



Executive summary

This guidebook shows how family medicine can help countries throughout the world maintain and improve their citizens' health and well-being by developing a more productive, coordinated, and cost-effective approach to health care. It describes:

- ▶ the rationale for structuring health systems to be more responsive to the needs of people
- ▶ a vision of optimal health services delivery based on primary health care
- ▶ challenges to achieving this vision
- ▶ family medicine's response to these challenges
- ▶ strategies for developing and strengthening family practice within countries.



Throughout this book, flexible approaches are advocated for implementing options that are consistent with each country's specific health care needs, resources, and cultural expectations. Even though health systems are confronted with universal challenges, successful implementation involves effective responses at the local level.

In order to develop responsive and sustainable health systems, **Chapter 1** considers the critical importance of balancing complementary viewpoints and conflicting priorities among those who contribute to health care. These divergent perspectives can be resolved by focusing on basic unifying priorities such as the health status of each person within the community, the collective health of the population, and equitable distribution of health care. In this manner, shared solutions can be developed that maximize the strengths and aptitudes of partners whose contributions are indispensable for a coherent approach to health services delivery. These solutions vary according to the socioeconomic and developmental circumstances of a society. Thus a variety of representative scenarios are described along with relevant concerns and critical decisions that leaders will need to make in order to implement family medicine optimally within their specific countries.

The characteristics and functions of health care delivery systems, as described



in **Chapter 2**, can also guide decisions that involve competing interests. This chapter delineates a variety of current challenges to health care that add further complexity to the task. When approaching these difficult issues there is mounting evidence that a key determinant for improving people's health is the manner in which a country organizes its available resources. The most cost-effective way to decrease morbidity and mortality in a population is through a well-developed system of primary health care services that ensure accessible, comprehensive, coordinated, and people-centered care – characteristics that are associated with positive health outcomes. The composition of the health care workforce in such a system is critical, not only to deliver high-quality primary care but also to avoid excessive overutilization of scarce personnel and undue reliance on expensive technology, both of which are major determinants of the cost of care.

Chapter 3 explains why family doctors can make a significant contribution to this primary health care infrastructure. It describes the attributes of family doctors, their roles and responsibilities, and the quality and cost-effectiveness of their work. Their competence is developed through participating in rigorous preparation deliberately based on the needs of the population they serve. Their contribution is further enhanced when their education is infused with greater emphasis on public and community health. Specifically trained family doctors are prepared to provide people-centered care in a comprehensive and continuous manner to all patients within the community. They coordinate care among health providers, thus linking the community to the academic medical centers, the village health workers to the consultant medical specialists, and their patients to a wide array of available resources. Their flexibility allows them to adapt to the specific needs of the community they serve as well as to its changing epidemiological patterns and variations in available resources. Because of these qualities, family doctors add value to systems of primary care. They, and similarly oriented health professionals such as nurses and social workers, empower one another in a mutually reinforcing manner.

In order to fulfill the roles described in **Chapter 3**, family doctors need training that will allow them to master the distinct body of knowledge, attitudes, and skills that are necessary for optimal practice in the communities they serve. **Chapter 4** outlines the continuum of this education that begins in medical school, extends through specialty training, is sustained through a process of continuing medical education, and is nourished through professional development of teaching faculty. Emphasis is placed on the importance of educating physicians in ambulatory settings with the same academic rigor that has previously been reserved for the hospital environment. Thus the community becomes the clinical and research laboratory. These settings do not necessarily involve new

investments. Existing structures, with moderate modifications, can usually be converted into teaching environments that are relevant to the needs of trainees as well as to the needs of society.

A supportive environment is necessary for optimal practice. **Chapter 5** delineates various components of this environment that need to be fostered in order for family doctors to contribute most effectively to a country's health care system. It calls for unified efforts among policy makers, health managers, health professionals, academic institutions, and community representatives. Family medicine is ideally suited to strengthening health systems by integrating individual and community health activities. However, this requires dedicated leadership, institutional commitment, strategic policy development, and appropriate resources.

One of the major global challenges facing family medicine is its effective implementation in many lower- and upper-middle income countries. Building on the experiences of Brazil, China, the Eastern Mediterranean Region, and Thailand, **Chapter 6** outlines lessons learned from the development of family medicine in these countries and builds the case for the need and feasibility of introducing family medicine even in medium- and low-resource settings.

Compared with the rest of the world, health care in Africa is characterized by a huge discrepancy between the high burden of disease and the scarcity of health care workers to carry this burden. Family medicine offers opportunities to address these challenges and **Chapter 7** provides an overview of the development of family medicine in Africa including examples from South Africa and nations in East Africa and West Africa, and ways to overcome challenges in the implementation of family medicine and see improvements in primary care delivery to people in some of the most resource-poor nations of the world.

In spite of the formidable challenges involved in achieving the expectations described in this guidebook, the quest to maintain and improve the health and well-being of people throughout the world is enriching. It adds substantial meaning to the lives of those who contribute to a process that joins the human family in a common undertaking based on intrinsic respect for the dignity of each individual. The roots of this process run as deep as humanity's oldest efforts to alleviate suffering, yet they are nourished by the approaches described in the following pages that draw on current developments in education and patient care, recent epidemiological research, and ongoing examples of successful implementation among diverse communities throughout the world.