Strengthening the Base of Healthcare with Focus on Family Physicians

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Abstract

India has a wide range of healthcare providers and systems. The base is formed by general practitioners from both allopathic and alternate systems of medicine. However, the concept of the family physician is yet to find firm roots both at the academic and scientific, as well as the community level. A family physician has a holistic approach and has to engage with all members and age-groups in a family. He/she has to take care of physical health, mental health, and be abreast of social, occupational and economic factors, along with lifestyle, and nutrition. In addition, accessibility, patient comfort, dissemination of information and guidance, along with closer monitoring defines the family physician as compared to a general physician. The pandemic brought forth the importance of the family physician and how they can improve patient outcomes and reduce the load on healthcare infrastructure. It is pertinent in a country like India to formalize the family physician through academic training and qualification, financial and career growth opportunities, exposure in research as well as policy making, and establishing a healthcare structure and referral system with family physicians as its foundation.

Keywords: Family physician, holistic health, healthcare structure, health Infrastructure, general practitioner

Introduction

India has one of the most varied ranges of healthcare providers and systems in the world.[1] Healthcare facilities range from rural and urban primary and basic care centers or clinics to apex super specialty, technologically advanced tertiary care hospitals. In terms of the administration, the healthcare systems include public (government-run) and private. Even in these, the range is wide from primary and community health centers in the periphery, to district hospitals and further, big municipal hospitals, teaching centers or medical colleges in cities, among the government-run facilities. While private clinics and hospitals are known for both their advanced treatment and procedures, as well as high cost, there are also charitable or trust-run private hospitals giving accessible, quality, low-cost care.

In India, currently 18% and 44% of outpatient and inpatient healthcare are managed by government run health centers. However, 70% and 63% households in urban and rural areas respectively avail healthcare from private facilities.[2] Private establishments constitute 58% of the hospitals, 30% of beds in hospitals and employ 81% of doctors. There are over 10 lakh private health establishments with around 2500 apex super specialty hospitals.[3]

An equally wide range is seen among doctors and healthcare providers. At the rural level, paramedics, trained midwifery dais and local vaids provide treatment in sub centers and primary health centers (PHCs), while mainly general practitioners manage community health centers, and basic care private neighborhood health clinics.[4] In hospitals whether private (includ-

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ing nursing homes and polyclinics) or public, it is the specialists and super specialists who are concentrated. Among the general practitioners or general physicians (GPs), again the range is extremely wide. GPs are doctors from the allopathic system of medicine who have 'not specialized' after MBBS, but they may also include doctors from alternate systems of medicine like homeopathy, ayurveda and other indigenous disciplines.

There are more than 12 lakh doctors registered as allopathic practitioners in India, with around 9 lakhs in active service.[5] Around 5.5-6 lakhs of these are general physicians, but this number may actually be far lower, as many go on to do their specialization and do not update the same in registration records. It has been seen that almost 80% medical graduates opt to go for specialization.[6] There are further around 6 lakh GPs from alternate systems of medicine serving in various clinics and medical facilities.[5] In this whole range of multidimensional healthcare, it is indeed intriguing that there is no defined place or concept of the family physician, who can serve to be the backbone and foundation of healthcare in a country like India with a range of socio-cultural, economic and geographical factors, and a rooted 'family' system of living.[6]

Understanding the Family Physician

The family physician is often someone established more out of choice and experience, rather than out of academic training. It is important to understand how a family physician may differ from a general practitioner who mainly treats adults and primarily manages the illness at hand.

The family physician (FP) is often considered a GP by many; however, their role is larger and encompasses a healthcare journey from preventive care and wellness to treatment of illnesses across age-groups. The role of a family physician is multidimensional, and the approach is holistic and person-centric.[7] The domain of the FP stretches across the following:

- Physical health and Primary care
- Mental health, Wellness, Stress management and counseling
- Socio-cultural, economic and occupational factor-sawareness
- Personal and Family lifestyle, Physical activities and diet
- Family history of ailments and medical conditions

An FP is the first point of contact for any health-related query, clarification, and management of illness.

The distinguishing hallmarks of an FP include:

- Managing all age groups
- Person centric and holistic approach
- Comfort and familiarity for individuals and the family
- Proximity and Accessibility
- Imparting health awareness, validated information and guidance
- Effective monitoring and long-term follow-up
- Appropriate and timely referral to specialty care

The COVID pandemic of 2020-2022 taught us important lessons of how strengthening the foundation of healthcare with FPs can be the game changer.[8] FPs can manage >90% patients in homecare and serve as the first and most effective way of disease management in the community. Their holistic approach plays a crucial role in improving patient outcomes that are often worsened by fear, anxiety, stress, misinformation, and blanket prescriptions or over-medication. FPs can significantly reduce the overload on the tertiary healthcare systems that can focus on more serious patients actually needing advanced care. FPs also thereby play a noteworthy role in health economics. FPs can also be the vital link when patients are referred to specialty care, adding tremendous value to the disease management by the specialty team, and also facilitate appropriate long-term care, monitoring and follow-up.

Positive Steps

Globally, the WHO SEARO (World Health Organization Regional Office for South East Asia) Regional Scientific Working Group Meeting on Core Curriculum of Family Medicine held in Colombo, Sri Lanka July 2003 devised the core curriculum of family medicine for the undergraduate and postgraduate level.[9] It recognised Family Medicine (FM) as a separate medical specialty and recommended incorporation of this core curriculum into the existing basic medical curriculum. It also recommended establishing departments of family medicine with trained teachers, and having appropriate structures in the health care system for FPs. In 2011, the WHO SEARO called a consultation on 'Strengthening the Role of Family/Community Physicians in Primary Healthcare' in Jakarta, Indonesia. The consultation came out with recommendations to strengthen health policies defining roles of FPs, and opportunities for their education, placement and retention. It further emphasized family medicine inclusion in medical curriculum with FM

training courses and research support for existing GPs.

India has taken several crucial steps towards establishing family medicine.[10] The National Health Policy (NHP) 2002 recommended means for ensuring adequate availability of personnel with 'public health' and 'family medicine' disciplines, in India. With the establishment of the Academy of Family Physicians of India (AFPI) in 2010, on its recommendation, the Ministry of Health and Family Welfare (MOHFW) recommended initiating of MD-Family Medicine at government medical colleges, and employment of DNB-Family Medicine qualified doctors within National Rural Health Mission (NRHM). It also requested state governments to start postgraduate courses in family medicine and offered financial assistance for infrastructure and faculty in government medical colleges. The NHP 2017 stressed the need to popularize the MD-Family Medicine to attract and retain medical doctors in rural areas, and create more skill upgradation training and education programmes in private and public sector. Finally, the National Medical Commission Act 2019 passed in the Indian Parliament has mandated both undergraduate and postgraduate boards to facilitate family medicine courses in MBBS and MD level.

Currently, DNB Family Medicine, awarded by National Board of Examination (NBE) is a Medical Council of India (MCI) recognized qualification since 1983. Family Medicine is a recognised postgraduate medical speciality and qualification by the MCI (MCI PG Regulations 2000). MD-Family Medicine is now available in many medical colleges of India.[11]

Addressing Need Gaps

In spite of the positive steps taken by the Government, there are still challenges and lacunae to be addressed. The road ahead involves action at two levels: To increase the number of FPs, and to build a structured health system in India with FPs at its foundation.

Firstly, to increase the number of family physicians, there need to be courses and training in place for existing GPs. This is a challenging task as most GPs are settled and established in their busy practice. Therefore, there is a great requirement and use for courses that can be virtual and digital for knowledge and concepts, with practical case studies and practice experience at local clinics. The Indian Medical Association (IMA) has started courses and fellowships in Family Medicine (FM).

Family medicine is still not taught as a subject tounder-graduate medical students in most medical colleges, so they have very little exposure or orientation towards family medical practice.[12] This is also because of specialty departmental structuring in medical education and teaching hospitals, while FM requires a multidimensional approach with inputs from many departments like Medicine, Paediatrics, Public Health, Psychology and Nutrition. Departments of Family Medicine or general practise do not exist at medical colleges in India as it is not a mandatory requirement to start an MBBS course or medical college in India. Therefore, few medical graduates are able to make a decision towards taking up family medicine as a postgraduate specialty.

There are other important factors that medical graduates consider while deciding their medical line. It is unfortunate that as of now family medicine is not seen either as a financially lucrative option, nor is it considered to have career opportunities and exposure, as much as the specialties.[13] Government teaching hospitals, large academic centres of excellence, and reputed private and corporate hospitals mostly do not employ GPs or FPs. Opportunities in policy making, positions in important forums, and even attention by media for talks and interviews are given only to specialists. Therefore, there has to be a change in mindset, and FPs should be made a part of medical education and policy making in India. They should also be given employment opportunities, exposure in various health forums, and participation in research, so as to encourage more medical graduates to take up this line.

There are a large number of doctors from alternate systems of medicine as GPs and FPs in India.[14] These doctors should be integrated and formalized in the system of FPs through knowledge upgradation and training courses. This can also help attain an equitable distribution of FPs across different cities, towns and interior/rural India. This pool of doctors is well versed with local sociocultural aspects, diet and psychology and so can serve effectively as FPs. There are now also a number of corporate clinics in cities springing up as family clinics. These can also be brought into the family practice domain with appropriately qualified and trained FPs, and can also be integrated into data analysis systems due to their high level of digitization. Digital Health can play a crucial role in enhancing the functioning of GPs and FPs, in patient care, outcomes and referral, and in harnessing the wealth of real-world data that needs to be effectively collected/captured and analysed, and the valuable insights used to shape treatment guidelines and health policies.

India needs a structured healthcare referral system with family physicians at its base. As of now any individual can directly go to specialists and superspecialists, without being assessed by their FP first. There have been cases where patients have had to go from specialist to specialist before the right diagnosis or treatment approach was made. For example, patients with headaches have consulted a neurologist, ophthalmologist, and a psychiatrist before a family physician could treat them with lifestyle changes, reassurance and stress management. There have been cases of high blood pressure or lipids who are on multiple drugs, without an assessment and trial of holistic measures by an FP. Therefore, establishing a new healthcare system with a streamlined referral and pyramid system from FPs to specialists is required. That can help in bringing about the much-neededshift in community mindset that encourages family medical practice and holistic health.[15]

Conclusion

The concept of family practice, family medicine and family physicians, is still at a formative stage in India. Though a number of positive steps towards the same have been taken, changes have to be brought about in both the mindset of the medical and academic community, administrators and the public. India's sociocultural, economic and lifestyle diversity, as well as healthcare infrastructure and access, necessitates a large number of FPs at its healthcare base. The pandemic has further brought out and emphasized the importance of FPs in improving patient outcomes, holistic care, health economics, and infrastructure overload. Therefore, this is the ripe time for establishing a structured healthcare system with the family physicians as its firm foundation.

References

1. Chokshi M, Patil B, Khanna R, *et al*. Health systems in India. *J Perinatol. 2016*;36(s3):S9-S12. doi:10.1038/jp.2016.184. Available from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5144115/

2. International Institute for Population Sciences and Macro International (September 2007). *National Family Health Survey* (NFHS-3), *2005-06*. Ministry of Health and Family Welfare, Government of India. September 2007; Pp 436-440. Available from:https://dhsprogram.com/pubs/pdf/FRIND3/FRIND3-Vol1AndVol2.pdf

3. Thayyil J, Jeeja MC. Issues of creating a new cadre of doctors for rural India. *International Journal of Medicine and Public Health. 2013*;3(1):8. Available from:https://ijmedph.org/article/50

4. Balarajan Y, Selvaraj S, Subramanian SV. Health care and equity in India. *Lancet. 2011*;377(9764):505-515. doi:10.1016/S0140-6736(10)61894-6

5. Government of India, Ministry of Health and Family Welfare, Department of Health and Family Welfare: Availability of Doctors per capita in India. September 15, 2020. Available from: https://medicaldialogues.in/pdf_upload/pdf_upload-134559.pdf

6. *The Print* [internet]. Pain N. Bring back the family doctor. India has too many specialists. Oct 20, 2020. [cited Feb 26, 2022]. Available from:https://theprint.in/opinion/bring-back-the-family-doctor-india-has-too-many-specialists/527083/

7. Kumar R. Frequently asked questions about family medicine in India. *J Family Med Prim Care. 2016*;5(1):3-6. doi:10.4103/2249-4863.184615. Available from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943145/

8. Lee JQ, Loke W, Ng QX. The Role of Family Physicians in a Pandemic: A Blueprint. *Healthcare (Basel). 2020* Jul 5;8(3):198. Available from:https://pubmed.ncbi.nlm.nih.gov/32635633/

9. Family medicine: Report of a Regional Scientific Working Group Meeting on Core Curriculum Colombo, Sri Lanka, 9-13 July 2003. [Accessed on Feb 27, 2022]. Available from: https://apps.who.int/iris/handle/10665/205063 .

10. Kumar R. Advocacy to act - Family medicine in health policy: A decade-long journey of the academy of family physicians of India. *J Family Med Prim Care. 2020*;9(4):1805-1810. Available fromhttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC7346948/

11. Medical Council of India Postgraduate Medical Education Regulations. 2000. [Accessed on Feb 25, 2022]. Available from: http://www.mciindia.org/Rules-and-Regulation/Postgraduate-Medical-Education-Regulations-2000.pdf .

12. Ashraf I, Chan WWT, Prasad R, Kubendra M, Hemavathy D, Prasad S. Family medicine: Perception and attitudes among Indian medical students. *J Family Med Prim Care. 2018*;7(1):205-209. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958569/

13. Dogra V. Family medicine practice in primary healthcare service delivery in India: Barrier and Challenges. *J Fam Med. 2016*;3(7):1077. ISSN:2380-0658. Available from:https://austinpublishinggroup.com/family-medicine/fulltext/jfm-v3-id1077.php

14. Bijayraj R. Family Medicine at corporate clinics in India: Current Scenario. *J Family Med Prim Care. 2013*;2(4):323-325. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4649882/#:~:text=There%20are%201.7%20million%20practitioners,rest%20are%20unqualified%20or%20quacks.

15. Pandit N. Concept of family physician is required to relaunch in post Covid-19 era for urban India. *J Family Med Prim Care. 2021*;10(10):3939-3940. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8653476/

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