

## Paradox in family medicine: where we need more, we have less!

Abdul Sattar Khan

Madam, everyone should have an equal right or opportunity to be healthy<sup>1</sup> whether belonging to a developed or developing country. Yet, during the last three decades, after Alma-Ata declaration and development of the millennium goals by the World Health Organization (WHO)<sup>2</sup> a decade before in 2000, have not been able to accomplish the rights of equitable health care for all of the people living on the planet earth, especially in developing countries. Though, the World Academy of Family Doctors(WONCA) makes clatter every year by build up of declarations for enrichment of family medicine throughout the world, the result is mainly further development and enhancement of family medicine in developed countries, without any significant impact on the development of this specialty in the developing countries.

In reality, the situation regarding health status of the population at large is very dreadful in developing countries and worst in Pakistan. For example, the crude death rate in Pakistan has increased from 6.8/1000 to 7.3/1000, one-third babies are born with low birth weight, 43/1000 neonatal, 75/1000 infants, 108/1000 under five years and 350/100,000 mothers die each year, 12.5% and 37% pre-school children are suffering from vitamin A and Zinc deficiency, and still around 40% under five children die because of acute respiratory infection and diarrhea.<sup>3</sup> Without establishing a good family medicine practice system in Pakistan, we would not be able to improve our pathetic health indicators. Why, only the appropriate family medicine practice is the answer? The explanation is very simple; family physicians provide comprehensive health care for the whole family within the community through bio-psychosocial approach with continuity of

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Family & Community Medicine Department, King Faisal University, Al- Hassa, Saudi Arabia.

**Correspondence:** Email: yardockhan.ask@gmail.com

care.<sup>4</sup> It is also a fact that in countries, where family practices are fully developed, the health care systems are ranked among top health care system countries.<sup>5</sup> The family medicine practice leaders have unfortunately, either failed to convince the developing countries' health policy makers to broaden the practice of quality family medicine in their countries in the national interest or in spite of their sincere efforts, the vested interests in the concerned countries have blocked the development of this much needed specialty. Indeed, in Pakistan, out of 104 medical universities/colleges, only four institutions (3.85%) offer formal training in family medicine.

This situation highlights the paradox in institutionalization and ennoblement of family medicine in Pakistan. From now on, there is need for an urgent action by WONCA and WHO to work tirelessly towards passing a legislation, that every medical university/medical college in the world should have a family medicine department, to cover academic as well as service part of family medicine training in appropriate community health centres. Likewise, Pakistan Medical & Dental Council (PMDC) should ensure the implementation of such a model in Pakistan by promoting teaching and training of Family Medicine in the undergraduate curriculum, through a department of Family Medicine which is an essential requirement for recognition of medical institutions.

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