

Family physicians in the health care system: The challenge of health promotion and advocacy for wellness

Family physicians are not only doctors of the sick members of society but doctors for health as well. As family physicians, we have a responsibility to keep the people within our care healthy, despite their exposure to various health and environmental risks. It may be a tall order for some considering the limited time the doctor has with his patients. It may need a paradigm shift for others if they have not considered patients as partners in health care.

The World Health Organization has included in its agenda a call for member countries to undergo health sector reform. Part of the reform is the strong focus on health promotion and disease prevention. In one of its documents, the concept of a five star doctor was incorporated. One of the hallmarks of the five star doctors is that of a communicator who is able to promote healthy lifestyle by effective explanation and advocacy, thereby empowering individuals and groups to enhance and protect health.¹

For its part, Wonca has considered tobacco cessation as one of its priority projects for the current triennium. This was included in the program of Wonca President Michael Boland. A Committee on Behavior Change was organized and has done initial work on the project. Even the recently concluded Wonca World Workshop on Research has identified tobacco cessation as a possible collaborative projects among member organizations.

In Asia Pacific, there is diversity in the role of family physicians in health care and subsequently, there are various ways by which family physicians are trained. To bridge this diversity, a core curriculum for family medicine/general practice residency/vocational training was formulated through a regional workshop. This curriculum gave emphasis to integration of preventive care for all the population into the training of family physicians.² In the Philippines, counseling skills have found their way into the residency-training program for family physicians. For family physicians already in practice they have gained access to workshops on caring skills for family physicians. The Department of Family Medicine at the Seoul National University has organized a clinic specifically for health promotion.

Both the Royal Australian College of General Practitioners and the Royal New Zealand College of General Practitioners have Practice Guidelines on Preventive Medicine.

A global survey by Gilbert and Culpepper among member organizations affiliated with Wonca showed that 96% of countries include the knowledge of preventive medicine in their practice. Likewise, 98% of procedures done included individual preventive medicine services, while 51% included community preventive services.³

Indeed, all these are consistent with important attributes of family practice from the European framework – that of being comprehensive. This attribute enables the family doctor to integrate health promotion disease prevention curative care, rehabilitation, and physical, psychological and social support to individuals.⁴

This issue of Asia Pacific Family Medicine includes articles on various levels of prevention. The article on tobacco cessation strategies by Litt *et al.* can provide a possible course of action, which our colleagues in family medicine can apply in their clinics/practices.⁵ The evaluation of a Pap smear screening program by Wong *et al.* is an eye opener because it raises the issue of providing hands-on training for doctors.⁶ Indeed, this is an important issue because Pap smears have been used as the most important screening procedure for the detection of cervical cancer among women. Early detection and treatment of depression among the elderly was recommended by Mohd Sidik *et al.* in their study to improve the quality of life.⁷ Palliative care is at the last stage of level of prevention. The paper by Khoo on palliative care and the perception of some patients and health providers as well is an indication that there are unmet needs of patients and educational needs of physicians regarding palliative care.⁸

In whatever part of Asia Pacific, the family doctors are steadfast in their commitment to the whole person, in the context of the family and the family in the context of the community is a consistent guiding principle. Enabling them to strengthen their health pro-

motive skills and advocacy for wellness can enhance this. It may be important to analyze the strengths of its family doctors in carrying out this responsibility. More importantly, addressing barriers, which make it

difficult for them to provide effective disease prevention measures and to advocate healthy promotion strategies.

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References

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