

Academic Family Medicine – the jewel in the crown or the useless aristocrat?

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INTRODUCTION

The importance of general practice and primary care was first accepted 30 years ago with the Alma Ata declaration, in which policymakers agreed that there is enough evidence to promote it as a key element of a good health care system. This declaration also coincides with the renaissance of family medicine as a scientific and academic discipline.

Over the years, evidence of importance of family medicine has accumulated and there is more than enough evidence from research that shows that the strength of a country's primary care system is associated with improved population health outcomes, that health systems with a strong primary care orientation tend to be more equitable and accessible and that using primary care physicians reduces costs and increases patient satisfaction with no adverse effects on patient outcomes. In the beginning of the 21st century, family medicine was well established in all health care systems in Europe. In most countries in the former Soviet bloc it has been accepted as the basis for their new health care systems.

THE ACADEMIC DEVELOPMENT OF FAMILY MEDICINE

From the very beginning, family medi-

cine has tried hard to establish itself as an academic discipline. Very few would argue that this task was not important. Family medicine societies throughout Europe have invested a lot of resources in achieving this goal.

With the renaissance of family medicine, there was a need to describe the discipline in its complexity. This exercise was important in order to define the discipline of family medicine. The development of theoretical models was a great intellectual challenge and has helped in creating research agendas and curricula for family medicine worldwide. The work of experts in theory of general practice has successfully demonstrated the difference of family practice from the other disciplines not also in terms of clinical work, but also in problem solving and cooperation with the community.

By joining the other disciplines in the academic club, family medicine was also formally recognised as an equal discipline with others. To be considered as an academic discipline is still a sign of recognition and prestige. Family medicine has the opportunity to develop its own ideas through research and by teaching practicing and future physicians.

Overall, the successes of the academic development of family medicine in Europe have been remarkable. Family medicine has been successful in creating its theoretical background and in promoting itself as an academic disci-

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pline. Throughout Europe, academic departments of family medicine have been established and it is now customary that every student at medical school is taught about family medicine as part of the obligatory curriculum. Specific training for family medicine is being recognised as a standard for modern patient care and accepted as a rule in EU and an aspiration in most of the countries that want to join it.

The role of international organisations is to try to support this process through exchange of experience, by networking with other organisations and to serve as advocates of the discipline on the international level. The usual strategies include organising annual conferences, producing statements and lobbying for policy changes at international level, especially through WHO and EU.

But there is often a feeling that nothing much has changed for the family practitioners outside the ivory towers. More than thirty years after the Leeuwenhorst definition has been published, they still complain that their discipline is not properly recognised. Discussions with representatives of family medicine throughout the world are full of complaints about how decision makers do not recognise the importance of family medicine and do not translate policy into practice. Family physicians complain that they are not supported and understood. A lot of these complaints are true: the European regulations regarding family medicine still consider that it is appropriate to be trained for only two years to be a competent family physician in the EU, while the prerequisite for other specialities is four years. It is probably safe to conclude that family medicine has in most countries still not received the recognition that it deserves according to the declarations and research available.

Was investment in academic medicine a wasted effort?

There are limitations to what family medicine academics can achieve. Although its overall aim is to improve society by education and research activities, this is rarely the case. Society has changed over the last 30 years and there has been an increasing role for the patient as a determining factor in health care and its provision. The opinion of the clinician and academic bodies is no longer regarded as sacrosanct and a new dialogue is emerging between health care consumers and providers where academics are often excluded.

One of the reasons why this has happened is that the public has often criticized the detachment of academic medicine from reality. The academics are regularly accused of following their own agendas that have nothing to do with the real problems. By joining the group of renowned disciplines, represented in universities throughout Europe, family medicine is also in a danger of becoming vulnerable to these criticisms. If family medicine academics do not maintain close links with their practising colleagues, this may become a real threat.

Fortunately, this is rarely the case. Family medicine has been innovative in developing good collaboration between practice and theory. Teaching practices and research networks are the natural environments for research and education in family medicine as much as the laboratories and hospital departments are the environment for basic and clinical sciences. Because of that the departments of family medicine are often a model how collaboration between theory and practice should be achieved.

On the other hand, the benefit of this partnership is seen in the fact that countries which have achieved high standards in academic family medicine are characterized by an equally high standards and esteem of the family medicine profession. In these countries professional organizations have understood that the benefit of academic bo-

dies is often hard to measure directly, but is seen in respect by policymakers and the public.

In order to maintain this link, a close cooperation between professional and academic organizations is necessary. This is not always easy, but is of vital importance if we want to maintain and improve our position.

CONCLUSION

Europe has experienced a lot of changes in the last 30 years. We have proved to the public that family medicine has an important impact on health of populations. This important fact, which is supported by ample research evidence, means that we must take a proactive and not a defensive role.

Family doctors are now increasingly

being involved in the academic environment and are influencing the development of their health care systems through their professional organizations. As individuals they have been able to change in order to meet these new challenges.

Family medicine is able to take over the responsibilities of a well-established discipline, which is characterized by partnership between the academy and practice. Theory has been useful in explaining why family medicine is unique, but future research should take into account the relevance of development projects in practice. New steps need to be taken, the steps that would prove our value to the public. They can be made only in partnership between the professional organizations and academic bodies.



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