

Family and Community Medicine in Saudi Arabia

Development and future

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Medicine is one of the most ancient profession that evolves over time and developed further by different civilizations.¹ Until the nineteenth century all doctors were general medical practitioners who treat "all people" from "all diseases" albeit some may have been recognized as an expert in certain field of medicine. The twentieth century has witnessed a real revolution of medicine and considered as the era of specialization in medicine.² The 4 major medical specialties: pediatrics, medicine, general surgery, and obstetric and gynecology have paved the way for more and more specialties and sub-specialties.

Family medicine as specialty was recognized in Europe and America in the 1950s.² Although it is new and modern specialty, some may see it as the father of all medical specialties as it resembles the general medical practitioner mentioned above in terms of its width. Regardless of this view, family and community medicine has become an important specialty in developed countries with unique characteristics.² The term family and community medicine is a common name in Canada and America whereas in Europe particularly in United Kingdom, general practice and primary care are more common terms. Without going into debate of names and differences among them; family and community medicine is used in the Kingdom of Saudi Arabia (KSA) to mean the clinical specialty provided by board certified family physicians or trained general practitioners at primary care level and within the definition of the discipline and its characteristics explained below.

Development of Family and Community Medicine in Saudi Arabia. Interestingly, the global development of family medicine has been replicated in KSA: the 4 major specialties of medicine started first then followed by family medicine and other specialties. In the late 1970's military hospital established its first department of primary care, which was known later as family and community medicine. In 1983, the Ministry of Health adapted primary care concepts.³ In 1994, National Guard Health Affairs formed the directorate of primary care, which was known later as family and community medicine. Nowadays, most hospitals and health affairs in KSA have departments of family and community medicine or primary care.

In 1995, the latest landmark development of the discipline took place by establishing the Saudi Board of Family and Community Medicine. It became as the fifth board after the 4 major medical specialties. On the basis of high standard selective criteria, applicants are enrolled in 4 years structured training program after internship before they set for the final examination of the Saudi Board in Family and Community Medicine. Fifteen months of the training period are spent in the training center for family and community medicine while the rest of the program spent in different specialties and sub-specialties in the hospital. The program attracts high caliber trainees who pursue their career as board certified in family and community medicine. Last year the author was delighted and amazed to

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see more than 80 candidates competing for the limited training posts in our residency training programs at King Abdul-Aziz Medical City, National Guard Health Affairs, Riyadh, KSA.

From the above, it is clear that rapid development of family and community medicine as clinical specialty in KSA has occurred over the last 2 decades. However, it appears that a large majority of people and indeed some healthcare professionals are not well informed on the nature and characteristics of family medicine.

Nature and characteristics of Family and Community Medicine. Family medicine has been defined as "the medical specialty, which provides continuing and comprehensive health care for the individual and the family. It is the specialty in breadth, which integrates the biological, clinical and behavioral sciences. The scope of family practice encompasses all ages, both sexes, each organ system and every disease entity".⁴ From this definition, the following are typical characteristics of family and community medicine:²

1. Commitment to person/customer rather than disease. The family physician is trained to care for the whole person physically, socially and psychologically and attend to all spectrum of problems presented by patients regardless of their age, gender and complaints.²⁻⁶ This unique characteristic reflects not only the width of the specialty but more importantly the commitment to the patient as a person. This humanistic approach to medicine is very much needed in the era of high-tech specialized medicine to keep the balance between art and science. Communicating humanly with patients determines their satisfaction.⁷ Doctors have been led to believe that their role is curing and controlling disease but experience and literature have shown that many diseases are incurable and disease control is only part of quality of life.

Let us think of diabetes as an example: certainly controlling blood sugar is crucial from medical point of view but there are other social and psychological factors associated with the disease, which needs to be addressed. To ask a diabetologist to care for the whole person means wasting expertise and draining resources. As a generalist clinician, family physician is trained to provide continuing and comprehensive care for the individual and family.²⁻⁶ Thus, family physician can treat diabetes as a disease with the help and support of diabetologist and other specialists while paying much attention to the social and psychological factors. The same can be applied to other diseases. This complementary role as well as the diversity and commitment of family physician requires unique sets of skills.

2. Skills of problem solving: family physician is a generalist clinician who usually works in the community and deals with undifferentiated

problems presented by the whole spectrum of age and gender of people. For family physician, to address this unique setting and sort out undifferentiated problems they have to use the bio-psycho-social model of problem solving. A participative open-ended approach is used to unfold hidden agenda and to share the patient in defining the problem and formulating the working plan.⁸ This model is more suitable for family physician than the traditional biomedical model of problem solving used by specialists working in hospitals.⁸

3. Understand context of problem. Being in the community, the family physician is in unique position to understand the context of problems presented by his/her patients. When patients admitted to the hospital without notes from their family physician the context is obscured and patient is taken out of context.² Probability of disease in primary care differ from hospital: a patient from cardiology clinic of the hospital complaining of chest pain has a high probability of being cardiac but the probability of this complaint in the community is equivalent to muscular, respiratory, psycho-social and hidden agenda.² Indeed, it has been shown that only 50% of chest pain in primary care can fit a known physical diagnosis and only 21% of patients with abdominal pain can be categorized into known physical disease.² By knowing the context of a problem, the family physician is in a unique position to select the most appropriate choices for patients.

4. Preventive and educational opportunity. "The family physician sees every contact with patients as an opportunity for prevention or health education".² This integrated part of the job and the fact that patients see their family doctors more often than any other doctor makes it possible to prevent diseases and modify life style. Disease prevention and health promotion are vital for our population as well as for our healthcare organizations. The Minister of Health in a recent symposium emphasized the central role of prevention.⁹ In KSA, the prevalence of diabetes was 24%, hypertension 26%, obesity 36%, smoking 25% and hyperlipidemia 24%.¹⁰ These alarming data must be reduced cost-effectively by using primary care providers who can initiate and participate in many prevention and health promotion programs for the community. Unfortunately, this unique characteristic of family medicine has not been utilized well by management of healthcare to maximize benefits and reduce costs.

Considering the many primary care centers available in almost everywhere throughout the KSA,³ it is a must to support doctors in these centers to prevent diseases and promote health in addition to their day-to-day clinical work. In this way, people's health enhanced while costs of healthcare reduced. Specialists and sub-specialists in hospitals must provide preventive and health promotion

programs for the community. The family physicians are in unique position to prevent diseases and promote health cost-effectively.

5. Managing resources and coordinating services. The family physician is a manager of resources and coordinator of services.¹¹⁻¹³ Again, this role has not been well utilized by decision makers and professionals in healthcare in KSA. It is a common observation to see tertiary care services overloaded by patients who can be managed in primary care.¹⁴ If primary care is not well supported to provide high quality care for the public, patients will demand to be seen in a very high cost units in hospitals with little gain in terms of health.¹⁵⁻¹⁷ Being the point of entry to healthcare and providers of comprehensive and continuing care for individuals and family, family physicians are guarding tertiary care and coordinating services to respond efficiently to consumers' needs.¹¹⁻¹⁷ This role must be utilized in this time of increased consumerism and scarce resources if healthcare system is to maintain services and reduce costs.¹⁸

Time to act. The development and characteristics of family and community medicine mentioned above tell us how important the specialty is for our country. The Saudi Medical Journal as "a college by itself"¹⁹ is always pro-active in addressing topical subjects. Inviting the author to write on this specialty is on time⁹ and affirm its leading role in promoting excellence in healthcare provision through research and publication. It has been proved that "Health systems that have a strong orientation toward primary care achieve lower overall costs, better satisfaction of their populations, and better health".¹² Kingdom of Saudi Arabia has established centers-of-excellence in tertiary care, which have been recognized internationally. Time has come to devote more attention and resources, to develop further family and community medicine and to compare well with developed countries. Failing to act now mean more costs, diluting quality of tertiary care and allowing risk factors to materialize into chronic diseases.

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