Healthcare is primary

ABSTRACT

India is undergoing a rapid transformation in terms of governance, administrative reforms, newer policy development, and social movements. India is also considered one of the most vibrant economies in the world. The current discourse in public space is dominated by issues such as economic development, security, corruption free governance, gender equity, and women safety. Healthcare though remains a pressing need of population; seems to have taken a backseat. In the era of decreasing subsidies and cautious investment in social sectors, the 2nd National Conference on Family Medicine and Primary Care 2015 (FMPC) brought a focus on “healthcare” in India. The theme of this conference was “Healthcare is Primary.” The conference participants discussed on the theme of why healthcare should be a national priority and why strong primary care should remain at the center of healthcare delivery system. The experts recommended that India needs to strengthen the “general health system” instead of focusing on disease based vertical programs. Public health system should have capacity and skill pool to be able to deliver person centered comprehensive health services to the community. Proactive implementation of policies towards human resource in health is the need of the hour. As the draft National Health Policy 2015 is being debated, “family medicine” (academic primary care), the unfinished agenda of National Health Policy 2002, remains a priority area of implementation.

Keywords: Citizen forum, family medicine, healthcare, medical education, primary health

Bhore Committee Report and Primary Healthcare

“If it were possible to evaluate the loss, which this country annually suffers through the avoidable waste of valuable human material and the lowering of human efficiency through malnutrition and preventable morbidity, we feel that the result would be so startling that the whole country would be aroused and would not rest until a radical change had been brought about” - Bhore Committee Report 1946.[1]

Bhore Committee Report laid down the foundation of primary care-based healthcare delivery system in India long back in 1946. The committee also recommended for abolition of “Licentiate in Medical Practice” system and its replacement with single medical qualification of an MBBS degree as the requirement to become a doctor. However, primary care remains the pending agenda for implementation since India’s independence in 1947. Community based health facilities are still challenged with chronic deficiency of trained human resource.

Second National Conference of Family Medicine and Primary Care (FMPC 2015)

The recently concluded 2nd National Conference of Family Medicine and Primary Care (FMPC 2015) organized at India Habitat Centre New Delhi, witnessed enthusiastic participation of primary care providers from all over India representing various service sectors. The delegates included medical students, trainees, practitioners, experts, faculty as well as citizen. The conference brought Indian and international experts in primary care and facilitated a genuine discussion on healthcare delivery system.

FMPC is a unique forum which is open to professionals as well as citizens. Stakeholders such as healthcare professionals, educationalists, journalists, public health experts, policy makers, citizens, members of civil society, patient help groups, consumer right activists, and political leaders come together to discuss and find solutions to healthcare-related challenges. Remarkably the majority of the delegates at FMPC 2015 were in their twenties and thirties contrary to popular perception that young medical graduates and healthcare professionals are not interested in primary care vocation[2] [Figure 1].

India is undergoing a rapid transformation in terms of governance, administrative reforms, policy development and social movements and is also considered one of the most vibrant economies in the world. The current discourse in public space is dominated by issues such as economic development, corruption, and women safety. Healthcare though remains a pressing need of population seems to have taken a backseat. In the era of decreasing subsidies and cautious investment in social, the 2nd National Conference on FMPC 2015 brought a focus on healthcare in India. The theme of this conference was “Healthcare is Primary”. The sub theme “Youth for Universal Health Coverage” captured the youthful environment and dominant sentiment of the conference. The conference fostered a debate on why healthcare should be a national priority and why strong primary care should remain a focused area of healthcare delivery system.

The Cost of Ill Health: Benefits of Investment in Healthcare

India stands to lose $4.58 trillion before 2030 due to NCDs and
mental health conditions. Cardiovascular diseases, accounting for $2.17 trillion, and mental health conditions ($1.03 trillion), will lead the way in economic loss - World Economic Forum Report November 2014.

With a huge population to cater and profound morbidity in the undeserved; providing healthcare for all is indeed a challenge. However developing countries with large youth populations could see their economies soar, provided they invest heavily in young people’s education and health and protect their right.\[3\]

**Human Resource in Healthcare: Strengthening Community-based Health Services**

Acting pro actively on the skewed doctor population ration (ref World Health Organization recommended standard), India has doubled the number of medical graduates (MBBS) during past five years. The second most populated country in the world is geared to accumulate a pool of additional one million newly qualified medical graduates to the healthcare workforce by 2030. However, the biggest challenge would be to engage this large number of professionals with the community-based services.

In the backdrop of Universal Health Coverage, several policy documents and directives of Government of India have called for rapid revival of the concept of family doctor. According to government estimates, multi-skilled specialists in family medicine are best suited to be recruited at specialist posts at Community Health Centers and subdivisional hospitals where almost 75% of the posts are lying vacant in public sector. The concept of “family medicine” has received a strong emphasis in several policy discussions of Government of India including the National Health Policy 2002. The theme of family medicine has also been supported by Mehta Committee Report, Prime Minister’s National Knowledge Commission, NRHM Taskforce on Human Resource Development, MCI Vision 2015, Planning Commission’s Steering Committee on Health in 12th National Plan (2012–2017). According to a Planning Commission Paper, Indian need to produce 15,000 family doctors (family medicine specialists) per year by 2030.\[4\]

### Save Family Doctor: The Tiger of Healthcare

As the traditional old family doctors have started to disappear from society, people have often a compulsion to visit large crowded public hospitals for their basic medical needs. With health care costs rapidly spiraling up, there has been growing discomfort among people of India. In spite of the availability of the best technologies, element of trust and personalized care is missing somewhere. The doctor-patient relationship is deteriorating in the absence of traditional family doctors – the trusted primary care provider. People have started wondering if the ‘family doctor’ is now extinct in India. The tiger of healthcare needs to be saved. Union Minister of Health and Family Welfare Mr. J. P. Nadda, who inaugurated the conference, noted that “family medicine practitioners can play a primary role in preventive and promotive health care and especially in the rural and peri-urban areas where a substantial portion of the population resides” [Figure 2].\[7\]

Restructuring and innovation hold key to success in the area of primary care while we are moving toward implementation of Universal Health Coverage. Family medicine practitioner is the best person to lead the primary care teams and is capable of providing comprehensive range of clinical services at primary and secondary levels of health facilities.
Family Medicine: Academic Discipline, Medical Specialty, and Knowledge Domain of Primary Care Physicians

Family medicine is the practicing discipline of the majority of medical doctors in by default. These include family physicians, general practitioners, medical officers (MO) in public sector and family medicine specialists. One of the major barriers towards availability of trained medical doctors in primary care sector is the lack of academic process within community setting and almost no career progression (academic and professional) for primary care physicians as compared to their specialist counterparts working at the hospitals. FMPC 2015 highlighted the importance of development of primary care academics (family medicine) and implementation of national health policy 2002 in this regard.

Way Ahead: Healthcare is Primary

A relatively young population is India’s dividend, but how is the country going to benefit from it if the same population is crippled with disease, illness, and sickness and simultaneously burdened with low quality or costly healthcare. India must strive to develop a vision to reap economic benefits of a healthy citizenry. Healthcare is primary. Healthcare should be a national priority and strong primary care remains the center of healthcare delivery system.

Currently the agenda of universal health coverage is being steered by international health agencies, chambers of industry, global philanthropists and public health experts. Now it is the time that citizens and professionals both take responsibility and steer the future direction healthcare in India. One million additional young doctors shall be available by 2030 in India. Not engaging them under Universal Health Coverage (UHC) for working in community setting by providing a full career path (academic as well as professional) would be a strategic and tragic mistake. Continued investment in healthcare but in a design which strengthens the “general health system” of the country is the way forward.

Disclaimer

The opinions expressed in this article are solely of the author and should not be attributed as position of any institution/organization; he has been affiliated in the past or at present. The author is the president of the Academy of Family Physicians of India.

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References

1. Report of the Health Service and Development Committee. Government of India Press, Calcutta; 1946. Available from: http://www.nhp.gov.in/sites/default/files/pdf/Bhore_Committee_Report_VOL‑1.pdf. [Last cited on 2015 Dec 30].

2. AFPI to Hold National Conference on Family Medicine and Primary Care in Delhi on 21&22 November, Pharmabiz. Available from: http://www.pharmabiz.com/NewsDetails.aspx?aid=91827&sid=1. [Last cited on 2015 Dec 30].

3. Economics of Non Communicable Diseases in India, A report by the World Economic Forum and the Harvard School of Public Health; November. 2014. Available from: http://www3.weforum.org/docs/WEF_EconomicNonCommunicableDiseasesIndia_Report_2014.pdf. [Last cited on 2015 Dec 30].

4. Report of the Medical Education Review Committee; 1983. Available from: http://www.communityhealth.in/~commun26/wiki/images/d/da/Mehta_Committee_report_1983.PDF.pdf/. [Last cited on 2015 Dec 30].

5. National Health Policy; 2002. Available from: http://www.mohfw.nic.in/WriteReadData/I892s/18048892912105179110National%20Health%20Policy‑2002.pdf. [Last cited on 2015 Dec 30].

6. Report of the Working Group on Medical Education, National Knowledge Commission; 2007. Available from: http://www.knowledgecommissionarchive.nic.in/downloads/documents/wg_med.pdf. [Last cited on 2015 Dec 30].

7. Health Minister Urges Family Medicine Practitioners to Contribute to Preventive and Promotive Health Care Press Information Bureau Government of India Ministry of Health and Family Welfare; 22 November, 2015. Available
8. The 'family doctor' is now extinct; it's the age of the specialist who doesn't know your name
Seema Goswami Hindustan Times; 11 April, 2015. Available from: http://www.hindustantimes.com/brunch/the-family-doctor-is-now-extinct-it-s-the-age-of-the-specialist-who-doesn-t-know-your-name/story-yuGpCC65O71g5BK6sdmKaM.html. [Last cited on 2015 Dec 30].

9. Kumar R. The leadership crisis of medical profession in India: Ongoing impact on the health system. J Family Med Prim Care. 2015;4:159-6.