International Perspectives

Research in Primary Health Care

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A recent paper by Kleinman[1] draws attention to the need to expand and develop research in primary care. He cogently argues that exploration along the social science model of illness can be potentially as rewarding to the primary care physician as the more traditional direction along the biomedical disease model. While he writes specifically for the North American reader, it is of value to view Kleinman's comments in relation to the direction taken in primary care research on an international and institutional level.

In 1978 the United States joined 127 other nations under the auspices of the World Health Organization in signing the Alma-Ata Declaration on Primary Health Care.[2] This declaration provided the political framework, on a multinational basis, for a most significant change in social policy as it affects the practice and teaching of medicine. The pre-existing commitment to the investment of resources—both fiscal and human—into secondary and tertiary centers of health, ie, community and academic hospitals, was now changed to the reintroduction of primary health care, ie, general and comprehensive health care provided at community-based locations by medical personnel trained in this specialty. This reallocation of resources was identified as having the potential, equally in the industrialized and in the developing countries, for a more positive impact on the health of society in both the biologic and the economic domains. Centers for sickness care (hospitals) would continue to be recognized as centers of high technology, but a developing emphasis would be placed on the renaissance of primary health care, which would be encouraged or inaugurated as appropriate and would bring specialty-trained health care professionals into the community.

The declaration provided recognition and legitimation for primary health care as being more appropriate to contemporary needs not only in medical terms but also with respect to broader societal issues, not the least of which is related to cost effectiveness. Primary health care was recognized as applying to the developed industrialized nations just as much as to the developing countries, and the need to invest in both evaluation and research in this area was emphasized.

Following the declaration and the general acceptance of the value of primary health care, the experience of a number of industrialized countries drew attention to difficulties in overcoming established means of education for and organization and delivery of health care—all of which, generally speaking, are sickness oriented, institutionally based, and heavily compartmentalized, and all of which consume an ever-growing proportion of national budgets.

Although in the United States we have made great progress in the acceptance of family medicine as the major specialty of primary health care, we share with the industrialized nations of Europe

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at least some of the problems of marketing: of establishing the credentials and legitimacy of this new specialty both to the general public and to the remainder of the medical profession.

The Alma-Ata Declaration recognized that research and evaluation in primary health care are essential, not only to address the overt issues of cost effectiveness and cost containment, but also to address these covert issues of status and legitimacy for the specialty.

Following publication of the declaration, the World Health Organization in cooperation with the European Center for Social Welfare Training and Research, itself an affiliate of the United Nations, instituted a series of working groups on primary health care. These have included studies on organizational management, problems in primary health care, appropriate technology, monitoring and information systems, and community participation. In late 1982 these culminated in the seminar on Research in Primary Health Care in Vienna, Austria.

Thirty representatives from 17 countries* were invited jointly by the European Center and the World Health Organization to explore the place of research in primary health care. The meeting took place in a country inn deep in the Vienna woods where professional commitment and the personal warmth of the participants combined with the absence of public transport facilities to ensure the maximum utilization of collective time in pursuing the seminar's goals.

The seminar identified four main areas in which research on a multinational level was invaluable: definition, personnel, community, and evaluation.

Definition

In addition to the specific identification of the goals and limits of primary health care, its relationship with the secondary and tertiary modes of care and with the preventive services provided by the public health sector requires definition appropriate to each country. The use of information systems in primary health care and the prevention of their abuse require exploration, as does the vast area of marketing.

*Austria, Belgium, Canada, Denmark, Finland, Germany (Federal Republic), Hungary, Italy, Malta, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom, United States, Yugoslavia

Personnel

The selection and specialized training of the professionals to provide primary health care require in-depth investigation including such areas as motivation and measurements for suitability for the teamwork so often at a premium in this specialty.

Community

If primary health care is established to satisfy expressed community needs, who defines these needs? Can needs expressed in the medical mode be translated into the social model? Should needs be uncovered that are potentially impossible to satisfy? How far can community participation be allowed to progress?

Evaluation

Can the cost effectiveness of primary health care be measured? Is it an effective form of cost containment? Can measurements of quality of life be balanced with morbidity and mortality figures? Can the various processes themselves be evaluated, and can a measurement be developed for the professional and existential costs resulting from the loss of territoriality consequent on the teamwork so essential to the effective functioning of primary health care?

As can be appreciated from this report, the seminar addressed itself more to raising questions than to defining answers. Many specific areas for joint research were identified, and follow-up workshops were suggested. In addition, personal contacts have been established, and it is expected that primary health care—both as a socioeconomic philosophy and as a professional and academic reality—will gain in stature from the resulting work. Kleinman's paper will be of great value in this endeavor.

References

1. Kleinman A: The cultural meanings and social uses of illness: A role for medical anthropology and clinically oriented social science in the development of primary care theory and research. J Fam Pract 16:539, 1983

2. Primary Health Care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Geneva, World Health Organization, 1978