

Editorial

Primary health care

By

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An important advance in health care in Egypt in the last few years is the implementation of a national health care service in some governorates to be extended in the future to the rest of Egypt. Another good news is the increase in the budget for health care for this year. But this increase is still behind what is stated in the national charter. Also as a percentage of the total budget is much less than many other countries. The episodic health campaigns targeting special disease or special group of people is a welcome addition, but we still hope for more.

Health care in Egypt is disease and hospital-oriented, when it should also be health and community-oriented. If I am allowed to daydream of what is needed to boost health care in Egypt I would- without hesitation- say it is the establishment of a national primary health care, where every person is on the registry of a certain primary care doctor in the region where he lives. This doctor will be responsible for about one thousand families or about five thousand persons living nearby or around his clinic. We expect the primary care doctor to prevent,diagnose and treat all the ailments for all the persons on his registry, acknowledging of course that he will need to refer some to secondary and tertiary hospital-based health care.

As such the knowledge and skills needed for a primary health care doctor is by no means less than what is needed for any specialist. We should realize and accept that the primary health care doctor is not the doctor who did not specialize,no,but he is the doctor who specialized in primary care. He is a “primary care specialist “.

As such I call upon our medical schools to establish master and doctorate degrees and the suitable training programs for such degrees in primary care.

Also the government should establish or at least finance the establishment of the primary care clinics which should not be in the hospitals,but should be in the middle of the catchment area of the persons registered in the clinic. Also the government or its local authorities should arrange the registration system. Primary health care should be inclusive and equitable.

What is in it for the patient? Quite a lot. As a patient:

- = I will receive personal service from a doctor I know and trust and he knows me personally.
- = He is also the doctor of my family
- = He knows a lot about me and my health condition
- = He will follow me up in the hospital and continue my out of hospital care.
- = He recognizes me as a person whereby in a busy hospital I am just a name or even a number. I am just my diagnosis.

A primary care doctor has the overall duty of the health of the persons he is caring for, not only in sickness but also in health. Its worth remembering that in old China every family had a doctor, usually a member of the family, he gets his salary from the members of the family as long as they are healthy,

the salary is stopped if they get sick to be resumed only when their health is restored. An interesting concept ' a doctor is paid to keep us healthy, he deserves his salary only as long as we are healthy'.

A primary care doctor will deal with almost 90% of the complaints of the patients and refer the rest to hospitals. He knows the hospital consultants in the area and is communicating with them regularly. He will get the needed investigations done before hospital referral, and will refer the patient to the proper specialty from the beginning. Among more than thirty specialties a patient will get confused if goes to the hospital on his own.

The primary care doctor maintains a detailed medical file for every person in his care. Such file is confidential, but is available to the colleague that will stand for him when he is not available for any reason.

Managers will ask what is the cost-benefit for such changes?

They will say if you doctors are concerned about the benefit, we managers are concerned about the cost. I cannot answer this question in figures , but can assure them that with such a system the number of days in the hospital for most of the patients will be reduced since the hospital will receive a patient referred from a doctor, already investigated and will discharge him to a doctor who knows him and knows his condition. The hospital stay will be just to perform the procedures.

This will lead to reduction of hospital beds with what follows of reduction in hospital expenditures. Reduction of the number of hospital beds has already happened in France, Germany and England.

Hospital stay for any patient should be an interval in the continuing care of the patient by his primary care doctor. Any procedure or intervention in the hospital should not be separated from his overall health care.

To sum up:

- = No good health care system without a good primary health care.
- = Primary care doctors should specialize in primary care.
- = Primary health care should be holistic, inclusive and equitable.
- = The cost of good primary health care is compensated for by reduction in the number of hospital beds.

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