Family Medicine Quo vadis?

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We are witnessing great changes around us. In preparation to Malta's accession into Europe the Department of Health has set up the Specialist Accreditation Committee (SAC) to organize a system of registers in which to classify medical practitioners. This is a long awaited wish come true for many of us, as it has placed Family Medicine at par with its sister specialties..... on paper! But let us take a closer look to see if there have been indeed any changes at the roots.

As in many things in life, change is a constant thing and is usually best taken in small doses. This is definitely the case with the SAC administration which is now well over one and a half years late in issuing the Specialist certificates!

Change needs to occur within and without, and a certificate hanging on your clinic wall does not make you a better doctor than you were pre May 2004. It may be held by many that being listed in the specialist register necessarily implies that things will fall into place. This is indeed a gross misconception, and the College is doing its part to ensure that through its Continued Medical Education programme, Family Doctors indeed keep a standard which befits them as specialists of Family Medicine.

The college council has been working on the set up of Vocational Training for new prospective Family Doctors. The MCFD has organized Courses to prepare a number of Teachers of Family Medicine so that it could deliver a professional Vocational Training Programme. Following interviews to select the prospective Trainers (Teachers) last year, one was expecting the result of such interviews so that the selected doctors could start, together with the National coordinator, to implement the New Curriculum for Vocational Training programme. Now over a year on, not only have the results not been issued, but we are informed that the Health Department is stating that it will be the Trainees to select the Trainers rather than both Trainee and Trainers being involved in the training post allocation! This is a most irregular and unprofessional way of doing things and is jeopardizing the image of Family Medicine which the College is trying to develop and project to our society, in order to bring about a more meaningful and respected role of Family Medicine in our midst.

If we now peep out of our small Mediterranean niche, and look beyond our politicians' controlled reality, we realize that our present society is under the restructuring effects of three mutually reinforcing tendencies; Health care industrialization, medicalization of life and politicization of medicine are actively promoting fear of disease and concurrently eroding the theory and practice of medicine.

Industrialization of Healthcare

Reorganization in the delivery of healthcare services has transformed doctors and their patients into simple cogs in the big machinery of a mega-pharmaceutical industry. This fact is more alarming when "treatment" is used for prevention rather than curing. We must stop and think on the effects of recent and not so recent guidelines issued which are transforming the way we are delivering "healing" to our patients. A case to illustrate such a point is the effect the guidelines issued in 2003 by the European Society of Cardiology have had on our management of blood pressure and hypercholesterolemia. According to these guidelines, the threshold for intervention have been lowered than ever before, with a blood pressure of 140/90mmHg and serum cholesterol of 5mmol/l, selected to lower the risk of ischaemic heart disease. Getz et al[1] argue that if these values are applied to the Norwegian population (which has one of the highest life expectancies in the world) half the population would be at risk by age 24. By age 49 this proportion would rise to 90% and thus over 75% would be a potential consumer for the pharmaceutical population. Thus we can see that a shadow of fear about one's health is being "forced" on an otherwise healthy population. We need to ask, who is benefiting from these developments?

Medicalization of life

This can be depicted by the old phrase by GK Chesterton "an obsession with health is destructive of it"[2]. The supply-demand relationship is industrially led and people in industrialized countries are healthier than ever before, so the profit for selling treatment to the sick is limited. "There is much more money to be made by convincing the healthy majority of the immediacy of threats to their health"[3], but do we know the effects of being labelled as at increased risk on our lives?

Politicization of Medicine

Currently, both internationally and locally, we are witnessing a clamping-down phenomenon, as governments are trying to increase control over the behaviour of both patients and professionals. It is

laudable that politicians need to put the interests of the population above those of the individual however doctors must necessarily to the opposite. Politicians are reasonable fearful of the independence held at heart by members of the traditional professions of religion, law, teaching and medicine. These professionals are in daily contact with the man in the street and know very well how far society can go wrong. This daily interaction is an opportunity and a duty of the professional to intercede with the power holders on behalf of the ordinary citizen. If the independence of these professionals is eroded, as we are seeing happen even in our country, as our society is transforming itself more and more into a market-driven society, important elements of social justice and citizen power are more and more suppressed.

So what is our role as Family Medicine Specialists, amidst such a changing scenario? How can we resist and even revert such trends?

Iona Heath a GP in London[3] argues that there are three factors which give general practice the potential to resist such influences: the challenge and freedom of uncertainty, secondly, the consultation process and thirdly, the persistence of pluralism.

Uncertainty in daily living

Family Doctors have to come to terms with the limitations of biomedical knowledge in their daily dealings with illness and suffering of their patients. They learn to develop a better understanding of the element of uncertainty in daily life and acquire that "6th sense" which may not be so necessary in other specialities who deal with a more selected population where the incidence of a particular disease is selectively higher. In the realm of general practice illness is a human experience which touches all corners of the existence of an individual. The doctor-patient relationship allows them both to explore the best ways to deal with this suffering, for the benefit of the patient.

The consultation model

The nature of the conversation between the patient and his family doctor has a profound bearing on the outcome of the consultation process. If the interaction is a genuine one, and the doctor managed to create a conversation where all the assumptions of biomedical knowledge can be questioned and where all the assumptions can be of benefit to the particular patient, then one would be successfully resisting the industrialisation of healthcare. In this scenario it is the healthcare systems which adapt to the person and not the other way round.

Social context

Both globally and definitely on the locally scene, General Practice is deeply rooted in a social and cultural context of the town and village life. If GP's have meaning for their community, then family medicine will prove an effective resistance to the forces of standardisation and globalisation.

It was once thought that with the expansion of western medicine, traditional forms of medicine would die out. However, this has not happened and in recent times we are witnessing a revival of alternative forms of medicine which continue to thrive alongside modern medicine. The experienced GP will master the skills to use both knowledge found in textbooks and other sensible, though seemingly unorthodox, biomedical knowledge.

Contrary to what has been expected, "pluralism and complementarily have become the norm across the world, which give us good reason to be hopeful"[3] that family medicine will retain its relevance in the modern society both globally and on the local scene.

References

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