Slow Progress—But Progress Nonetheless

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Medical care systems in most countries of the world have traditionally used generalist physicians as part of their health services delivery system. In most countries, however, these generalist physicians have not had defined postgraduate education to prepare them for service to patients and community. Rather, the medical care system has relied on individuals with no more than a basic medical school education for generalist physician services. These individuals graduate from medical school and proceed into the practice environment, whether in government or private service.

In the second half of the 20th century, it became clear in many countries, including the United States, that the provision of high-quality medical care to the individual, family, and community required additional training beyond the medical school degree. In North America, this has been known as postgraduate (residency) training in family practice, while in the United Kingdom, this defined period of postdoctoral training has been termed general practice. Nonetheless, the base of many medical care systems around the world is still provided by generalists with no organized postgraduate training.

There have been attempts in many of these systems to develop a deliberate postdoctoral training program, the nature of which has varied based on the educational and economic resources of the country and the needs of the population. Unfortunately, the transition from generalist medical training terminating after completion of medical school to the deliberative residency training beyond that point has been spotty.

The authors of “Slow Progress: Predoctoral Education in Family Practice in Latin America” in this issue of Family Medicine show us that in three of the four Latin American countries studied, family practice has been designated by the government as a main provider of primary care services in the social security system of that country. There is a huge disconnect, however, between these national goals and the production of appropriately trained generalist physicians in these countries. Although the authors have focused on predoctoral (ie, medical student) family medicine training, it is important that the continuum of medical education in family medicine be addressed from the predoctoral through postgraduate levels and on into the continuing medical education arena throughout a physician’s professional life.

The Need for Role Models

In some medical education systems, including that of the United States, the development of a postgraduate training program in family practice proceeded at a more rapid rate than the incorporation of formal family medicine predoctoral curricula in the nation’s schools of medicine. The development of residency programs, with their trainees and faculty, provided visible role models for medical students when predoctoral programs were developed later. The presence of adequate and legitimate family practice role models—both academic and clinical—is absolutely essential if medical students are to consider family practice as a career and to choose postgraduate training leading to that career goal. In contrast, the authors of “Slow Progress” indicated that in the four countries studied, the presence of a family medicine curriculum available for medical students is more prevalent than in family practice residencies. This fact, and the lack of role models associated with it, may be one of the reasons for Latin America’s slow progress in developing family practice as a clinical specialty.

Indeed, the interest of medical students in entering family practice is the rate-limiting step to the development of a health care system that uses appropriately trained family physicians to provide a major portion of a nation’s health care services. Whether they plan to work in a social security system, a public system, or a private system in the countries studied, students must be convinced that family practice is a credible pursuit. Students must also see role models employed as family physicians, so the students can...
aspire to the same roles after completion of training. In short, the concept of family practice must be credible through the continuum from predoctoral through postgraduate and on through professional work in the specialty.

The Need for Cultural Change

Medical schools throughout the world, however, are steeped in their own traditions. Those historical traditions have not included generalism as an academic pursuit. Indeed, the culture of medical schools in many parts of the world, including some in Latin America and the former Soviet Union, have been hierarchical in nature with near deficiation of “the professor.” The highest pursuit has been to learn the most about the smallest subject; study of the entire human being or of families is simply not part of the academic caste systems in those countries. The full incorporation of family medicine into medical schools of the world will thus require some elements of culture change. Identification and development of community hospitals and clinics as legitimate loci for medical education, with proper resources included, may help and, in fact, is probably essential. Reduced reliance on didactic pontificial medical lectures as the main means of knowledge transfer must be altered to include interactive and problem-based educational pursuits. There must be new recognition that the various disease states of high interest to professors reside in complex human beings, families, and communities.

In many cases, this culture change is accomplished through the passion and tenacity of an individual or small group of individuals who “caught the vision” and have the credibility to carry out changes within an educational institution or health care system. An example of this is Thomas Owens, MD, of Panama. Dr. Owens was able to develop family medicine at

the predoctoral and postgraduate levels in his own medical system in Panama through his personal attributes and antecedent presence in the medical school as a professor of anatomy and as an outstanding general practitioner in the health system of Panama. Individuals like Dr. Owens, with a glimpse of what needs to be done in the context of family and community, and who have credibility within the medical school, are often those who can institute the necessary cultural change.

The Need for Government Involvement and Professional Associations

In most countries of the world, the government controls the health care delivery system, including care that is provided by physicians. As indicated by the authors of “Slow Progress,” three of four of the governments studied have determined that family physicians will be a basic part of the health care system in their respective countries. This has also been happening in many other countries of the world. Indeed, the creation of family medicine in the United States was augmented by governmental studies and grants for the development of family medicine at all levels, including federal, state, and local.

This governmental involvement is essential but is rendered more difficult when governments and health ministries change frequently. Given the importance of the ministries of health, education, social security, and others to the medical care goals of the country and, therefore, to the incorporation of family medicine into the system, it is imperative that family physicians and health care planners partial to family medicine be positioned to have an influence on those ministries.

If the ministries tend to change frequently, the alternative is professional associations, which become important not only to the nurturing of individual physicians but toward the political action and advocacy within the various arms of government. The development of medical school and residency curriculum is enhanced by the combined efforts of enlightened individuals, associations or societies of family medicine within the countries, and experts from abroad.

The Ibero-American Confederation of Family Medicine (ICFM), formerly known as the International Center for Family Medicine, has been instrumental in the development of family medicine in Latin America. Leaders in ICFM, and particularly long-time former Director General Julio Ceitlin, have provided impetus to governments, medical schools, professional associations, and individuals. Many of the visionaries, like Dr. Ceitlin, who have had an influence on medical schools in Latin America have either been leaders in, or affected by, ICFM.

The Need for Action

We are now at a point in time that could have major importance for the development of family medicine predoctoral, postgraduate, and continuing education in Latin America. Many of the national colleges and academies of family medicine that have been integral to the structure and success of ICFM have now joined WONCA, the World Organization of Family Doctors. Since its origin, WONCA has been involved in most parts of the world but notably uninvolved with Latin America. With the continued presence of ICFM and the emergence of Latin American national organizations in WONCA, it is timely for a renewed emphasis on the development of family practice in Latin America.

Worldwide, WONCA is composed of several regions, one of which is the region of the Americas. It is likely that the Americas region will be divided into two by the time of the next world WONCA meeting to be held in Orlando, Fla,
in October 2004. The regions will be one that includes the United States, Canada, and the non-Spanish-speaking Caribbean, and the other will include the remaining countries south of the United States. WONCA is currently nurturing the development of this new region, and its formal creation in October 2004 will serve as a worldwide rallying point for renewed global emphasis on the development of our specialty in that region. WONCA and the new Latin America region should develop a deliberate plan to give increased visibility to the need for academic development of family medicine in Latin America within the prestigious halls of the World Health Organization (WHO) in Geneva and the Pan American Health Organization in Washington, DC. These organizations can have an important influence on the governmental entities in each country toward the development of family practice as a primary means to take care of their people.

Officials of WHO and WONCA have collaborated on many occasions in analysis and encouragement of the role of family practice in meeting the health care needs of populations. One such historic effort was a joint WHO-WONCA conference held in London, Ontario, Canada, on November 6–8, 1994. That conference yielded a working paper of WHO and WONCA known as “Making Medical Practice and Education More Relevant to People’s Needs: The Contribution of the Family Doctor.” That document, which includes a section on family medicine in Latin America written by Professor Cetlin, includes several recommendations. Recommendation 17 states “The discipline of family medicine should be taught in every medical school and provide a generalist-specialist balance.” This recommendation of nearly a decade ago suggests that action to this end be taken by medical schools, WONCA, and WHO. The likely emergence of Latin America as a full region of WONCA should be a stimulus to develop the resources to successfully tackle this recommendation in the next decade.

Another more recent document is the product of a collaborative project of WONCA and WHO, titled “Improving Health Systems: The Contribution of Family Medicine.” This is known by those who are involved in the development of family practice worldwide as “The Guidebook.” Within The Guidebook, there are sections on how to establish a department of family medicine, how to strengthen an existing department of family medicine, and how to integrate family medicine into the basic curriculum.

Both of the aforementioned documents can be obtained from the WONCA Secretariat in Singapore at www.globalfamilydoctor.com or by e-mailing admin@wona.sg.com. The Guidebook is also carried by the Society of Teachers of Family Medicine Bookstore. Go to www.stfm.org/bookstore/ to order this text.

Conclusions
It is essential that the critical elements of predoctoral education in family medicine be incorporated into those medical schools that do not have them and augmented where they are incomplete. But, it is also important that concomitant progress be made in the other aspects of the continuum of family medicine as represented by the development of postgraduate residency programs and enhancement of continuing medical education in family practice.

Efforts of professional associations, both national and global, must be encouraged to assist in this progress over the next decade. The involvement of governmental organizations at the national, regional, and global levels are essential to the development of resources that can be marshalled to meet the needs of people of each country. The Pan American Health Organization will be particularly important to this end. Academic institutions in North America and beyond should be encouraged to develop collaborative arrangements with colleague entities in Latin America and to engage in multinational studies to determine which activities lead to optimal development of family medicine in the medical schools in the new WONCA Region.

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REFERENCES