

Point of View

What kind of general practitioner for the twenty-first century?

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In this article a recently qualified physician, now in family practice in the USA, gives expression to the widely held view that a new breed of general practitioner with expanded roles and skills is required if the health-for-all targets are to be attained.

Health care in the USA consumes 15% of GNP, yet the associated indicators compare unfavourably with those of many other developed countries. In order to understand this, one has to consider how providers deliver care and how society uses it. In this connection it is desirable to examine the role of the general practitioner who, working as a member of a team, occupies a central position

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in the primary care system. The World Federation of Family Physicians has defined the responsibilities of the general practitioner as follows.

- To provide health care for all patients, regardless of their age, sex, socioeconomic standing and disease status.
- To treat disease, provide preventive measures, and promote healthy lifestyles in individuals and communities.
- To care for patients in the family and community contexts.
- To provide comprehensive, continuous care, bearing in mind the cultural, social, psychological and economic factors that influence health and disease.
- To provide care either directly or through other members of the team, depending on the needs of the patient and the resources of the community (1).
- **Care-giver:** assessing and improving the quality of care by responding to patients' needs with integrated preventive, curative and rehabilitative services.

Clearly, family physicians already do more than treat illness, but they will have to broaden their roles even further in order to serve their communities as effectively as possible. In order to meet the challenge of the health-for-all targets it has been suggested that there is a need for a new kind of doctor capable of playing five roles (2).

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- **Decision-maker:** making optimal use of new technologies, bearing in mind ethical considerations and the consumer's ultimate benefit.
- **Communicator:** promoting healthy lifestyles by means of communication skills and the empowerment of individuals and groups for their own health protection.
- **Community leader:** reconciling individual and community health requirements, striking a balance between the expectations of patients and those of society at large in both the short and long term.
- **Manager:** working in health sector and inter-sectoral teams.

However, three additional roles are bound to be necessary in doctors of the future.

- **Educator:** physicians should educate the patients and communities for whom they are responsible, other members of the health care team, and medical students.
- **Investigator:** studies should be made which allow the establishment of population health profiles and the implementation and analysis of public health strategies.
- **Policy-maker:** properly trained doctors should participate in the planning, development and implementation of primary care at all levels.

The new physician will have to make not only medical but also economic and social decisions relating to health care. Preventive and public health skills will be required in addition to curative skills. Most importantly, the new physician will have to be part of a team in which each member has a special contribution to make to comprehensive health care for individuals and communities.

The physician of tomorrow will have to be a leader in:

- health promotion and disease prevention;

- community development aimed at the prevention of illness and the promotion of healthy lifestyles;
- the education of patients, society in general, future physicians and other health care providers.

The new physician has to be part of a team in which each member has a special contribution to make to comprehensive health care for individuals and communities.

In the USA, unfortunately, students are not being trained to meet these requirements. Indeed, there has been a pronounced move away from general practice: today some 30% of the country's physicians are generalists, whereas 55 years ago 76% were in this category. Surveys conducted in 1989 indicated that only 22.5% of newly graduated doctors would pursue careers in primary care and that only 10% of first-year medical students planned careers in general medicine (3). This partly reflects education in a health system oriented towards tertiary care and the management of acute disease. Many medical schools do not have a department of family medicine.

Furthermore, the vast majority of doctors practise in large cities where access to hospitals providing tertiary care is comparatively easy, while rural areas have inadequate numbers of health workers. In general, medical schools are associated with these hospitals, where the role models are nearly all specialists and where the students, as well as learning about high technology, come to depend on it and on quick specialist referrals. This makes the idea of rural practice both unappealing and frightening to them.

The high cost of medical education is a further reason for specialization. Students accumulate considerable debts, and entry into

a highly paid specialty may make repayment easier than it would be for a family physician.

Efforts should be made to develop teamwork, leadership and problem-solving skills, together with an ability to establish good relationships with patients so that long-term trust can be built among individuals and communities, allowing the creation of partnerships for health.

Care provided by specialists is more expensive than that provided by generalists. Moreover, the essence of specialist care is the treatment of illness, whereas generalist care should concentrate on its prevention. Specialists are particularly concerned with managing acute disease processes, generalists with managing chronic and undifferentiated diseases. Generalists are better equipped to prevent illness and maximize health; their more comprehensive approach is fundamental to cost-efficient primary care.

Many of the required attributes of the new kind of doctor, outlined above, lie outside the realm of traditional medical education. Such a doctor should be trained not only in medical sciences but also in behavioural sciences, medical economics, epidemiology and public health. It is necessary to comprehend disease prevention and the physical, emotional, social and economic consequences of illness. Efforts should be made to develop teamwork, leadership and problem-solving skills, together with an ability to establish good relationships with patients so that long-term trust can be built among individuals and communities, allowing the creation of partnerships for health.

The question may arise as to why efforts should be made during medical courses to create ideal primary care specialists, when avenues for this type of education already

exist in the fields of nursing, social work and public health.

Indeed, nurse practitioners have, in certain circumstances, been shown to be more successful than physicians in achieving patient satisfaction and compliance as well as desired health outcomes (4). Clearly, however, physicians should aim to treat patients holistically, taking into account physical, mental and social factors. This requires them to work with other health professionals in providing the best possible comprehensive services for communities, and to bring their expertise to bear on the integration of curative medicine with health promotion and disease prevention. General practitioners are in a position that allows them not only to collect epidemiological data but also to develop, implement and directly monitor the effects of community public health programmes.

One of the prerequisites for health care reform is that medical schools should develop curricula conducive to the production of general practitioners who can meet the broad health needs of their countries and communities in the ways outlined above. Another is that people should be educated to change their expectations and use of health care systems. Meaningful health care reform can be expected to occur only if society accepts primary care as the preferred method of health care delivery. ■

References

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