

Family medicine in the 21st century: challenges and opportunities

Opinion

In the 21st century the world population is facing increasing burden of non-communicable diseases (NCD) and co-morbidities as well as re-emergence of infectious diseases. The trends resulted from a phenomenon of epidemiologic transition leading to increasing life expectancy and reduction in the prevalence of infectious diseases as a result of economic and social development. The increase of NCD is particularly affecting the developing countries. The WHO-East Mediterranean Region is one the regions which suffers from major health problems leading to high morbidity and mortality including obesity, diabetes, cardiovascular diseases, and smoking. The new trends in diseases and the scarcity of resources for health care have created a need for a model of health care delivery to meet these trends. Primary Care /Family Medicine provided an ideal model for patient-centered, biopsychosocial model of care required to prepare health professionals who are able to lead the work in the healthcare facilities. A strong and effective primary health care implementing family practice approach is a major part of the solution.

Evidence demonstrates advantages for health systems relying more on primary health care implementing family practice approach in comparison with systems more based on specialist care in terms of better population health outcomes, improved equity, access and continuity and lower cost. The family practice approach is considered to be the best way to provide integrated health services at the primary health care level that inculcate the principles of universal access to comprehensive services, continuity of care as well as care coordination. This is why the Director General of WHO calls family doctors "our rising stars of the future. However, many regions of the world suffer from lack of effective PHC system. An assessment of family practice needs was conducted by world health organization (WHO) in 22 countries (WHO-EMRO 2014) showed that there is an increasing demands for highly trained family physicians. Based on the available information, the total number of certified family physicians in the 22 countries is 3225. Calculating against an international standard requirement of at least three family physicians per 10,000 populations, the regional figure is very low. Therefore, effective family medicine training programs are needed in developing countries to build on this momentum for strengthening primary health care by developing competent family doctors who are empowered to become leaders and advocates for the future of the profession.

The main challenges facing Family Practice in developing countries such as the EMRO countries (WHO- EMRO region Report

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2014) including lack of family physicians and training programs, lack of good quality family practices, inadequate IT/ IM system as well as inadequate political commitment and bridging program. The opportunity is to strengthen primary care systems in developing countries by developing a training program to give opportunity for General Practitioners (GPs) who are working already in the primary health care centers as well as fresh graduates to increase their knowledge and competencies in the field of family medicine practices which is culturally sensitive and low cost. Such program can improve the quality of trainee as well as the system, which in is expected to reflect on the quality of health care services provided to the population. These programs should include elements of research and quality improvement principles in addition to the theory and practice of family medicine and primary care. The research of family practice issues and the education of future leaders who eventually will translate that research into practices and policies to improve the health of people nationally, regionally, and globally. An element of interdisciplinary approach, incorporating a wide range of interests and abilities will enable trainee and practicing family physicians to do their job in patients care with high standards in the context of the local health system and community. A primary health care team focusing on patient-centered, bio-psycho-socio-ecological model with appropriate consultation-models informed by Evidence Based Medicine will serve the patients and populations throughout their lives.

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Conflict of interest

The author declares no conflict of interest.