

EDITORIAL

Family Medicine Challenges and Opportunities

Bassem Saab¹, Lujain Anwar Alkhazrajy², Yousif AbdulRaheem³

¹Professor, Department of Family Medicine, American University of Beirut.

²Professor, Department of Family and Community medicine/ Al-Kindy College of Medicine, University of Baghdad, Corresponding Author e-mail: Lujainalkhazrajy@kmc.uobaghdad.edu.iq

³Professor, Iraqi Board for Medical Specializations, Scientific Council for Family &Community Medicine, Baghdad, Iraq.

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ABSTRACT:

Family medicine, recognized as a specialty in its own right, is a cornerstone for developing a community-based healthcare system, with primary care as its milestone. Training family physicians is more important than ever. The most significant regional barrier to the development of primary care systems is the insufficient number of family physicians and other primary care providers.

This paper will review the status of family medicine in Iraq and Lebanon as examples of health systems in the Middle East.

KEY WORDS: Family Medicine, Primary health care, Iraq, Lebanon

INTRODUCTION:

Since the establishment of family medicine as a specialty, the scope and domain of the specialty have been the focus of considerable discussion and debate.⁽¹⁻³⁾ In the United States and Canada, surveys of practicing family physicians have revealed significant variability in the types of services provided after completion of residency training.^(2,3) Additionally, there is considerable variability in the scope of practice among family physicians.⁽⁴⁾

There are 22 Arabic countries, including Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen. Despite the significant variability in the health systems of these countries, privatized

healthcare plays an important role in most of them.

⁽⁵⁾ Research indicates that countries with a strong primary care foundation generally achieve better health outcomes.⁽⁶⁾ Health is a right. Governments need to provide affordable and accessible quality health care for all. Good training of adequate number of family physicians is a way to achieve that. Unfortunately, this is not the case in many countries like Iraq and Lebanon

Family Medicine in Iraq:

In Iraq, the family medicine specialty was recruited to provide the primary health care services which are delivered through the governmental primary health care centers, since it's the specialty that is concerned with continuing and comprehensive health care for the individuals and family across all ages, genders, diseases and parts of the body. It is based on knowledge of patient in the context of the family and the community, emphasizing disease prevention and health promotion.⁽⁷⁾ The family medicine project in PHCCS was established in 2011 in six PHCC according to geographical distribution and population density. although the second strategy of ministry of health is adopting the primary health care services as the main source of delivering health services to the vast population, yet there is a predominance of specialized care over primary care, and health services tend to be centralized in urban areas. The estimated number of family medicine doctors according to Ministry of Health instruction

was one physician per 750 families, with estimated family member being 5 i.e. one physician per 3750 person.⁽⁸⁾ according to these estimates, there is a need for 12000 family physician to cover the basic essential health need of a 43 million Iraqi people^(9,10)

The Residency Programs of Family Medicine in Iraq: this includes:

- **Ministry of Higher Education and Scientific Research :**

- The Iraqi Board for Medical Specializations/ Family and Community Medicine (established 1995)
- The Kurdistan Board for Medical Specializations
- Higher Diplomas in Family Medicine
- **Ministry of Health :**
 - Arab Board for medical specialization / Family Medicine (established 2008)
 - Professional diploma of Family Medicine

The total number of family physicians in Iraq is 1267 without Kurdistan region in 2023⁽⁹⁾

Residency program	Number of total graduate till the end of 2023		
	Male	Female	Total
Iraqi board for Medical specialization	172	30.2%	571 *
Arab Board for medical specialization	125	24.75%	505 **
Total	277	25.7%	1076

*Statistics of the Iraqi Board for medical specialization / Family and Community Medicine Scientific Council 2024

** Statistics of the Arab Board for Medical Specialization/ Family medicine Scientific Council 2024

The remaining number of family physicians (191) is distributed between higher diploma and professional diploma residency programs in Family Medicine. This indicates that Iraq is significantly behind in meeting the requirements for this specialty. Additionally, many family physicians tend to occupy administrative positions within the Ministry of Health and its directorates, leading to a further reduction in clinical practice among these physicians.⁽⁸⁻¹⁰⁾

In conclusion, there is a substantial gap between the estimated and available number of family physicians in Iraq. Steps should be taken to increase job satisfaction among family physicians. Furthermore, the Ministry of Health needs to initiate short-term residency programs (professional diploma) to increase the number of family physicians and thereby better meet the population's needs.

Family Medicine in Lebanon:

In Lebanon, ambulatory care is mainly provided by the private sector which is unregulated and fragmented.⁽¹¹⁾ This may have changed after the economic crisis. Fragmentation and inefficiency of care is also seen at the government level that has six public funds⁽¹²⁾. With the recent economic crisis more people are unable to afford ambulatory medical care, mainly the cost of medication.

There are 15059 registered physicians in Lebanon of whom around 70% are specialists.

After the economic crisis many physicians left the country.⁽¹²⁾

Doctors in Lebanon finish their undergraduate medical studies in more than 75 countries. Once one gets an MD degree s/he is allowed to work as a general practitioner (GP) without any vocational training. In Lebanon there are seven medical schools, of which four have a department of Family Medicine. All graduate less than 15 family physicians a year. More than fifty percent of those who graduate end up outside the country (there is less than 200 in Lebanon). Satisfaction with family practice is 58% among family physicians in Lebanon. In the same study, 56% think that their salary is not high⁽¹³⁾

The health system in Lebanon allows patients to see specialists without passing by a general practitioner (GP)/family physician, making all physicians potential primary care physicians. The oversupply of the number of doctors results in unethical practices, in tension between GPs and other colleagues, and in decreased income.

Physicians in Lebanon have unrestricted access to drug representatives which may explain partly the high amount spent on brand drugs and irrational prescription. Around 44% of the health expenditure goes to medications (3.3% of the GDP).⁽¹⁴⁾ The Lebanese authorities have been trying to enforce a continuous medical education (CME) program. However, this did not materialize and thus the dictum "once a doctor always a doctor" still holds.⁽¹⁵⁾ Unfortunately, most CME activities are financed by the pharmaceutical industry.

Poor control on the quality of medical laboratories makes the task of family physicians difficult; of the 230 free-standing laboratories, 50% are not licensed.^(13, 15) when shown a lab result, some make it a point to tell patients that their judgment assumes that the lab tests are correct.

In conclusion, Lebanon has a surplus of specialists and a shortage in competent family physicians. Major savings in the health bill is possible if the several health funds are operated by one administration, generics are promoted, and the government works on training adequate number of competent primary care physicians. It is important to head towards a system where the family physician is the first to contact for health maintenance, health promotion, and curative care.

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