The adequate family physician to population ratio not only lowers the overall mortality in the population but is also results in decreased hospital admission (both acute & chronic causes) [4].

Family medicine interest scenario among medical graduates is quite different in developing countries from that of developed world. In affluent countries majority of the medical graduates prefer family medicine after their graduation, however, in Pakistan it's exactly the opposite. Our medical graduates are eager to become specialists & sub-specialists in shortest span of time, only few of them take up family medicine by choice & majority adopt this field because of financial constraints [4].

Health care system of Pakistan entails comprehensive care which includes both preventive and curative aspects. This country specific need requires more training and health professionals in the field of comprehensive primary health care. Health care delivery should be according to the needs of its people. Secondary and tertiary health care can only function effectively if primary health care is well integrated and functional in the healthcare system of any country [5]. Pakistan is one of those countries whose infant and maternal mortality rates are very high. These two indicators are considered most sensitive to evaluate the effectiveness of healthcare delivery and utilization system of a country. We can improve these indicators by encouraging our female graduates to adopt family medicine as career with special focus on maternal and child health [6].

Internationally & locally there is a challenging situation to encourage and inspire medical graduates to choose family medicine as a career. This can be facilitated by primary health care driven curriculum during medical school years, introduction to the family physician role models during clinical rotations and provision of employment as family physician with lucrative salaries [7]. This narrative has also been supported by the World Health Assembly resolution "Changing Medical Education & Medical Practice for Health for All". It has been forwarded to all the medical institutions in the world to be followed in letter and spirit [8].

This paradigm shift from specialists & sub-specialists to family physicians is not possible without key role of Government of Pakistan. It's the Government of any country who decides about the number of medical graduates, number of training positions for post-graduation and most importantly funding of the medical education. Government officials should take proactive approach to ensure adequate family physicians are trained by providing paid training positions in family medicine after graduation. Trained family physicians should be preferred over the untrained medical graduates working as general practitioners. Through this approach and incentives Government health official can overcome the shortage of well-trained family physicians and restore the balance between its population health needs and health care providers.

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