Whither Gps.....

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GPs - the General Practitioners, is the colloquial name for primary care providers or family physicians. Most of them are in private practice so they are sometimes labelled as private practitioners - PPs. Historically these PPs/GPs have been providing the valuable services, initially as traditional healers, eastern medicine practitioners, homeopaths and since last one century as allopaths. Inspite of the claims by many developing countries including Pakistan for providing free medical services, privatization of medical practice is increasing[1-3]; people are also willing to pay for seeking medical care4[4,5]. Even the poors residing in squatter areas are availing medical services, privately[6,7]. Though, these PPs/GPs are proving valuable services, they have been traditionally blamed for irrational use of drugs[8,9], profit-drive motives[10,11], emphasis on curative care[12] and thus being detrimental to primary health care[13], which is nowadays a major strategy for improving health. They have, even been labelled as "jack of all trades" meaning to say they are master of none, But the fact of the matter is that people still prefer their services[14]. So what do the health policy makers and planners need to do? Should PPs/GPs be totally ignored (as is being done?) and according to the theory of "bad apples[15], they be thrown away? Or are there rooms for improvement?! A number of alternatives have been suggested, including continuous medical education and training[16] and legislation[17,18]. Recently a newer approach has been tried in a number of places specially in Australia called as "Academic Detailing" [19]. This strategy utilizes the same principles as of pharmaceutical companies for promoting their drugs; thus proper 'detailing' can improve rational use of drugs. In addition to that, if properly trained and backup support provided, the Gps/PPs can even become a part of primary healthcare system. Improved and mgular contact with the government hospitals can also improve the referral system by them. A very wise move by College of Physicians and Surgeons Pakistan (CPSP) is to start Diploma (membership) programme for family physicians. This, though needs to be adopted by Pakistan Medical and Dental Council (PMDC) as a compulsory subject (family medicine), at under-graduate level, too.

To summarize, GPs/PPs are the most important and potential primary care providers, who need to be utilized for improving health care. Mere lip services and down-grading them will only aggravate our own health problems. Representative bodies and policy planners need to develop strategies for involving this private sector.

References

1. Kolerhmsnirn-Aitken, R.L., Mondia, P. and Margcn, C. A survey of Papua New Guinean private medical practitioners. P. NC. Med.J., 990 ;33: 13-22.
2. Naylor, C.D. Private medicine and privatization of health care in South Africa. Soc. Sci. Med., 1988;27:1 153-70.
3. Siddiqi,A.H. Health care resources and public policy in Pakistan. Soc.Sci.Med., 1980;t4:291-98.
4. Jsnclosea, M., Seek, B., van de Valden, L., et al. Financing urban primary health services. Trop. Doct., 1985;15:98-104.
5. Akin, J.S., Griffin, CC. and Guilkcy, D.K. The demand for adult outpatient services in the Bicol region of the Philippines. Soc.Sci.Med., 1986;22:321-28.
6. Upltksr, M. Private doctors and public health: the case of leprosy in Bombay, India. Takemi programme in intemational health, research paper No.40, Boston Harvard School of International

Public Health, 1989.
7. Qureshi, A.P. and Shepsrd, D.S. Health expenditure and services utilization in a squatter settlement. Takemi Research Paper, Boston Harvard School of Public Health, May, 1988.
8. Greenhalgh, T. Bmg prescription and self medication in India: an exploratory study. Soc. Sci.Med., 1 987;25:307- 18.
9. Tomson, C., Diwan, V. and Angunswels, I. Psediatrsc prescribing in outpatient care: an example from Sri Lanka. £ur.i.Clin.Phsrmscol., 1990;39:469-73. It. Barros, F.C., Vaughan, J.P. and Victors, CC. Why so many caesarean sections? The need for a further policy change in Brazil. Health Policy snd Planning, 1986;1: 19-29.
11. Liu, Z.X. and Wang, J.L. An introduction so China's health care system. J.Public Health Policy, l9Ql;l2: 104-16.
12. Nsylor, C.D. Private medicine and privstizstion of health care in South Africs. Soc.Sci.Med., 1988;27:1153-70
13. Roemer, Mt. Private medical practice: obstacle to health for all. World Health Forum, 1984;5:195-201.
14. Drsper, R and Helen, L.S. The primary care practitioner - specialist or jack of all trades N.Engl.J.Med., l975;293:903-7.
15. Berwick, D.M. Continuoue improvement as an ideal in health care. N.Engl.J. Med., l989;320:53-56.
16. Fleming, D.M. and Lawrence, M.S.T.A. Impact of audit onpreventive measures Br.Med.J., l983;287: 1853-54.
17. Choto, R.G. Zimbabwe - health infrastructure and directions in M. Weight, Z. Stein and J. Scsndlyn women's health and apartheid: the health of women and children the future of progressive primsry health care in Southern Africa. New York, Colombia Uni., 1988, pp. 249-52
18. Ming, H.T. The present problems snd future needs of primsry health care in Malaysia. Int.i.Heslth Serv., 1988;18:281t-91.
19. F. May, A., Gilbert, S., Hurley, 2., et al. Drug and therapeutics information cervices for community medical prsctitionere. Auet. Prescriber, 1993;16:49-51.