

# HISTORICAL REVIEW AND EVOLUTION OF FAMILY MEDICINE AS A SPECIALTY

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## INTRODUCTION

Quality healthcare system depends upon the efficiency of primary health care (PHC) system. The family medicine approach to primary care is cost-efficient and salutary to patients.<sup>1</sup>

Family medicine is one of the primary medical care specialties. Like internal medicine, it is a specialty of first contact with patients; it acts as an ingress point for patients into the health care system. Its practice is a specialty with expertise in treating common health related problems and devoted to comprehensive health care of people of all ages.<sup>2</sup> According to the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, short named as World Organization of Family Medicine (WONCA), Family medicine provides perpetuating and comprehensive care from bio psychosocial perspective. The scope is not constrained by age, sex, organ, and system or disease entity.<sup>3</sup> Considered to be the oldest medical specialty, family medicine is devoted to providing comprehensive medical care to patients of all ages.

Family physicians personally offer care for the common conditions faced in the ambulatory setting and select appropriate consultants incorporating all essential health care services. Family physicians, in some cases, are active in

hospital practice and, if not, postulate responsibility for their patients' pre and post hospital care.<sup>4</sup> Family Medicine practice is based on contextual management of patient with respect to family and community with emphasis on disease obviation and health promotion.

Although Family Medicine has been recognized as a specialty by the College of Physicians and Surgeons, Pakistan, since 1990,<sup>5</sup> it has only recently (2014) been included as a core subject in the undergraduate medical school curriculum by the Pakistan Medical and Dental Council (Notification No. 30-Misc/Council-2014/267904, dated 27<sup>th</sup> Nov. 2014). Currently medical graduates in Pakistan have little concept of the holistic care approach of Family Medicine. Concerns have been shown by various quarters about the state of medical education in the country leading to inadequate training of doctors who are unable to exhibit basic skills and proficiencies.<sup>6</sup>

## HISTORY

### In United States of America

In the 1900s, many graduates from different medical schools in America opted for general practice as a career where they practiced child and maternal care as well as surgery.<sup>7</sup>

General practitioner served for rendering all of medical care for the last 100 years. They diagnosed and treated illnesses, conducted surgery as well as delivered babies. After World War II, the age of medical specialization started to be established. During the ensuing two decades, the number of specialists and subspecialists rose while the number of generalists diminished. As medical perception of diseases grew and technological boosts

strengthened investigation and interpretation of disease, majority of physician preferred to confine their practice to a particular defined part of medicine. The public expression grew aggressive regarding fragmentation of their care and the inadequacy of personal physicians who could administer initial, continuing and comprehensive care.

Meanwhile, due to medical advances being made, general practitioner training that is period of four years of medical school and a one-year internship was not commensurate preparation for the span of medical knowledge necessary for the profession. In 1969, Family Medicine (later known as Family Practice) was distinguished as a distinct specialty in the USA and American Board of Family Medicine was introduced. The 1970s was a prospering era for Family Practice. During that period, about 300 residency programs were available in the USA with upwards of 100 medical schools and 7,500 residents that had a Family Practice division. In the early 1980s, the third largest residency belonged to Family Practice.

### **IN UNITED KINGDOM**

Settings in the United Kingdom were operational similar to those in United States. The period of specialty and subspecialty after the war had almost impelled the general practice to extinction. Practitioners working independently and in isolation in rural areas practiced obsolete medicine and conferred a very poor image indeed. Around 15 years ago a handful of committed general practitioners convoked to form the Royal College of General Practice. Only lately, however, the suggestion has been accepted generally within the profession and beyond. Although certification is not mandatory, now no one can enter general practice without vocational training.

Recent advances have resulted in formation of the Joint Committee on Postgraduate Training for General Practice with its responsibility

towards the vocational training as some mandates.<sup>1</sup> At present, the number of doctors in general practice is more than in any other branch of medicine.<sup>7</sup>

This innovation in demand is due to professional contemplation. The appeal of general practice lies in the numerous medical experiences it offers, its familiarization towards persons rather than to diseases and its relative freedom from large impersonal institutions.

The acceptance of general practice as separate medical discipline has greatly improved the status of the specialty and now the general practitioner is only recognized to be competent after appropriate training.

### **IN PAKISTAN**

In Pakistan traditional medicine has been prerogative of Pirs, Vaidis, Hakeems and Faith Healers.<sup>5</sup> Homeopaths also offer a scope of alternate medicine. Some of the families had their own doctors, but we never enrolled into an era of family doctors. Graduates of medical schools may aggrandize specialization and sub-specialization but majority of graduates of medical colleges of Pakistan enter general practice. Some of the doctors get into this field by their own choice, some due to financial stress and others because all else has failed.

They do all this without any practice outside the walls of a hospital.<sup>1</sup> In 1969, The Executive committee of the PMA Karachi division established a College of General Practice on all-Pakistan basis. On 15th February 1972 the college was formed officially by a small enthusiastic group of family physicians of Karachi. During the same year in the 5th World Conference of General Practitioners at Melbourne Australia, this college was accepted by WONCA (World Organization of National Colleges / Academics of General Practitioners Family Physicians) as member.<sup>1</sup>

In 1986, The Aga Khan University Medical College in Karachi was the first ever institute to integrate the undergraduate family medicine program within its educational program. The College of Physicians and Surgeons of Pakistan held the first diploma in family medicine examination in 1990.

This was the beginning of the acknowledgment of family medicine in Pakistan as an existence and a separate discipline.

In 1990, department of Community Health Sciences adopt its first batch of family medicine resident. In 1992, the College of Physicians and Surgeons of Pakistan affirmed a fellowship in family medicine, acquiring it not only as a discipline but as a specialty in its own right. It evident that family medicine is a blooming but steadily spreading discipline.

In 1993 FCPS program in family medicine was initiated and at that time 69 FCPS trained Family Physicians were produced. After 20 years from the time when the program was started, only 3 medical institutes have a recognized Family Medicine residency programs. There is undergraduate curriculum in Family Medicine in 6 medical colleges only. There is a parallel program for MCPS in Family Medicine with only 608 MCPS trained doctors to-date. <sup>1</sup>

## DISCUSSION

A single doctor was supposed to look after all the various categories of disease before the arrival of specialization and super specialization. With time, medical knowledge deliberately increased and it became difficult for an independent doctor to be proficient in all the fields of medicine and thus numerous specialties came into being; the very first division was of surgeons and physicians as two broad cadres. Later on with more advancement many of other specialties and subspecialties were added to the list. The great benefit of this approach was that a specialist who dealt with a single specialty had to polish his abilities in a single specialty rather than making effort to master all fields.

Patients encouraged this advancement as they could have competent consultants dealing with their illnesses and doctors became happy as they had to emphasize on their own specific fields. With this drift the Specialists and specializations became popular and monetary benefits started soaring around specialist cadre. Family medicine rotation as part of undergraduate medical curriculum may help in nurturing an importance among medical students in this newly emerging subspecialty which could have a profound effect on provision of high quality health care in this country.

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