



Evaluation of physicians and paramedical doctor's viewpoints on the family physician as a lost link in the medical system of Iran

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Abstract

Over development necessitates the presence of medical care services near residential areas. Developed countries have provided these services by introducing family physicians. As a model, the experience of developed countries in this regard should be evaluated to best suit our own community needs.

This study investigates the perspectives and believes of the physicians and paramedical doctors regarding family physicians' role as a lost link in the medical services of Iran.

A questionnaire was administered to a group of 400 individuals. This group included 100 specialists and the remaining 300 included general practitioners, lab specialists, pharmacists and other related occupations. The questionnaire composed of 19 questions.

Our results showed that, the specialty of family physician could be an effective parameter to promote healthy attributes of people regardless of any cultural predicaments.

Introduction.

Access to and quality of health care services is what characterizes the health care system of a given country. Policies, guidelines and directives could be applied to enhance the general health care system rendering it more available to the general public based on community owned plans and community needs assessments.

In order to assure a more efficient system in place, health education and both physicians' and patients' awareness of their health problems, any family history, and diagnoses play an essential role in dissipating the proper health resources available in the system. Thus, positively impacting that health care system.

Furthermore, proper patient-provider relationship and patient's confidentiality issues will set forth the anticipated patient's satisfaction and health, psychological, and economical outcomes.

Family medicine is an integral asset of any health care system and had been so for many years in developed countries. It has been proven to be a cost-effective process in the health care models for all the reasons aforementioned.

A significant need for such a specialty is becoming apparent in developing countries. The family medicine model should be adjusted and fine tuned to better fit our cultural background and base line prevalence of diseases, thus, addressing our community needs.

Materials and methods.

This is a cross sectional study, which was carried out by a questionnaire. Using simple random sampling method, 400 individuals from related jobs were selected among them, 100 were specialists and 300 health care providers were general practitioners, lab specialists, pharmacists and other jobs related to medical services.

The questionnaire consisted of 19 questions. Six questions were descriptive and the remaining were open questions including needed courses for family physician, type of family problems could be solved by family physicians, the number of family physicians needed to be trained for each 100000 people, the most common needed places for family physicians, the problems to be established a family physician specialty etc. Three personal identifiers questions were included at the beginning of the questionnaire. These were kind of specialty, experience, and the type of job as to governmental or private sectors.

Results.

Data of completed questionnaires were collected and analyzed using SPSS (Version 11.5) by a statistician. Our findings showed that 7.8% of the respondents disagreed (about the nature?) of this specialty. Fifty-one and forty-eight percent of the family physician were successful in two governmental and private sectors respectively (Table 1).

Table 1: Comparison of the rate of success of family physicians in private and governmental sectors.

Family physician success		
	Number	%
Private	176	48
Governmental	186	51
Total	362	100

The question of duplicated services and interventional measures offered by general practitioners revealed that 72% believed that some general practitioners must be active as family physicians after a training course, whereas, 45% believed that by establishing this field, their problems will increase (Table 2).

Table 2: Evaluation of duplicated efforts of general and family physicians.

Establishing family physician specialty	Number	%
Increase of problems	97	45
General practitioners will be active as family physicians after a training course	159	72
General practitioners working in governmental centers	121	56
Some general practitioners may give service under supervision of family physicians.	14	7

The responsibility of family physician was reported as follows:

- 1- On time diagnosis and referring to a specialist: 96%.
- 2- Family psychological, physical, cultural and social evaluation: 94%.
- 3- Essential evaluation and prevention of genetic diseases: 78%.
- 4- Family consultation in medical problems: 24%.
- 5- Children growth and family planning evaluation" 5%.
- 6- Family health improvement: 3%.

91% of the individuals believed that such specialty was not in Iran by now but 8.7% and 89% believed in its presence in Shiraz and in Tehran before revolution.

Thirty seven percent of respondents believed that family physicians had an important role to reduce the emergency load, whereas only 4% of them considered the role of family physician not to be effective (Table3).

Table 3: The role of a family physician to be useful to reduce the load for emergency Department

Family physician role in reduction of the load of emergency Department	Number	%
Very much	147	37
Mild	198	50
Very little	30	7
Not at all	17	4
Total	392	100

The best ways to inform the people about family physicians were through mass media (100%), the referral system through family physician to specialist (93%), and training in schools (20%) (Table 4).

Table 4: Methods to develop familiarity with family physician specialty.

Methods to develop the cultural background for acceptance of family physician specialty	Number	%
Propagation through mass media	233	100
Referral system through family physician to specialists	219	93
Mind preparation from high school	46	20

51% of respondents believed cities need more family physicians than rural areas (Table5).

Table 5: The required common places for family physicians specialty.

The most common places for family physician specialty	Number	%
The same in the towns and village	107	27
Cities more than the town and towns more than the villages	200	51
Villages more than the towns	86	21
Total	393	100

92% of respondents concur that lack of awareness of this specialty in the community makes it very hard to establish such a model (Table 6).

Table 6: The existing problems to establish a family physicians specialty.

The existing problems to establish a family physician specialty	Number	%
The lack of the culture of acceptance of this specialty in the community	164	92
Lack of experienced lecturer in the field	145	81
Deprivation of the privilege on physician choice	22	12
Job intervention with general practitioner	13	7

Out of the respondents to this question, (257 persons), 122 engaged in governmental system and 135 individuals worked in private sectors.

Seventy eight percent of the respondents were familiar with of the specialty named family physician (Table 7).

Table 7: The familiarity rate with family physicians specialty.

Familiarity with family physician specialty	Number	%
Yes	310	78
No	83	21
Total	393	100

Eighty five percent of the respondents believed that the family physicians should check for psychological, social and behavioral problems in addition to the physical problems whereas 1.8% considered them appropriate for physical problems checks only (Table 8).

Table 8: The family problems checked by a family physician

The family problems checked by a family physicians	Number	%
Physical	7	1.8
Physical, psychological	45	11.4
Physical, Psychological, social, behavioral	335	85
Physical, social	7	1.8
Total	394	100

86.9% of cases regarded the family physicians useful to reduce the expenses and time loss (Table 9). Almost 72% of the respondents believed that the family physicians were able to visit special patients in the hospitals (Table 10, 11).

Table 9: The role of family physicians to reduce the therapeutic expenses and the time losses.

The family physician's role to reduce the therapeutic expenses and time losses	Number	%
Yes	338	86
No	51	13
Total	389	100

Table 10: The family physicians activity in hospital and outpatient Department

Family physicians activity in both hospital and the out-patients Dept.	Number	%
Yes	279	71
No	110	28
Total	389	100

Table 11: The family physician's role to improve the accessibility to the physicians

The family physician's role to improve the accessibility to the physicians	Number	%
Very much	222	56
Fair	143	36
Very low	18	5
Not at all	12	3
Total	395	100

Family physicians must be aware of the following subspecialties: internal medicine, pediatrics and psychiatrics, whereas seven respondents added surgery and rehabilitation too (Table 12).

Table 12: The role of family physicians to reduce referrals to specialists and subspecialists

The family physician's role to reduce referrals	Number	%
Very much	134	34
Fair	207	52
Very low	42	10
Not at all	11	2
Total	394	100

76% of individuals assumed the family physician is useful to solve more than half of the medical problems in the community (Table 13).

Table 13: The percentage of medical problems solved by family physicians

The percentage of the medical problems solved by family physicians	Number	%
90%	21	5
80%	81	21
50%	195	50
20%	90	24
Total	378	100

More than half of (54.1%) answered "very low" or "not at all" to the question of any need to the individuals for cultural background about family physicians specialty (Table 14).

Table 14: The cultural background need to the family physicians specialty

The cultural background need to the specialty of family physician	Number	%
Very much	27	7
Fair	152	39
Very low	182	46
Not at all	29	8
Total	390	100

In response to the question about the best ratio of family physicians to each 100,000, no correct explanation was obtained and the range was 1 to 20000 with a mean of 461 and mode of 100.

Seventy nine percent felt that less than or equal to 100 family physicians must be trained per 100,000 population (Table 15).

Table 15: The courses to be included in family physician specialty

The courses to be included in family physician curriculum	Number	%
Internal Medicine, Pediatrics	10	10
Internal Medicine, Pediatrics, Ophthalmology, ENT, Ob & Gyn, Psychiatric	301	76
Internal Medicine + Pediatrics, Psychiatric	76	19
Internal Medicine, Pediatrics, Ophthalmology, ENT, Ob & Gyn, Psychiatric + Surgery and Rehabilitation	7	1.8
Total	394	100

Generally, 42% of the individuals answered for 20-100 and 37% for less than 10 and 79.3% for less than 100 and more than 50% for less than 50 family physicians (Table16).

Table 16: The number of family physicians to be trained for each 100000 persons

The number of family physicians to be trained for each 100,000 people	Number	%
< 10	110	37
20-100	123	42
100-1000	49	17
>1000	12	4
Total	294	100

Discussion.

The awareness of the physicians and related medical group about establishing a family physician specialty was acceptable. Regarding our results, the specialty could be effective to evaluate the health status of the population, to provide appropriate referrals and also to help solve the family problems concerning treatment and health issues. The most important problem in this respect was cultural differences which could be solved by mass media and collaboration of subspecialty centers to offer priority to the patients served and referred by family physicians.

Regarding the required number of family physicians and its ratio to the population which is up to 100 for 100,000, most respondents emphasized the importance of training of family physicians to fill the existing gap in health care system in Iran. In order to provide these needs to the community, awareness and acceptance at the school level is anticipated. This policy would reduce the load of specialists, which incorrectly is known as the referral treatment in Iran, and finally would increase their efficacy in visiting the patients.

In spite of the advantages, the main problem remains the increase in education and awareness campaign charges for effective health care system. The other points are the inappropriate positions of general practitioners, in Iran.

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