

Family Medicine in the Arab World? Is it a Luxury



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Why Family Medicine in the Arab World?

Family medicine (FM) is a medical specialty that provides continuing and comprehensive health care for the individual and the family with a total health care responsibility from the first contact and initial assessment to the management of chronic problems. It includes prevention and early recognition of disease. Such services are provided by the **Family Doctor (FD)**, a physician who is primarily responsible for providing *primary, continuing, comprehensive, curative and preventive* medical care in a *personalized* manner to *patients* and to their *families, to all ages and both sexes*, regardless of the presence of disease or the nature of the presenting complaint be it *biological, behavioral, or social*.

Since ancient times, doctors have been using the holistic approach while practicing medicine. Avicenna, Alrazi and several other Muslim doctors were implementing the concepts of family medicine while caring for their patients.

However, with the disintegration of medicine into various specialties and sub-specialties, FM as a discipline started re-emerging at the beginning of the 20th century. In **1923**, Francis Peabody commented that modern medicine had markedly fragmented health care delivery. He also stated

“the essence of the practice of medicine is that it is an intensely personal matter. The treatment of a disease maybe entirely impersonal; the care of a patient must be completely personal”. Therefore, he called for the return of the generalist physician.(1)

While emphasizing the professional aspect of general practice, the Royal College of General Practitioners was founded in 1952 in the United Kingdom to be the professional body of the discipline of FDs. (2)

In the USA, the concept of a new specialty in primary care received official recognition in **1966** in two separate reports;

1. Report of the Citizens’ Commission on Graduate Medical Education of the American Medical Association, which was known as the Millis Commission Report. (3)

2. The Ad Hoc Committee on Education for Family Practice of the Council of Medical Education of the American Medical Association, also called the Willard Committee. (4)

Three years later, in **1969**, the American Board of Family Practice (ABFP) became the twentieth medical specialty board and in 1971, the American Academy of General Practice was renamed to be the American Academy of Family Physicians (AAFP).

Various studies have documented the importance of FM by advocating that the health of any nation is only developed and promoted by adequate and quality primary health care services provided to that nation. Such services usually formulate the base of the pyramid of all health services. Research in the West proved that people living in countries with an abundance of primary care physicians have a better quality of life. (5)

In this part of the world, the high prevalence of non-communicable diseases, communicable diseases and hereditary and genetic disorders, beside the cost burden, necessitate developing countries in general and the Arab countries in particular to implement Family Medicine. Therefore, FM should be the ultimate goal of health provision.

World-wide, the optimal doctor/patient ratio each FD should care for is 2000 people. With the realization that its population is over three hundred and fifty million, the Arab World *now* needs more than 175000 FD specialists, a number too far from reality.

Therefore, decisions are required and efforts need to be made in order to establish training programs which produce more skilled FDs if definitive care to undifferentiated patients is to be provided. But, such doctors must have unique attitudes, skills, and

knowledge to qualify them to provide continuing and comprehensive medical care, health maintenance, and preventive services to each family member regardless of sex, age, or type of problem.

Training, if established should be effective and of high quality with the mission to produce medical doctors who are competent, community-oriented, and capable of taking full responsibility for the health of their patients within a family context. WONCA, in 1991, has also defined Family Physicians as those physicians who are primarily responsible for providing comprehensive health care to every individual seeking medical care. (6)

The Arab countries started reviewing their higher education policy for medicine which depended much on doctors' obtaining their medical specializations from foreign countries. This practice has led to very costly improper training in the majority of cases, and has caused losses in work productivity.

Therefore, in February 1978, the Arab Health Ministers, in their meeting in Kuwait decided to establish the *Arab Board for Medical Specializations*, a Board that aims to improve medical services in the Arab world by raising the level for professional skills of medical professionals working in various health disciplines

in collaboration with the educational institutions concerned. It also aims to develop and institute guidelines for training within the different medical disciplines and to maintain the level of control and periodic review by keeping pace with the advances in medicine. Another important goal of the Arab Board is to accept responsibility to lay the foundation for assessing the scientific and technical characteristics of professional doctors who complete their training period accredited by the Arab Board.

Since its establishment more than twenty years ago, the *Arab Board for Medical Specialization* has been advocating for Family Medicine. It has offered assistance to any Arab state interested in establishing a FM discipline and training program. Despite that, and until the present time, unfortunately only a handful of programs accredited by the Board have been established in the Arab World. Very few FD, in comparison to the need, have been qualified by the Board. Only 2000 physicians have graduated since its foundation. Continuation at the current production rate of Board qualified FD, (100 per year); Arab countries would need 1750 years to have optimum FM services!!!

Taking Bahrain as an example, with its production of an average of 16 FD per year, and with its

immediate need for more than 600 FD (with less than 250 currently available); it will require more than 20 years to reach to that goal.

FM has started in various countries of the Arab region at time. The first FM activity occurred in Turkey in 1961, followed by Bahrain in 1978 (7) Table 1.

Table 1 Family Medicine programs in various countries

Turkey	1961
Bahrain	1978
Lebanon	1979
Jordan	1981
Kuwait	1983
KSA	1987
Arab Board	1986
Qatar, UAE	1994
Oman	1994
Egyptian Board	2003
Libya	2006
Iraq	Recent
Yemen	To start

Such a decrease in the number of production of qualified FD is due mainly to the lack of commitment and political decision by the policy makers supporting this discipline in the various Arab countries.

In Saudi, the Ministry of Health, realizing the importance of FM, is seeking to recruit 13,000 FD to work at its newly established 150 primary health centers in various parts of the Kingdom. It has

already hired 4,000 FDs and another 7,000 will be recruited in the next two years. These doctors will be recruited from Arab countries such as Syria, Jordan, Sudan and Egypt after they have gone through a tailor-made educational and training program. (8)

Again, to highlight the crucial importance of FM, the Gulf Cooperation Council participants who concluded three days of discussions on family medicine and primary health care in June, 2007, have recommended that 20 percent of all doctors in the six GCC member countries should be trained as specialists in family medicine over the next 10 years. However, there is still a drastic shortage in the training programs.

In conclusion, with no doubt, the health of the population of the Arab countries will be affected and may be in danger due to deficiencies in FD and, in a few countries, non-availability of FM service. Therefore a brave and immediate decision ought to be taken and efforts made in order to establish more training programs and to increase the capacity of the existing ones to produce more skilled Family Physicians to serve in maintaining and upgrading the health of the nations of the Arab world.

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