

## The General Practitioner in Europe

A Statement by the working party appointed by the second European Conference on the Teaching of General Practice

(Leuvenhorst Netherlands 1974)

### *Introduction*

Dramatic changes have taken place in medical diagnosis and treatment in recent years; the growth of medical knowledge, and of knowledge in other fields relevant to medicine, has contributed to increasing specialisation. The point has long been passed at which one person could have more than a general knowledge of all areas of medicine. ~ Any doctor's approach to the individual's problem has to be highly organised and systematic if he is to make effective and economical use of elaborate diagnostic and therapeutic services; at the same time he will have to continue to make a distinctive human contribution to the process by approaching the problem with imagination as well as by achieving a close personal relationship with the patient and eliciting information that no mechanical or organisational aid can provide.

As progress in science and technology continues, attitudes towards doctors, as towards members of other professions, are likely to move still further in the direction of regarding them as experts to be called in to prevent, investigate and remedy specific functional defects rather than as members of an elite who are accorded a special status by virtue of their general background and qualifications. The very fact that the doctor is concerned with the most personal aspects of human health, ~ and indeed with the fundamental matters of life and death, will ensure that his profession will continue to be held in high regard; but the esteem in which the doctor is held by the community in general will be determined much more by his demonstrated competence and attitude than by the mystique of his calling.

A separate but related development is the increasing need for the doctor to work in close cooperation, in prevention, diagnosis and therapy, with people who are not medically qualified. These include not only the scientists whose contribution to clinical assessment is becoming increasingly important, but also the many other professional people who have skills and services to offer the patient, and above all the patient himself a patient better informed and more interested in science and medicine than doctors have often encountered hitherto. The doctor's chief contribution will be his knowledge of the clinical situation, his ability to exercise a decisive influence on the patient's illness, and his capacity to guide and co-ordinate the work of others whose cooperation is essential. This applies to general practitioners as to other doctors in narrower fields of practice.

The general practitioner's specific role is to care for any human being as a whole person in his own environment; his concern goes beyond the requirements of a particular ((incident)~ of illness. He interprets the patient's needs and demands in biological and pathological as well as in social and psychological terms. He provides continuity of care, irrespective of the numbers of incidents or types of illness that the patient may encounter.

He differs from those in other fields of practice in that he does not restrict his work to any particular part or system of the human body, or to any particular form of prevention, diagnosis or treatment, or to a group of patients specified by age, sex or disease

The description of the work of a general practitioner which follows is intended as a basis for the establishment of education and training for' new entrants to the specialty.

### ***A description of the work of the general practitioner***

The general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families and a practice population, irrespective of age, sex and illness. It is the synthesis of these functions which is unique. He will attend his patients in his consulting room and in their homes and sometimes in a clinic or a hospital. His aim is to make early diagnoses. He will include and integrate physical, psychological and social factors in his considerations about health and illness. This will be expressed in the care of his patients. He will make an initial decision about every problem which is presented to him as a doctor. He will undertake the continuing management of his patients with chronic, recurrent or terminal illnesses. Prolonged contact means that he can use repeated opportunities to gather information at a pace appropriate to each patient and build up a relationship of trust which he can use professionally. He will practice in co-operation with other colleagues, medical and non-medical. He will know how and when to intervene through treatment, prevention and education to promote the health of his patients and their families. He will recognise that he also has a professional responsibility to the community.

### ***Educational aims***

From this broad description of the general practitioner are derived the following educational aims which should be attained by the time a doctor enters independent practice. Many of them are shared with other doctors.

They are arranged in three groups; those mainly involving:

1. knowledge
2. skills
3. attitudes

All three groups are equally important.

At the conclusion of the training program, the doctor should be able to demonstrate:

#### **1. Knowledge**

- a. that he has sufficient knowledge of disease processes, particularly of common diseases, chronic diseases and those which endanger life or have serious complications or consequences.
- b. that he understands the opportunities, methods and limitations of prevention, early diagnosis and management in the setting of general practice.
- c. his understanding of the way in which interpersonal relationships within the family can cause health problems or alter their presentation, course and management, just as illness can influence family relationships.
- d. an understanding of the social and environmental circumstances of his patients and how they may affect a relationship between health and illness.
- e. his knowledge and appropriate use of the wide range of interventions available to him.
- f. that he understands the ethics of his profession and their importance for the patient
- g. that he understands the basic methods of research as applied to general practice.
- h. an understanding of medico-social legislation and of the impact of this on his patient.

#### **2. Skills**

- a. how to form diagnoses which take account of physical, psychological and social factors.
- b. that he understands the use of epidemiology and probability in his every day-work.
- c. understanding and use of the factor "time" as a diagnostic, therapeutic and organisational tool.
- d. that he can identify persons at risk and take appropriate action.
- e. that he can make relevant initial decisions about every problem presented to him as a doctor.
- f. the capacity to co-operate with medical and non-medical professionals.
- g. knowledge and appropriate use of the skills of practice management.

### **3. Attitudes**

- a. a capacity for empathy and for forming a specific and effective relationship with patients and for developing a degree of self-understanding.
- b. how his recognition of the patient as a unique individual modifies the ways in which he elicits information and makes hypotheses about the nature of his problems and their management.
- c. that he understands that helping patients to solve their own problems is a fundamental therapeutic activity.
- d. that he recognises that he can make a professional contribution to the wider community.
- e. that he is willing and able critically to evaluate his own work.
- f. that he recognises his own need for continuing education and critical reading of medical information.

### **Members of the working party**

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### **APPENDIX 1**

**The term used in each country represented in the working party, equivalent to the English term "general practitioner".**

Belgium: Medecin de Famille Huisarts  
Denmark: Alment Praktiserende Laege  
France: Medecin Generaliste  
G. Fed. Rep.: Arzt für Allgemeinmedizin  
G. Dem. Rep.: Facharzt für Allgemeinmedizin  
Hungary: Általános Orvos.  
Netherlands: Huisarts  
Norway: Almenpraktiker  
Yugoslavia: Liječnik Opće Medicine

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