

# Challenges for Healthcare in the 21<sup>st</sup> Century: How Family Medicine Can Help

Based on the oration delivered during the inaugural session of the 1<sup>st</sup> National Conference on Family Medicine and Primary Care – FMPC on 20 April 2013 at the India International Centre, New Delhi, India. FMPC 2013 was jointly organized by the Academy of Family Physicians of India (AFPI) and NHSRC (National Health System Resource Centre) National Rural Health Mission (NRHM) Ministry of Health and Family Welfare (MOHFW) Government of India.

### About Prof Michael Kidd:

#### President World Organization of Family Doctors (WONCA)

Michael Kidd is the President of the World Organization of Family Doctors (WONCA) and will serve as World President from 2013-2016 until the next WONCA World Conference to be held, in Rio de Janeiro, in November 2016. Michael is an Australian general practitioner/family doctor and a primary care researcher, medical educator and medical leader. He has served two terms as president of the Royal Australian College of General Practitioners. Michael graduated with honours from The University of Melbourne in 1983. After internship at the Royal Melbourne Hospital, he enrolled in the postgraduate Family Medicine Training Program of the Royal Australian College of General Practitioners. His postgraduate training included experience in rural and urban general practice and special skills training in obstetrics, child health and mental health. He was awarded Fellowship of the Royal Australian College of General Practitioners, in 1989. While training in family medicine, he also enrolled in public health research training at Flinders University, graduating with the Postgraduate Diploma in Community Child Health. Michael joined the Department of General Practice and Community Medicine at Monash University, in Melbourne, in 1988, as an academic registrar. He was subsequently appointed as a senior lecturer, in 1990. His research on using computer-based learning to address challenges in medical education resulted in the award of the degree of Doctor of Medicine, by Monash University, in 1995. In 1995, Michael was appointed to the Chair of General Practice at The University of Sydney, where he also served as head of the Department of General Practice from 1998-2009. In 2009, Michael was appointed as the Executive Dean of the Faculty of Health Sciences at Flinders University, based in Adelaide. The Executive Dean has responsibility for the School of Medicine, including departments of Allied Health, Indigenous Health and Disability Studies, the School of Nursing and Midwifery, and the faculty's research centres and teaching facilities in South Australia, the Northern Territory and Western Victoria. Among the developments he has led during his time at Flinders University are: the establishment of a new medical school based in Darwin; the establishment of new research centres in Aboriginal health, based in Adelaide and Alice Springs; and the implementation of new courses in optometry, physiotherapy and occupational therapy. As WONCA President Michael is a strong vocal advocate for family medicine around the world, and the role of family doctors in strengthening primary health care in each nation and striving for universal health care coverage through high quality clinical service provision, education and training, and research.



Chief Guest, Shri Keshava Desiraju, my fellow speakers in this inauguration session, Professor Reddy, Dr. Lal and Dr. Sundararaman, ladies and gentlemen.

Congratulations! Congratulations to Dr. Raman Kumar and to all the members of the organizing committee for bringing us together for this national conference on Family Medicine and Primary Care. Congratulations to all the organizations supporting this conference, including some of the most prestigious academic institutions here in India. And, congratulations to each and every one of you for taking time away from your many important commitments to come here to work together on preparing multi-skilled and competent primary care doctors to meet the health care needs of all the people of this wonderful country.

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As you can tell from my accent, I am from Australia. Australia and India have many things in common, including a passion for cricket and a strong legacy of family medicine underpinning our health care system.

The World Organization of Family Doctors (WONCA) owes a lot to India. The WONCA was established just over 40 years ago by family doctors from 18 countries coming together with a shared commitment to strong primary care, with India as one of the founding countries, and it is great to see that this nation continues to be a leader in family medicine. We had our South Asia Regional Conference hosted in Mumbai in 2011, and now this important national meeting. We have three member organizations in India: the Indian Medical Association College of General Practitioners, the Federation of Family Physicians' Associations of India and the Academy of Family Physicians of India.

In his message to the first WONCA World Council in 1972, our first president, Dr. Monty Kent-Hughes, said that “the future of our professional discipline of family medicine will depend on our ability to work together in the service of humanity.”

Therefore, today, we have all come together to work together to do all we can to ensure that high-quality primary care is available to all the people in India. I expect that we will see some rigorous debate and we will not all agree on everything. And, that is okay. In the words of Mahatma Gandhi, “Honest differences are often a healthy sign of progress.”

As we all know, our world is facing many serious healthcare challenges. And, the answer to the world's great health care challenges is primary care.

We have the evidence to show that those nations with a greater emphasis on primary care are able to:

1. Lower the cost of care
2. Improve health through access to more appropriate services
3. Reduce the inequities in their population's health.

It is becoming increasingly apparent that our generalist tradition of primary care is the only way that nations will be able to effectively tackle the diverse health challenges facing the people of our world.

Primary care is the key to the control of major communicable diseases, including dreaded diseases like HIV, tuberculosis (TB) and malaria.

Primary health care is the only way that we will be able to effectively fight the epidemics of noncommunicable diseases affecting many of our nations, especially the rising rates of cardiovascular diseases, diabetes, respiratory diseases and cancers as the rates of smoking, obesity, poor nutrition and lack of physical activity continue to rise among our populations.

Primary care is the only way that we will be able to effectively fight the rapidly rising burden of mental health problems across the world. And, it is the only way nations will be able to effectively manage the health care needs of the increasing proportion of elderly people in many of our communities.

Moreover, primary care is the only way that we will be able to effectively contain the rising health care costs in our nations, through support for preventive care, health promotion and improvements in chronic disease management and the management of co-morbidities. We cannot afford to continue to build more and more hospitals. We need strong primary care to keep people out of hospitals.

If we are going to have strong primary care in our nations then we need a strong system of primary medical care that includes strong family medicine with supervised postgraduate training for our medical graduates and programs of continuing professional development for our primary care workforce.

Also, if we are going to effectively tackle these major healthcare challenges then our academies and colleges need to join together and share our knowledge and resources. This is an important task for the WONCA, being an advocate for strong family medicine in each nation of the world and bringing our member organizations together to share our knowledge and our experience to benefit the people in each of our nations.

As family doctors, general practitioners, family physicians, call us what you will, we are specialists in primary medical care and in the generalist tradition of medical practice. We specialize in preventive care and health promotion; in early diagnosis and management; in the management of undifferentiated illness, acute conditions, medical emergencies, complex chronic diseases and co-morbidities; in mental health and the impact of social and environmental issues on our patient's health; and in palliative care and the knowledge of how to support our patients to die with dignity. And, each one of us is a specialist in the unique health care needs and concerns of our own unique patient population.

We need to work together to ensure that the standards of family medicine and that the next generation of medical graduates is trained in the generalist tradition. This is an important time for us to be doing so because this is the start of a worldwide golden age for Family Medicine and Primary Care.

Why do I say this?

Well, it is because recently something extraordinary happened. The world rediscovered the importance of primary care and the role of the people working to provide primary care services to their local communities. Now, I know that you probably did not realize that we needed to be rediscovered. After all, we have all been doing the work we have been doing for a very long time.

But, in 2008, the World Health Report from the World Health Organization (WHO) was devoted to the reinvigoration of primary health care. The following year, at the Annual World Health Assembly, when the health ministers of all the nations of the world came together in Geneva to set the agenda for the WHO, a resolution was passed committing all member nations to the reinvigoration of their primary health care systems. And, this resolution included recognition of the important roles of the members of each nation's primary care workforce, including mentioning, for the first time in a WHO resolution, the important role of family doctors.

This historic resolution on primary care at the World Health Assembly, and particularly the inclusion of family medicine as an essential component of primary health care, has finally removed the previous assumption that people in the poorest countries of the world somehow do not need access to primary care medicine. As immediate past president of the Royal College of General Practitioners, Dr Iona Heath has reminded us; "Poor people are no less aware of the skills of doctors than those who are more affluent. The poorest people in the poorest countries of the world are exposed to the most disease and therefore need commensurate access to properly trained doctors and other health professionals with broad diagnostic skills. Yet they are the least likely to have access to trained general practitioners or family doctors." We need to work together to turn this around. Primary care, delivered by teams of health professionals, including family doctors, needs to be available to everybody. There are over 7 billion people currently living on this planet, and the WHO has advised that currently 1 billion people have no access to any health care services. We have to work together to change this.

Now, a focus on primary health care by the WHO is nothing new. The 1978 Declaration of Alma Ata committed the nations of the world to strive to attain "Health for all by the year 2000" and recognized that strong "primary health care is the key to attaining this target."

However, the world failed to achieve health for all people by the year 2000.

As a consequence, in 2000, the United Nations agreed to the Millennium Development Goals, the MDGs, with targets to be reached by 2015. While progress in the health-related MDGs is not as significant as we would like to see, we have seen improvements in many parts of the world with reduction in infant mortality, reduction in maternal mortality and substantial progress in tackling HIV/acquired immunodeficiency syndrome, TB and malaria.

Yet, the MDGs have come in for some criticism because of what they do not address, which includes a failure to focus on strengthening primary care systems, tackling chronic disease and mental health, addressing the social determinants of health and ensuring universal coverage – ensuring that every person in each country has access to high-quality health care services.

These are all areas where family medicine can make a difference. The pendulum is now swinging back to a focus on universal coverage. And, for good reason.

How do we meet the challenges of meeting the health and wellbeing needs of the many diverse communities across this nation, and around the world? We do so by continuing to adapt to changing health needs and expectations and being responsive to political and societal changes.

Fortunately, one of the greatest strengths of the people working in family medicine is our diversity, our resilience and our unwavering commitment to our patients and our communities. And, we work with our local communities and receive great support from our patients.

These are qualities that we need to reinforce and cherish in the next generation of family doctors, in the medical students and young doctors who are committed to joining us in family medicine, including the members of the dynamic Spice Route Movement here in South Asia.

Healthcare has the power to transform the world. In the words of the equal justice advocate, Bryan Stevenson, "You judge the character of a society, not by how we treat our rich and our powerful and our privileged, but by how we treat our poor, our condemned, our incarcerated."

And, this I think is the greatest challenge for 21<sup>st</sup> century family medicine and our education and training programs. Tackling the challenges of inequity:

1. Inequity of access to health care
2. Inequity of outcomes of health care
3. Ensuring that our health systems are socially accountable.

So, how do we work together to ensure that high-quality health care is available to all people in every nation of the world, including those who are disadvantaged and marginalized? How do we especially ensure that we do not neglect those people living in the rural and remote regions in our countries?

One way is to ensure that we are training the right people in the right way to be our health workforce of the future. Health workers are central to tackling health inequities, as are the institutions where we are instructed to heal and treat and serve our communities.

In 2000, the WHO worked with the WONCA to release its ideal characteristics of The Five Star Family Doctor of the New Millennium, saying that in order to meet the health needs of our communities, we need to be excellent care-providers, clinical decision-makers, skilled communicators, managers of health resources and leaders in our communities.

As family doctors, we see where the problems are in our communities, we understand the social determinants of health and we can be a part of working with our communities to find

the solutions to their health challenges. We know our patients and their families and the environments where they live. After all, we usually occupy the same habitat.

And, we know that universal coverage will only succeed with strong teams of health practitioners working together with our communities to provide high-quality primary care.

In 2010, the WONCA took part in a process with other global organizations to identify the qualities of socially accountable health professional education. The report of this work describes how we need to equip our medical graduates “with a range of competencies consistent with the evolution of the communities they serve, the health system in which they work and the expectations of citizens.”

The qualities of socially accountable health professional education include equity (especially of access to services), quality (satisfy both professional and community standards), relevance (tackle most important and locally relevant problems first), cultural competency (to remove barriers to care), efficiency (ensuring we have the greatest impact with available resources) and partnerships (working with all key stakeholders including our local communities who are committed to improving health care).

I also believe that our education systems need to reinforce our individual social responsibilities as health care professionals. As well as being skilled and caring clinicians, each of us needs:

1. To be an advocate for social justice and human rights
2. To stand up for freedom and justice and peace
3. To speak out for what is right
4. To contribute toward ensuring equity of access to health care – what we call in Australia “a fair go”
5. To care for the health of our planet as well as the health of our patients. If we do not have a healthy environment, we do not have a healthy community.

Why do I say that we should focus on these social responsibilities? It is because if we, as family doctors, with our privileged position in society and our access to pretty much the entire population in our communities, do not do these things then who will?

In the words of the 1952 Nobel Peace Prize winner, Dr. Albert Schweitzer, in a message to all medical graduates: “I don’t know what your destiny will be but one thing I do know. The only ones among you who will be really happy are those who have sought and found how to serve.”

And, in the words of another more recent Nobel Peace Prize winner, Barack Obama:

“Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.”

Obama was, of course, paraphrasing Gandhi.

So, I invite you to be the change you want to see in the world and be proud of the important work you do. Many of us chose family medicine as a career so that we could make a difference to the wellbeing of people and communities. This is critical work for your nation and mine, and for our world.

Always remember, no matter what our governments do, our important work as family doctors will continue. Never forget that we are privileged to work in family medicine and to work with our local communities. And, never forget that through our work each of us makes a positive difference in the lives of our patients every single day. Thank you for the great work you do!

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