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## Editorial

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# International Renaissance of Primary Care and Family Practice

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It is natural and useful at the start of a new year to look more broadly at past progress and future projections regarding the task we have taken on in family practice—the development of a specialty to serve as a strong foundation of primary care for a changing US health care system. Indeed, this is a special time—family practice in this country has completed its first 15 years of development, and we are just 15 years short of the year 2000. In such a time of reassessment, an international perspective is of particular interest.

In a fascinating article presenting a world view on health care in the 20th Century, Roemer<sup>1</sup> has identified 16 common trends in health care around the world.

1. Growth of health manpower
2. Increasing specialization
3. Organization for teamwork
4. Regionalization of health care services
5. Population control
6. Increasing emphasis on geriatrics and rehabilitation
7. Increased attention to environmental sanitation
8. Improved health care planning
9. Increased role of government in health care systems
10. Growing expenditures for health care

11. More collectivized financing, often through government or Social Security
12. Increasing emphasis on quality assurance and cost accountability
13. Emphasis on primary care and prevention
14. New emphasis on medical humanism and patient rights
15. Expanded activities of international health care agencies
16. Recognition of health as a human right

As Roemer observes,<sup>1</sup>

The enormous growth of science and specialization in the first two-thirds of the twentieth century has induced a reaction against advanced technology in the last third. Throughout the world, it has come to be recognized that highly specialized and sophisticated health services can be excessive, wasteful, and sometimes even harmful. Therefore a fresh interest has developed everywhere in the provision of effective primary care, including preventive strategies with respect to diet, exercise, and lifestyle. In order to draw more physicians into general medical practice, this field has been converted into a higher-status and more lucrative "specialty" in a score of countries.

He goes on to say further:

Closely linked to the fresh emphasis on primary care, in reaction to excessive technology, has been an affirma-

tive concern for the human feelings of the patients. TLC (tender loving care) has become an integral part of the objectives of health care systems in all affluent countries and in at least the urban centers of less developed countries. Consumerism and the protection of patient rights have become widespread movements.

Health for *all* by the year 2000 has become the goal of the World Health Organization (WHO). As an initial step toward this goal, WHO and UNICEF sponsored a World Conference on Primary Care at Alma-Ata, USSR, in 1978, and international efforts are underway to foster the development of improved primary care services throughout the world. The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), at its next World Congress in Toronto in June 1986, will have as its theme "Primary Health Care: Towards 2000." In an effort to describe the present status and future projections for primary care around the world, Fry and Hasler are co-editing a new book, *Targets for 2000: Global Challenges for Primary Health Care*,<sup>2</sup> which is scheduled for publication by Churchill Livingstone by that time.

Some current examples of the present activities in education for general/family practice in various countries illustrate the vigor of this international renaissance in primary care.<sup>3</sup>

In Canada, there are divisions/departments of family medicine and operational family medicine residency programs in all of the medical schools. Since 1980, completion of residency training is required to become eligible for certification; in addition, a program of recertification has recently been introduced.

In the United Kingdom, there are active undergraduate teaching programs in general practice in all medical schools; vocational (residency) training became mandatory in 1981.

In Australia, a national Family Medicine Programme is conducted by the Royal Australian College of General Practitioners with more than 1,500 full-time trainees.

In New Zealand, a successful graduate training program has been established in general practice, and undergraduate teaching is offered as an elective for medical students in both of the country's medical schools.

In Japan, some of the medical schools are starting to provide teaching in general practice; graduate training programs are on the drawing board, and a Society of Primary Care has been established.

In South Africa, some university departments and teaching programs have been established in family practice, and a growing number of graduate training positions are being developed through the leadership of the newly formed South African Academy of Family Practice/Primary Care.

Similar activities are taking place elsewhere (eg, Scandinavia, Western Europe, South Korea, and Republic of China). The stage and details of development vary from one country to another, but the common goal is to develop general/family practice as a recognized primary care specialty with established educational and certification programs.

The extent of these developments provides strong evidence that the recognition of the vital importance of primary care is a worldwide phenomenon that has occurred at approximately the same time (ie, the last 10 to 15 years) in many countries around the world in response to common international trends in health care. In each country, deficits in primary care have been experienced for many of the same reasons (eg, shortage of primary care physicians, unavailability of teaching programs at undergraduate and graduate levels, and lack of general/family practice role models in medical schools). These commonalities from one health care system to another demonstrate the generic nature of primary care needs and suggest the inevitability of further development of general/family practice as a specialty area of medical education and medical practice.

## References

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3. Geyman JP, Fry J (eds): *Family Practice: An International Perspective in Developed Countries*. East Norwalk, Conn, Appleton-Century-Crofts, 1983