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New vision for primary health care and sustainable development

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INTRODUCTION

Understanding family medicine's numerous challenges in the post-COVID era is essential, especially the growing shortage of family doctors and healthcare staff across Europe and the globe. This aligns with the theme of the 2025 biennial conference of the World Organization of Family Doctors in Lisbon. The pandemic underscored the importance of robust family medicine and high-quality primary care access within the community to alleviate hospital overload and respond swiftly to surging patient numbers. Family medicine also played a crucial role in the mass vaccination campaigns. However, this success came with challenges, such as increased workload, burnout, and, in some cases, severe illness or even death from COVID-19 due to inadequate personal protection in the early days before vaccines were available. Additionally, family medicine transformed with the rapid adoption of telemedicine in both synchronous (phone or video) and asynchronous (various forms of messaging) formats.

As the pandemic subsides and normalcy returns, a significant resource shortage has emerged, renewing debates in many countries about funding priorities – whether to reinforce hospitals or community-based family medicine. Amidst the scarcity of healthcare workers, including doctors, nurses, and allied health professionals, workload and burnout are rising, and the profession is becoming less attractive to younger generations.[1]

Evaluating the Sustainable Development Goals (SDGs) and family medicine's role post-COVID reveals crucial intersections. For instance, the goal of good health and well-being (SDG 3) is obvious. Still, there are other relevant goals, such as reducing poverty (SDG 1), achieving gender equality (SDG 5), and fostering sustainable communities (SDG 11).[2] We must advocate for a comprehensive vision integrating health equity, accessibility, and environmental sustainability within primary health care (PHC).

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THE VISION FOR PRIMARY HEALTH CARE

Strengthening family medicine and community-based healthcare is vital to addressing preventive and curative needs. Barbara Starfield's monumental work established the link between a strong family medicine system, appropriate health budget utilization, and improved health outcomes.[3] However, decades have passed since her data collection and analysis, and the healthcare system has changed dramatically. Life expectancy has risen, patients present with more complex health needs, including polypharmacy and multimorbidity, and mental health has become increasingly integrated into primary care. Advances in technology and changing patient expectations also require us to reassess these findings, reinforcing the importance and leadership of family medicine.

In the 21st century, family medicine must evolve beyond classical models. Today's younger family doctors may not work with the same patients and families in the same clinic for 30-40 years. They are seeking a better work-life balance. Teamwork, delegation, and authority transfer to a multidisciplinary team led by a family physician should become the norm. This approach can address the professional workforce shortage, support aging populations, and reduce burnout. Patients will come to "one-stop" care centers, receiving integrated services within a primary care setting. Sole reliance on hospitals will likely be too expensive even for wealthy economies to provide equitable, comprehensive care, particularly in rural and peripheral areas.

Digital transformation catalyzes change, and Telemedicine's rapid adoption is only one example.[4] A centralized, integrated electronic health record (EHR) containing a patient's complete medical history over time enables better and more efficient care. It aligns care with patient-centered and personalized approaches.

Comprehensive data storage and advanced tools like data analytics, artificial intelligence (AI), and machine learning allow for personalized care and predictive health management at the primary care level.

SUSTAINABLE DEVELOPMENT IN PRIMARY CARE

Equity is the cornerstone of a sustainable PHC model. It ensures that care is accessible regardless of socioeconomic status or location. Family medicine is the first point of equitable contact for everyone. However, it should go beyond equal care access – through, for example, universal health insurance legislation – to serve as a tool to reduce inequalities. This could involve allocating more resources to underprivileged populations and enhancing accessibility (in all aspects) to medical care in rural, peripheral, and socioeconomically disadvantaged neighborhoods. It is essential to avoid shortcuts or compromise workforce quality in these areas. Instead, we must attract the best doctors to these clinics through financial incentives or career-building programs that combine long-term work with research, teaching, and professional specialization.

Resources and attention should shift toward preventive healthcare, focusing on effective, evidence-based interventions. Preventing illness and delaying complications of chronic diseases will ultimately lead to better health outcomes for the population.[5] Efforts should emphasize increasing immunization rates, which declined due to COVID-19 and subsequent vaccine hesitancy. Health literacy also warrants development, mainly as patients take more responsibility for managing their chronic conditions.

POLICY AND COLLABORATION FOR SUSTAINABLE PRIMARY HEALTH CARE

Achieving this requires influencing politicians and policymakers at regional, national, and global levels as competition for financial resources and the healthcare workforce intensifies. Effective policy can ensure that PHC receives sufficient resources and infrastructure. Compensation models for family doctors should incentivize preventive healthcare, foster team building, and support the thoughtful delegation of responsibilities among team members. We should target and advocate for funding models that reward preventive care and population health outcomes rather than volume-based care, which is essential.

Collaboration should extend beyond healthcare to include other community actors. Loneliness is a significant health risk. Addressing loneliness requires resources outside the health system, such as municipal-level, social, and community services provided by other government authorities. Collaboration and integration can improve resource allocation and reduce inequality.

Sharing knowledge and experience between countries and organizations is also crucial, with WONCA (the World Organization of Family Doctors) playing a key role in reflecting its goals and vision. At WONCA, we aim to improve people's quality of life and foster and maintain high standards of care in family medicine. We promote personal, comprehensive, and continuing care for individuals within the family and community context.

CONCLUSION

We should call to action healthcare leaders, policymakers, and community stakeholders to embrace this new vision of PHC, prioritizing health equity, environmental responsibility, and sustainable funding models.

My vision for the future is that PHC systems across Europe will provide equitable access to high-quality, preventive, community-centered care supported by resilient digital infrastructure and an empowered workforce. This vision aligns PHC with global sustainability goals, fostering healthier communities and a stronger society overall.

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