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Topic: Primary health care and global health

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According to Jan De Maeseneer and Marc Twagirumukiza,¹ when primary health care integrates public health approaches, for example through community oriented primary care, it may contribute to achievement of the Millennium Development Goals.

The discipline of family medicine plays an important role in the choice between the horizontal (personal- and community-oriented care) versus vertical (disease-oriented) approach in health care, and this is increasingly important in developing countries.

The 'Declaration of Alma-Ata' defined health as a 'complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity' and stated that the access to basic health services was a fundamental human right. The model adopted to provide healthcare services was 'primary health care'. This means universal, community-based preventive and curative services, with a great community involvement.

Two really important documents have tried to make these ideals a practical reality for patients. The WONCA Europe Definition has set out the range of skills required to practise the kind of primary health care envisaged in the Alma Ata declaration. The EURACT Educational Agenda seeks to equip future generations of doctors in the same way.²

A shift was made, which is characteristic for family medicine, from patient to person, from treatment to care giving. Treatment thus becomes more of a social process; attention is given to circumstances, such as diseases affecting children, older people, and women. Of course, these tasks are determined to a considerable extent by the healthcare system in which family doctors work and by the changing needs and demands of the patients. Family practice has always proved to be very good at adapting and responding to changing needs and demands of patients, more so than hospital doctors.

If we want to promote health and well-being by applying health promotion and disease prevention strategies appropriately, we could use a comprehensive approach that is often in contrast with the specialist approach in treating each problem separately.

In this way, EURACT is promoting high levels for teaching and learning health promotion, looking for mandatory specific training, and undergraduate curriculum, and early exposure to clinical experiences within the primary care setting and clear selection for teachers and practices.

We must now organise, worldwide, an approach to global health implementing a social model truly consistent with human nature and its needs. Putting forward such a model entails a significant educational-training dimension, which ought to foster the interaction between healthcare providers and patients and between the different professionals involved in the treatment and care who intend to work for the good of the single person and the community.

Also here EURACT takes strong consideration of the community orientation. This is because family doctors have a responsibility for the community in which they work and must understand the potentials and limitations of the community.

To be able to do so, they need to learn in the basic curriculum and in the vocational training the interrelationships between health and social care, the impact of poverty, ethnicity, inequalities, the structure of the health care systems in which they live, and in which they work.³

References

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3. EURACT Educational Agenda <http://www.euract.org/> (accessed 18 Jan 2011).