WHAT A GENERAL PRACTITIONER NEEDS IN PROFESSION?

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WHO IS A GENERAL PRACTITIONER?

ANY DOCTOR OF MODERN MEDICAL SYSTEM INVOLVED IN MEDICAL PRACTICE FOR ALL KINDS OF ALIMENTS FOR ALL AGES, IS GIVEN THE TITLE - GP.

A GP IS TRUALLY A FRIEND, PHILOSopher AND GUIDE TO HIS PATIENTS, NOT ONLY FOR MEDICAL MATTERS BUT FOR MANY OTHER LIFE-TIME SITUATIONS.

A GENERAL PRACTITIONER, THE ALL-PURPOSE, AMIABLE DOCTOR, WHO IS ENGAGED IN PROVIDING PRIMARY HEALTH CARE, IS AT CROSS-ROADS IN TODAY’S WORLD.
THE GP, WHO PROVIDE PERSONALIZED COMPREHENSIVE HEALTH-CARE TO ALL MEMBERS OF A FAMILY FROM FIRST CONTACT CARE TO THE ONGOING CARE OF CHRONIC DISEASES, INTEGRATING PREVENTIVE, PROMOTIVE AND CURATIVE SERVICE IRRESPECTIVE OF AGE, SEX, SYSTEM AND DIAGNOSIS, IS PERHAPS A VICTIM OF HIS OWN MAKING AND IS FACING AN IDENTITY CRISIS, IN THIS SPECIALIST SENSITISED WORLD. GENERAL PRACTICE SHOULD BE A CHOSEN CAREER FOR THE SHEER VASTNESS IT DEALS WITH.
IS GENERAL PRACTITIONER A DYING TRIBE? NO, NOT AT ALL. RATHER A G.P. HAS TO PERFORM A PIVOTAL ROLE THROUGH WHICH ALL THE PATIENTS MUST PASS THROUGH TO ECONOMISE THE AVAILABLE MEDICAL SERVICES. WHY WASTE THE KNOWLEDGE AND SKILL OF A SPECIALIST ON UNCHALLENGING CASES.
GP- THE CROWNING GLORY OF ALL DISCIPLINES OF MEDICINE

- GPS LITERALLY AND PRACTICALLY, ARE THE BACKBONE OF MEDICAL PRACTICE IN ANY PART OF THE WORLD, CONSTITUTING THE BIGGEST SUBGROUP OF MORE THAN 60-70% OF TOTAL DOCTOR POPULATION.

- EVEN IN DEVELOPED WESTERN WORLD, A GENERAL PRACTITIONER IS FIRST CONTACT DOCTOR AND IS THE GATEWAY FOR JUDICIOUS REFERRAL TO SPECIALISTS IF NEEDED.
A GENERAL PRACTITIONER

- A GP LIKE ANY OTHER DOCTOR WANTS TO MAKE A DECENT LIVING WITHOUT FALLING PREY TO THE CLUTCHES OF GREED & EXPLOITATION AND TO SERVE THE COMMUNITY WITH ALL HIS ABILITIES.

- A GP SHALL FUNCTION AS A CORE-DOCTOR FOR ANY CLINICAL CONDITION AND SET-UP WITH JUDICIOUS REFERRALS TO SPECIALISTS FOR BETTERMENT OF THE PATIENT, WITHOUT ANY CONFRONTATION WITH FELLOW COLLEAGUES.
PROBLEMS BEING FACED BY GPs

1. Apart from problems being faced by all doctors, a GP is facing crunch and competition from the ugliest competitor, a quack on one side and specialist patronized charitable dispensaries on the other side of the spectrum.

2. Since a GP is a first and intimate contact of his patients, he is expected to give fast relief and that too with least investigations and least expenditure which is not always easy or possible.
3. SMALL SET-UPS ALWAYS FACE THE PROBLEM OF FUNDING.

4. A GP ALWAYS TRIES HIS BEST CLINICAL SKILL TO TREAT HIS PATIENTS TO GAIN RECOGNITION WHICH DOES NOT ALWAYS COME EASILY.

5. THE KICK BACK-COMMISSION ORIENTED SYSTEM DOES NOT LET GP PRACTICE WITH DIGNITY.

6. SYMBIOSIS BETWEEN A GP AND SPECIALIST CAN ACT AS BEST DETERANT AGAINST QUACKS.
VIEWING A BROADER PERSPECTIVE, How Deep is the Problem?

- THE CONCEPT OF NEIGHBOURHOOD CARING DOCTOR IS A BIG CAUSALITY.

- THE CORPORATES HAVE PRACTICALLY INVADED THE WHOLE HEALTH ORDER.

- WE NEED TO COUNTER THE PARADIGM CHANGE WHICH CAN NOT BE EXTRAPOLATED IN DEVELOPING COUNTRY LIKE INDIA.
HOW DOES A GP GROW AND UPDATE WITH TIME?

1. TO UPDATE THEMSELVES, THE GENERAL PRACTITIONERS MUST ATTEND CME PROGRAMMES, CONFERENCES, WORKSHOPS.

2. BY JOINING POLICIES AND PROGRAMMES TO GUIDE AND RAISE THE STANDARD OF HEALTH CARE.

3. BY FOLLOWING GUIDELINES FOR REFERRAL TO FELLOW SPECIALISTS AND SUPER SPECIALISTS TO OPTIMIZE THE AVAILABLE MEDICAL RESOURCE POOL.

4. SEEKING GUIDANCE AND COUNSELING FOR HIGHER EDUCATION, VIZ, F.C.G.P., D.N.B(FAMILY MEDICINE) & DEGREE POST GRADUATION (FAMILY MEDICINE) INCLUDING DFM & M.D.
5. REGULAR MEETINGS AND INTERACTIONS FOR UPGRADATION OF CLINICS AND MEDICAL PRACTICE.
6. TO START A SOCIO-MEDICAL CAMPAIGN TO OUST QUACKS, ONCE FOR ALL.
7. ORGANIZE G.P. CENTRIC CME’S - GENERAL PRACTITIONERS WILL BE THE SPEAKERS. PROMOTE INTERACTION AMONG MEMBERS TO UPGRADE G.P’S.
8. INTERACT WITH SPECIALISTS/SUPER-SPECIALISTS FOR UP-GRADATION.
GENERAL PRACTITIONER
-A COMPLETE DOCTOR-
A MINI-MULTISPECIALIST.

multi- competent specialist, who not only provides the **First Contact Care**
But also the continuum of care in patient centered setting to protect, maintain or restore our health.
THE GROUND REALITY--
WHO DOES NOT KNOW THAT THE CURRENT NEEDS OF TODAY’S INDIA

INDIA IS DEVELOPING, ON ONE SIDE OF SPECTRUM INTO A MEDICAL TOURISM DESTINATION WITH ‘STATE-OF THE ART’ FACILITIES AND ON OTHER SIDE OF SPECTRUM, INDIA IS HOST TO PRACTICALLY EVERY POSSIBLE DISEASE, CARRYING MAXIMUM DISEASE BURDEN OF CARDIO-VASCULAR, RESPIRATORY DISEASES, DIABETES, ANEMIA, MENTAL, LIVER AND KIDNEY DISEASES AND MYRIADS OF INFECTIOUS DISEASES.
GENERAL PRACTITIONER—

THE FAMILY DOCTOR, THE KEY FIGURE IN MEDICAL SERVICE. THE FAMILY DOCTOR IS COMPETENT TO TAKE CARE OF 85 PERCENT OF THE ILLNESSES, YOU ARE LIABLE.

AMERICAN GENERAL PRACTICE NEWS
The crucial health bridge--Primary Health Care needs to be given the top priority

**HOW?**

- GENERAL PRACTITIONERS/ FAMILY PHYSICIANS HAVE TO TAKE UP THE CHALLENGE. THE CHANGE MAY NOT BE AT MACRO LEVEL BUT THE CHANGE MUST COME AT MICRO LEVEL.

- DESPITE OF ALL MODERNIZATION AND GLOBALIZATION, A FAMILY UNIT REMAINS AND WILL BE THE ULTIMATE FOCUS OF ALL HEALTH PROGRAMMES.

- THE GENERAL PRACTITIONERS HAVE TO UPDATE THEMSELVES TO EXCEL IN THIS FAST TECHNOLOGICALLY ADVANCING MEDICAL WORLD.
WHY BOOST FAMILY MEDICINE?

• FAMILY MEDICINE IS THE NEED OF THE MILLENNIUM INSPITE OF ALL TECHNOLOGICAL REVOLUTION AND ITS ENSUING COMPARTMENTALIZATION IN THE FORM OF SUPER SPECIALTIES AND SUB-SPECIALTIES.

• NEEDLESS TO MENTION THE HARROWING SUBJUGATION OF MEDICAL PERSONNEL IN THE NAME OF HEALTH MANAGEMENT WHERE NON-MEDICAL PERSONNEL HAVE GAINED TOTAL CONTROL OVER THE HEALTH MANAGEMENT.
WHY BOOST FAMILY MEDICINE?

- FAMILY MEDICINE PROVIDES A READY ANSWER TO THE HEALTH WOES OF A GROWING ECONOMY LIKE OURS. THE HEALTH PLANNER’S OBSESSION WITH “STATE OF THE ART” TECHNOLOGY, IS DEPLETING THE MINISCULE HEALTH BUDGET.

- A STRONG NETWORK OF KNOWLEDGE--EMPOWERED FAMILY PRACTITIONERS CAN BE THE BEST BET FOR OUR IMPOVERISHED HEALTH DELIVERY SYSTEM.
“SOME PEOPLE WANT IT TO HAPPEN, SOME WISH IT TO HAPPEN, STILL OTHERS MAKE IT HAPPEN”

-- MICHAEL JORDAN
All the stake-holders including

• HEALTH PLANNERS,

• REPRESENTATIVES OF BIGGEST NGO ON EARTH, INDIAN MEDICAL ASSOCIATION,

• CITIZEN COUNCILS AND

• THE BUREAUCRATS

need to introspect and THRASH OUT SOME LONG-TERM HEALTH POLICIES AND AGGRESSIVELY PURSUE THEM.
“A JOURNEY OF A THOUSAND MILES BEGINS WITH A SINGLE STEP”
-- LAO TZU
“IT DOES NOT MATTER, HOW SLOWLY YOU GO, AS LONG YOU DO NOT STOP”

-- CONFUCIUS
“IN THE LARGER INTEREST OF COMMUNITY, FAMILY PHYSICIANS HAVE TO COME FORWARD AND LEAD THE NEW ENVISIONED HEALTH ORDER”
THANK YOU