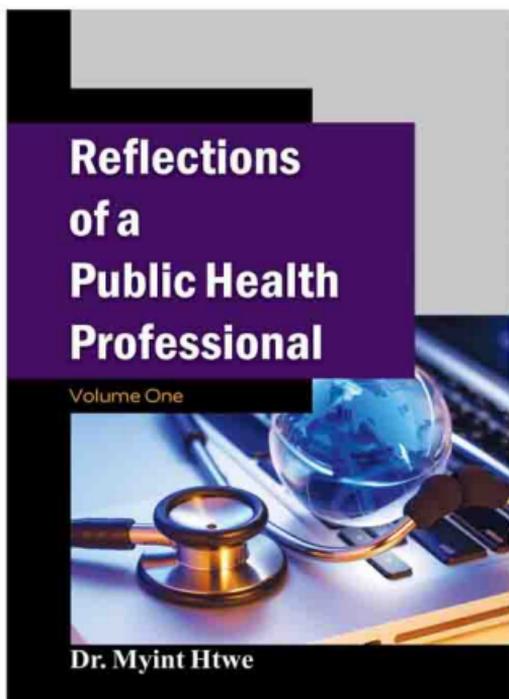


General Practitioners - A Strong Workforce for Public Health



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9. General practitioners: a strong workforce for promoting public health

(Based on the presentation made during the brainstorming session at the 58th Myanmar Medical Conference, Yangon, January 2012)

The purpose of selecting this title is to share some ideas so that in-service health professionals and private practitioners or general practitioners (GPs) can collaborate in various avenues for the benefit of the country. In this article, general practitioners are defined as *“those doctors who are running small clinics or group practice in bigger clinics to cater to the health needs of the population with a fee for treating the patients”*. It may be recalled that a symposium on *“Enhancing the Role of GPs in National Health System”* was organized more than a decade ago, by the Myanmar Academy of Medical Science (MAMS) in collaboration with GP society of Myanmar Medical Association (MMA).

It is worth revisiting this subject area, as the current epidemiological situation of diseases and conditions, administrative structure of the Ministry of Health, and working conditions of GPs have changed significantly over the years, as has the demand and need of the population towards health care. Functioning of the health care delivery system and involvement of stakeholders in the field of health is different than in the past. The increasing importance of the role of GPs in the national health care delivery system is now being recognized. The *modus operandi* of the health system can be improved and facilitated through the involvement of GPs who are the *first points of contact with the population at large*. One important fact is that, to promote the overall health status of the population in any country, one needs to implement public health activities or interventions in a qualitative and systematic manner involving all players or stakeholders in the field of health.

Role of general practitioners in the current context

A general practitioner is the physician who is primarily responsible for providing comprehensive health care to every individual seeking medical care, and arranging for all other health personnel to provide services where necessary (World Organization of Family Doctors, WONCA, 1991). There are several connotations about GPs as defined by various organizations or associations. They are a group of doctors who receive special respect from the community at large and they play an important role in community affairs especially in the rural setting in Myanmar's context.

The interaction and relationship of GPs with patients is very strong in Myanmar. Therefore, preventive care, which is generally based on principles of partnership with the patients, can easily be worked out for long term benefit of the population. Nobody can deny the important role that GPs play in promoting population health. They are like saints for the population. There are several aspects to be considered in discussing their role in promoting the health status of the population: viz., the role to be played by the Ministry of Health (MoH) versus the role to be played by GP Society of MMA versus the role to be played by the GPs themselves. In the field of general practice, there is always a dilemma between the emphasis given to preventive care and ongoing patient treatment care. A key role of GPs is the maintenance of wellness of a person as a positive state of health as well as incorporating prevention of illness, injury and disease and, therefore, reducing the burden of illness in the community. In order for GPs to contribute effectively and systematically in the field of public health, GPs should work in close collaboration with MMA. GP Society of MMA is the prime mover to initiate "many strategic activities" which are of crucial importance in improving the health status of the population. These "many strategic activities" are, in fact, public health activities or interventions. MMA has been effectively supporting to upgrade the knowledge and performance of GPs by way of conducting numerous Continuing Medical Education (CME) courses such as emergency management in general practice,

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common clinical problems in general practice, community medicine, family medicine and diagnostic medico-surgical procedures, etc. These are very conducive to improving the overall health status of the population either directly or indirectly. One needs to *broaden the scope and momentum of CME activities conducted by GP Society of MMA*. These activities need to be considered along the principles of promoting public health without adversely affecting the clinical services rendered by GPs. As a matter of fact, GPs by nature will give priority to clinical aspects, which is acceptable.

Can GPs improve the overall health status of the population?

GPs generally live in the community where they are practicing, especially in the rural setting, thus enabling them to see patients 24 / 7.

- (i) GPs provide multidisciplinary service individually or to the family as a whole;*
- (ii) GPs can provide integrated care: curative as well as preventive, promotive or rehabilitative, as per the need;*
- (iii) GPs understand socioeconomic and cultural components of individuals and the family;*
- (iv) GPs can provide individual and personalized care through long-standing friendship and understanding; and*
- (v) GPs have the total confidence of the patient.*

With this wide spectrum of care, GPs can undoubtedly improve the health scenario of the people in their catchment area.

What and how can GPs do to improve the overall health status of the population?

The major area that GPs can be involved is health education in the context of sharing or educating the patients in the public health aspects of diseases that they are suffering from. Each and every disease has public health aspects in terms of prevention, promotion and rehabilitation. In fact, it will be very useful if we have a *book devoted exclusively to public health aspects* (prevention and control) of prevailing communicable and noncommunicable diseases or conditions in Myanmar's context and quoting Myanmar-specific scenarios.

Advising or informing a TB patient on how to prevent the spread of TB bacilli (protected coughing using a handkerchief, careful management of sputum or secretions, etc.) to other family members or close contacts will definitely reduce the morbidity of TB in the family or community. Educating the TB patient to take regular and complete treatment on grounds of public health reasons will somehow reduce the incidence or emergence of drug resistance tuberculosis in the community. Disseminating important information to patients can subsequently benefit many others in the community. It will be beneficial to consider spending a few more minutes during the consultation to health educate the patient.

GPs, therefore, have the opportunity to promote health and undertake opportunistic preventive care for those who are at high risk to infect others. Effective preventive care enhances the quality of life, reduces unnecessary morbidity and mortality, and improves health outcomes. Generally, GPs concentrate on giving quality treatment to patients without emphasizing public health aspects of diseases in view of time constraints and other factors. We need to promote specific information transmission for each and every disease by the GPs. This is just one example of the important role that GPs can play in improving the health of the community.

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The role of GPs is especially important in times of impending outbreak or outbreak of any communicable disease. It is desirable that GPs work very closely with officials of MoH, who should also recognize that *GPs are important in preventing and containing any disease outbreak*. Early reporting of unusual case occurrence to responsible officials of MoH is extremely crucial for early containment of an outbreak. This communication channel should be outlined very clearly at different levels of the health care delivery system. Currently, there is *no set communication channel*. The guidelines or information concerning management of a particular impending outbreak or in times of outbreak must permeate effectively to the GP community. This could result in proper supportive management or assistance to an outbreak and MoH can contain the outbreak effectively in a short period of time. *Mutual respect and reciprocity of benefit between officials of MoH and GPs must be firmly established and sustained using various avenues*.

As per the culture of Myanmar, patients have tremendous respect and confidence in GPs who are treating them. Therefore, advice or suggestions given by GPs are always considered seriously, appreciated and practiced to the extent possible by the patients. During periods when patients are undergoing treatment at clinics, they are also in a receptive mode of listening and taking the advice or guidance of GPs fully. GPs, therefore, should take full advantage of this situation. In this instance, a word of advice concerning preventive, promotive and rehabilitative aspects of communicable or noncommunicable diseases should be given in simple, *clear-cut terms*.

When MoH or international agencies or organizations distribute public health or public health-related posters, or disease outbreak-related posters and pamphlets to the population, these should also be distributed to private clinics as a medium for health educating patients or increasing the health literacy of patients. The degree of *“receptiveness to advice”* is high during such outbreaks. It is also important not to give all information or many words of advice. Only key or strategic information must be given. There is a chance of *information overload* which can cause confusion.

Health education talks given to a group of people in the community by so-called popular or renowned GPs would be very effective in promoting the health status of the community. This type of *group talks* could be conducted in close collaboration with public health officials of MoH. This can also *create a sense of cohesiveness and team spirit between GPs and officials of MoH*. It would be very conducive to promoting and making the foundation of public health strong. It is such public health interventions that can help improve the overall health status of the population.

Topics like *“Role of GPs in promoting health status of the population”* and *“Basic concepts of public health”*, etc. should be included in CME programmes for GPs. These should be carefully prepared with the help of experienced public health professionals and senior GPs. *The programme should also be modified, updated and improved continuously*. GP-oriented, affordable, user-friendly and less time-consuming CME programmes are essential. When the internet system is good and fast, one may think of conducting very short online training courses including essential public health activities or functions that GPs can be involved in.

GPs must be well aware of different guidelines or standard operating procedures on the treatment of communicable and non-communicable diseases issued by MoH or WHO or other UN agencies especially on prevention, health promotion, and rehabilitation aspects. Practicing as per the guidelines will not only improve treatment success rate, but also facilitate their clinical practice. At the same time, it can reduce the incidence and spread of diseases in the community. This will finally result in the reduction of morbidity and mortality of diseases or conditions and thereby improve the overall health status of the population.

The important role that GPs can play in the health care delivery system should be recognized by GPs themselves. Some of the strategic roles that GPs can play are:

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- (i) Reporting any notifiable disease to the concerned health authority so that preventive, control or containment activities can be initiated in time to reduce morbidity and mortality of a particular notifiable disease and thereby directly or indirectly raising the health status of the population.*
- (ii) GPs can be involved in government-initiated public health activities in the field such as for immunization (National Immunization Days), nutritional improvement programmes, school health programmes, relief efforts during disasters, control of acute respiratory tract infections, control of diarrhoeal diseases, cardiovascular diseases control, cancer cervix detection, cancer breast detection programmes, etc.*

GPs should consider themselves as frontline medical care providers and their clinical acumen as well as the understanding of basic concepts of public health is important. This could be achieved through CME programmes of GP Society of MMA.

In our medical education system, “*general practice*” as a separate discipline or as a specialized subject is well accepted. One day it may be possible that so-called GP specialists can contribute as major players to the overall improvement of the health of the population as is seen in the United Kingdom. Improving the quality performance of GPs is one way, either directly or indirectly, to improve population health. As a stop-gap measure, one may think of compulsory credit courses for improving the clinical acumen of GPs for renewing doctor registration. But special and systematic preparation with long-term objectives must be made to ensure sustainability.

GPs may be *invited to some national or state or regional or township level workshops or meetings on public health issues* if MoH officials deem it appropriate. This can create a sense of team-work or team-spirit in carrying out public health activities in the field. It may be too optimistic but this is the direction one needs to take in the long run. One may also think of some motivational incentives for those GPs who are involved in health promotion

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and disease prevention activities in the community. They may be rewarded not necessarily in monetary terms but in esteem and professionalism. The role of GPs may be changed when the health insurance system is in place in the country, but it may take a while.

By nature of their work, a GP's primary interest is treating ill patients. This fact should always be kept in mind whenever we want GPs to be involved in public health activities of MoH. *It is time for change.* Involvement of GPs is crucially important in tackling local public health problems or promoting public health activities, especially in remote and underserved areas. Patients are more receptive to GPs and are more likely to follow their advice.

It is important that GPs should have a clear-cut concept of basic principles and functions of public health and how some of the public health activities can be incorporated into their work without affecting clinical practice unduly. One crucial aspect which needs to be considered as a *long-term perspective is teaching preventive and social medicine subjects in every year of MBBS course.* Thus, newly graduated MBBS doctors have a good command of basic principles and practice of public health. This will facilitate promoting public health in their private clinical practice also.

Conclusion

We need to make a compromise between GPs' intention, which is emphasizing clinical aspects and public health professionals' objective, which is promoting public health interventions. *GPs primary focus is on the individual patient while public health focuses on the community as a whole.* We need to strongly promote the notion that *GPs are part and parcel of the national health care delivery system and GPs involvement in government-initiated health care activities is extremely important and essential for overall health development of the country.* The policy of MoH towards collaboration with GPs may need to be revisited and modified as appropriate. To be systematic in doing so, the formation of local area networks of GPs is crucial under the umbrella of GP

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Society of MMA, so that like-minded associations or organizations can be involved.

All the above-mentioned suggestions or activities need to be considered in a holistic manner. Systematic planning could be made by GP Society of MMA in collaboration with officials of MoH and other relevant agencies so that the momentum of involvement of GPs in public health promotion activities in the country can be further enhanced. These activities are well recognized and known to all of us. One needs to make more efforts so that some of these *activities may become part and parcel of GPs' work in the long run*. The current challenge is to obtain maximum and optimal partnership between GPs and the public health arm of MoH. The partnership building may take time but efforts must continue to be made in achieving it.

MMA role is crucial in promoting the role of GPs in improving the overall health status of the population. As reciprocity, MoH may also give due attention to the overall needs of GPs if their serious involvement in public health activities is to be achieved. The GP Society of MMA has been playing a significant role in building the capacity of GPs. If more preventive aspects or preventive health care activities are included in the capacity building programmes, it will be very beneficial to the country in terms of promoting the health status of the population. Whatever direction that is taken, the sustainability issue must always be considered without fail. It is abundantly clear that GPs in Myanmar actually bear a great slice of the burden of health care provision. *The GP workforce in Myanmar is huge and their involvement in health promotion and disease prevention activities will have a significant and positive impact on population health.*

Further reading

1. Proceedings of MAMS Symposium on “*Enhancing the Role of GPs in National Health System.*” – organized by MAMS in collaboration with MMA, General Practitioner Society, January 2003
2. *Report of the MAMS Task Force on General Practice*, May 2001
3. A Shared Agenda in the New World: *The role of GP consortia and public health and wellbeing and delivering effective health care.* A colloquium sponsored by the NHS Alliance and QIPP Right Care Team and organized by Solutions for Public Health (NHS), January 2011.
4. Population Health and Public Health. *The RACGP curriculum for Australian General Practice.* The Royal Australian College of General Practitioners (RACGP), 2007
5. *The role of General Practices in Prevention and Health Promotion.* Policy endorsed by the 48th RACGP Council, May 2006
6. *Putting Prevention into Practice.* 2nd edition, Melbourne: RACGP, 2006

(NB. This is the updated version of the article, which appeared in the Bulletin of Preventive and Social Medicine Society, Volume 1, Number 4, October 2015.)