Why does primary health care matter?

Dr Noel CARUANA

Decades of accumulated experience have shown that it matters to have a primary care-based health system. Countries and their people with good access to primary care do realize a number of health and economic benefits, typically the following:

**Evidence of Efficiency**
- Fewer tests done, higher patient satisfaction, less medication use and lower care related costs.

**Evidence of Effectiveness**
- Reduced morbidity and mortality caused by pulmonary and cardiovascular diseases.
- Better detection of mammary cancer and reduced mortality from cervical and colon cancers.
- Less use of emergency departments and hospitals.

**Evidence of Equity**
- Reduced health inequalities, particularly for low income families.

Despite the disproportionate growth of subspecialties, primary care doctors still provide most of the care to most patients for most ailments most of the time. Holistic medicine necessitates a profound trusting doctor-patient relationship. This model of delivering a service to our patients has been eroded by the set up of what was at the time intended to be an emergency service, the Polyclinic, which however has been expanded for many reasons, to provide a pseudo Family doctor service. This has over the years led to a dichotomy between the Private GP and the state employed GP. Is it perhaps time that this division is closed? Perhaps by evolving a true National Health Service? Our Health economists must take such an eventuality very seriously, because on the eve of opening a high cost Tertiary care money guzzler, there have been no plans for a true functional primary care system.

Private primary care is still very cheap. A medical consultation still costs less than what a washing machine technician would charge you for looking at your leaking appliance! Over the years this has led to Family doctors to resort to working more and more and having less and less time to do a good job, to say nothing of their family life.

Keeping yourself abreast with the latest medical advances necessitates that you have time to sit down and read or surf the internet. With increasing patient expectations and more tight fisted legislation, maintaining a Practice will come to be more and more expensive. Market forces may not hold in the healthcare field as some may expect them to. It is important to recognize that what the market will bear may not be what the population can bear when it comes to health care.

The ever-increasing workload experienced by governmental primary care givers is perhaps an indication of this phenomenon.

A new set up for primary care is necessary if we are to witness a truly professional service, where what matters is not merely conceding to public demands, but providing good quality care to address the patients’ needs.

The MCFD has since its inception, been working at improving the academic level of Family doctors in Malta. The college on its own and with no external financial aid, has been working at organizing the personal (academic) development of its members for their own and their patients’ benefit. The college has won the struggle to include Family Medicine, and rightly so, as one of the Medical Specialties in Malta (see article by Dr Jean Karl Soler in this issue). But what does this mean? And how will it effect the further development of Family Medicine in Malta?

It seems to be an open secret that the government Health sector in Malta is like a time bomb. Everyone is expecting something to happen, but no one wants to comment on it. One thing is certain is that if Family Medicine is to remain viable in Malta a number of vital decisions have to be taken. Is the government and the public itself, happy to let its people pay more to get a good Family Doctor service which guarantees continuity of care and all the other requisites for good general practice? Doctors struggling with the ever increasing workload at
health centres and public hospitals cannot be realistically expected to do more and more when one looks at the working conditions and salary set up.

It's all to do with (mis)management they say! But who is the director of the whole orchestra? Why is it that the conductor does not consult his musicians even on hearing musical sounds that are jarring and off the beat? Politicians, Managers and Health Economists please note that a fundamental rule is to have a cooperating workforce, but history has shown that you earn cooperation, you do not force it!

Epidemiology and audits show us whether any particular intervention is effective and to what degree. Are we creating an illusion about the true state of health of our nation? Are we truly practicing preventive medicine? Preventive campaigns cost money and are time consuming and yet should be a cornerstone in the work of primary health workers. As Family doctors we should be lobbying for more funds for this use. We have to be aware that for many reasons the Family doctor has been marginalized and has surrendered his authority and policy setting influence to various agencies and authorities. It is necessary to work more to retain the relevance of the Family doctor in our society.

Editor's Note

I would like to take the opportunity to thank my predecessor Dr Jean Karl Soler who was editor of this journal for a number of years.

At a first glance and after going through the rest of this edition, one will notice that there are a number of changes both in the contents and style. As a peer-reviewed journal, it is my intention as the new editor, to make the Maltese Family Doctor, a journal by family doctors for family doctors. This journal is intended to offer a forum for discussion on different areas of family medicine, ranging from epidemiology, research and statistics, to ethical issues and moral dilemmas.

Contributions (both from the national sector and by our colleagues abroad) to this journal are welcome. Review papers, research articles and relevant news items should be sent to the editor by email to: journalmfd@yahoo.com or on floppy/CD in Microsoft Word format to:
The Editor, Maltese Family Doctor, PO Box 69, Gzira, GZR 01 Malta.