

THE VALUES OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS SHOULD BE FOSTERED INTO OTHER CLINICIANS

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Abstract: The paper is to improve the quality of life and health of the peoples of the world by fostering and maintaining high standards of care in general practice/family medicine and other clinicians. By comparing the general practitioners/family physicians with the clinicians of specialities, summarizing the shortcomings of present health care services, the proposals for promoting health care services around the world were suggested. The article initiates that the values of general practice/family medicine should be fostered into other clinicians when all the clinicians take care of the patients in any conditions, critical or ordinary, by adopting to the values of general practice/family medicine. While the clinicians also take into account of their own specialities. In applying these proposals, a healthy world and high quality of life of the peoples of the world will come soon! So the quality of life and health of the peoples of the world can be promoted and enhanced.

Key Words: General Practitioners/Family Physicians; All Clinicians; Quality Of Life; World.

INTRODUCTION

In the ancient time, the doctors had taken care of the patients by applying the primary values of modern general practice/family medicine. In the last century, the western developed countries have founded the Academies of Family Physicians/

General Practitioners or Colleges of General Practitioners/Family Physicians. By the time goes on. The Academies of Family Physicians/ General Practitioners or Colleges of General Practitioners/Family Physicians have been developing. Their practices and function are more and more achievement.

The American Academy of Family Physicians is the national association of family doctors^[1]. The Academy was founded in 1947 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public. Other major purposes of the Academy include: (a) To provide responsible advocacy for and education of patients and the public in all health-related matters; (b) To preserve and promote quality cost-effective health care; (c) To promote the science and art of Family Medicine and to ensure an optimal supply of well-trained family physicians; (d) To promote and maintain high standards among physicians who practice Family Medicine; (e) To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience; (f) To provide advocacy, representation and leadership for the specialty of Family Medicine; (g) To maintain and provide an organization with high standards to fulfill the above

purposes and to represent the needs of its members.

The practices and function of Academies of Family Physicians/ General Practitioners in other developed countries are similar.

The World Organization of Family Doctors, Wonca, was founded in 1972^[2]. Wonca is made up of national colleges, academies or organizations concerned with the academic aspects of general family practice. Beginning with 18 members in 1972, there are now 120 member organizations in 99 countries. This includes 10 organizations in collaborative relations with Wonca. In all, the total membership of the member organizations of Wonca is over 250,000 general practitioners/family physicians.

The mission of general practice/family medicine is to improve the quality of life of the peoples of a country or a region, even the world, through defining and promoting its values, and by fostering and maintaining high standards of care in general practice/family medicine by promoting personal, comprehensive and continuing care for the individual in the context of the family and the community.

Up to now, the practices of general practice/family medicine have made great contribution to the promotion of quality of life and health of the peoples around the world. But the practices of general practice/family medicine can not improve the quality of life of all the peoples of world. Lots of critical, rare or complex patients need the great numbers of other clinicians of various specialities. But the large numbers of clinicians of various specialities, not majoring in general practice/family medicine, have not been fostering and maintaining high standards of care in the values of modern bio-psycho-social medical model and the values of principle model of high standards of care of general practice/family medicine. While the lots of critical, rare or complex patients consist of big fraction of the quality of life around the world. So the values of general practitioners/family physicians should be fostered into other clinicians. There is no report about the research. Which is identified through a MEDLINE search of the English-language literature on "The Values of General Practitioners/Family Physicians Should Be Fostered into Other Clinicians" or the key words of this paper.

COMPARISON THE GENERAL PRACTITIONERS/FAMILY PHYSICIANS WITH THE CLINICIANS OF SPECIALITIES^[3]

The general practitioners/family physicians are fostering and maintaining high standards of care in general practice/family medicine by promoting personal, comprehensive and continuing care for the individual in the context of the family and the community. But the clinicians in specialities are

treating the patients in the central hospitals of cities at random in interval.

The general practitioners/family physicians are fostering and maintaining high standards of care in general practice/family medicine by applying bio-psycho-social medical sciences. While the clinicians in specialities are treating the patients as biological body of organism.

The general practitioners/family physicians are concentrating Community-Oriented Primary Care. But the clinicians in specialities are treating the patients in isolation, and simply treating those who come to him on a one-on-one basis.

The general practitioners/family physicians can make improvements in health by thorough epidemiologic knowledge of health problems that exist in a community or a society. While the clinicians in specialities treat the patients by modern technology which can only care even the cellular level of patients.

The general practitioners/family physicians can provide preventive, rehabilitative, educational, or curative services. But the clinicians in specialities treat the patients only by drugs or operations.

The general practitioners/family physicians take into account of the cultural, educational, economic, or psychological factors that can create barriers to care, isolate groups, and increase personal health risks for community inhabitants. While the clinicians in specialities take into account a little of the cultural, educational, economic, or psychological factors.

The general practitioners/family physicians treat patients cheaply. But the clinicians in specialities treat the patients expensively.

The general practitioners/family physicians are practicing general medicine, mainly the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc.. But the clinicians in specialities are only practicing one of them, even in second or third grade of one of the speciality.

In summary, the general practitioners/family physicians are practicing the community-oriented primary care model. Which the general practitioners/family physicians are fostering and maintaining high standards of care in general practice/family medicine by promoting personal, comprehensive and continuing care for the individual in the context of the family and the community. They provide preventive, rehabilitative, educational, or curative services by taking into account of the cultural, educational, economic, or psychological factors in the community and applying bio-psycho-social medical sciences. The community-oriented primary care model by general practitioners/family

physicians is making a health care system more rational, accountable, appropriate, and socially relevant to the public after it adequately addresses problems of cost, access, and quality. But the clinicians in specialties, who place greater emphasis on acute hospital care than on community-based primary and preventive care, and produce high-cost health care delivery system, have not these superiorities and advantages.

MEND THE HOSPITAL CARE OF CLINICIANS IN SPECIALITIES BY ADOPTING IN THE SUPERIORITIES AND ADVANTAGES OF GENERAL PRACTICE/FAMILY MEDICINE

As the reforms of medical care delivery system have been managing in the world, the shortcomings of hospital care of clinicians in specialties are more and more severe. The policymakers, politicians are trying to find better health care delivery system. But no satisfied health care delivery system has been found. As the community-oriented primary care model is serving as a paradigm for reforming the organization and provision of health care services in the world. More attention is putting on the community-oriented primary care model. But the shortcomings of hospital care of clinicians in specialties are forgotten. But the hospital care of clinicians in specialties are a big fraction in health care services. The hospital care of clinicians in specialties are still influential in producing a healthy society. So mending the shortcomings of hospital care of clinicians in specialties is imperative. Mending the shortcomings of hospital care of clinicians in specialties by adopting in the superiorities and advantages of general practice/family medicine is much too important and imperative.

HOW TO MEND THE SHORTCOMINGS OF HOSPITAL CARE OF CLINICIANS IN SPECIALITIES

All the clinicians in specialties, the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc., should foster and maintain high standards of care in treating patient by promoting personal, comprehensive and continuing care for the patient in the context of his family and the community.

All the clinicians in specialties, the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc., should treat the patients by applying bio-psycho-social medical sciences.

All the clinicians in specialties, the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc. should take into account of the cultural, educational, economic, or psychological factors that can create barriers to care, isolate groups, and increase personal health risks for their patients of community inhabitants.

All the clinicians in specialties should take into account of epidemiologic knowledge of health problems that exist in a community or a society to treat patients.

All the clinicians in specialties, the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc., should manage to make more rational, accountable, appropriate, and socially relevant low-cost health care services to the public.

All the clinicians in specialties, the internal medicine, surgery, pediatrics, the obstetrics and gynecology, etc., should provide preventive, rehabilitative, educational, or curative services.

The clinicians in specialties and the general practitioners/family physicians should learn and help each other to contribute and produce a healthy society.

The world administration organizations, every national administration organization and the policymakers or politicians for health care services should learn and help each other to contribute and produce a healthy world and to improve the quality of life of the peoples of the world.

CONCLUSIONS

The health care services in the world are not equal and united. The health level in some countries are low. Even the health care services in developed countries are also have shortcomings, like the high-cost medical services in hospitals, etc.. A healthy world is not well reached.

The acute reforms are needed to enhance the health care services in the world. By seeking the better values of general practice/family medicine, the proposals for mending the shortcomings of hospital care of clinicians in specialties or the system of health care services are made by the author.

All the doctors, including the internal medicine, surgery, pediatrics, the obstetrics and gynecology, and general practitioners/family physicians etc., should foster and maintain high standards of care in treating patient by promoting personal, comprehensive and continuing care for the patient in the context of his family and the community.

All the doctors should treat the patients by applying bio-psycho-social medical sciences and provide preventive, rehabilitative, educational, or curative services.

All the doctors should take into account of the cultural, educational, economic, or psychological factors that can create barriers to care, isolate groups, and increase personal health risks for their patients of community inhabitants.

All the doctors should take into account of epidemiologic knowledge of health problems that exist in a community or a society to treat patients.

All the doctors should manage to make more rational, accountable, appropriate, and socially relevant low-cost health care services to the public.

In applying these proposals, a healthy world and high quality of life of the peoples of the world will come soon!

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