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FAMILY DOCTORS IN VIEW OF HEALTH CARE SYSTEM REFORMS

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SUMMARY

The most appropriate model of the organisation of family health care belongs to the primary health care protection together with the leading role of general practitioners (GPs). Such determination of the health care system is not accompanied by adequate solutions in practice. Thus, it represents one of the significant subjects of analysis and new strategies in the health care system of the Republic of Serbia. The aim of this paper is to analyse the status of GPs as family doctors and their attitude toward the forthcoming reforms in the area of family practice. Half of the staff, employed in the GP department and the department of house nursing in " Dom Zdravlja" in Niš (61 altogether), has been polled. The obtained answers are as follows: the most common beneficiaries are the elderly (63.9%); medical characteristics of beneficiaries are more familiar than their living conditions and the characteristics of their communities; the average number of checkups is above the current scale of norms for 58.5% of those polled; GPs get their the biggest satisfaction in connection with continuous contacts with determined patients (51%); suggested reforms in the area of family practice are only partly known (88%); 22% of doctors have got positive attitude toward financing family doctors according to the number of beneficiaries (patients); among the suggestions for better status of GPs material terms are in the first place. A statistically significant orientation has been found among the doctors with shorter working service toward treating elderly patients (χ^2=15.61, p <0.05). The conclusion is that in present conditions a GP is not sovereign in family health care according to the proclamations of WHO and the legal local solutions, which should be altered with adequate reforms in the health care system of the Republic of Serbia.

Key words: **family doctor, reforms, health care system**

INTRODUCTION

Family, as a basic sociobiological category, is specially significant for the medical welfare of its members. Majority of population lead their lives within a family, its structures and numerous functions. Life style and particular periods in the life cycles of family entity have a specific impact on the mental and social welfare of its members.

Key functions, which should have so far been performed by a doctor of family practice as general practitioners (GPs) in our country, are numerous:

- familiarising with living conditions and health risks of beneficiaries, and all of their family members,
- familiarising with their medical conditions,
- finding out individuals under risk,

- cooperation with other segments of medical protection (the level of primary and secondary pro tection),
- orientation toward family,
- giving priority to preventative measures,
- monitoring chronic illnesses,
- prevention of complications,
- therapeutic help,
- first aid,
- the use of modern information system.

World Organisation of National Colleges, Academy and Academic Associations of GP (WONCA), short - World Organisation of Family Doctors, includes the concept of family health-care based on medical practice, optimal care and education, insisting on orientation toward community (1).

World Health Organisation (WHO) recommends the concept of family medicine as the most appropriate and most practical one for providing primary health-care, bearing in mind that this model is the most economical one. WHO experts for health care reforms, as well as the financiers of the World Bank, which provided financial support for the health care reforms in certain countries, insisted together on the concept of family health care, as a segment of primary health care, by which a GP got a sovereign place in the health care of all the family members (2).

Numerous reforms in the area of public health care and medical insurance (3,4) were passed in former Yugoslavia and the Republic of Serbia. When estimating their efficiency, most common criticism referred to the inconsistency of their conduct, specially in the concept of primary health care (5,6).

By the end of the second millennium the majority of former socialist countries had officially regulated the status of family health-care, while in other countries preparations for these reforms are taking place in geographically limited territories with the financial support of international organisations.

Most recent reforms of the health care system in the Republic of Serbia mean not only qualifying GPs for numerous tasks, but a new aspect of financing, which got positive evaluation in many countries in terms of efficiency (England, the Netherlands).

Starting positions and strategic determination in the area of family health care in the Republic of Serbia are contained in the project "Zdravstvo Srbije-Ozdravljenje zdravstva" of the Public health care ministry of the Republic of Serbia with the support of the World Bank in 2003.

THE AIM OF THE PAPER

The aim of the paper is to recognise how GPs in "Dom Zdravlja" in Niš evaluate their status, the predominant tasks they carry out, to what extent they are acquainted with the proclaimed demands of the reforms in the area of family health care, and how they evaluate them.

METHODOLOGY

Every second doctor working in GP department or the department for house nursing in "Dom Zdravlje" in Niš has been polled, by which the reasearch has been conducted with 61 doctors.

The majority of the polled doctors have got working service between 11-20 years (45 or 75%), and they belong to the specialist category (48 or 78.7%). All of them are included in other aspects of advanced training (expert meetings, conferences, training courses in innovations).

RESULTS AND DISCUSSION

Who are the most common beneficiaries of the services of the polled doctors? The obtained answers direct mainly toward the elderly, which is not in accord with the intention of the role of family practice in the primary public health care, which gives priority to the family as the predominant beneficiary of health care. Statistically significant differences in the obtained answers have been found according to the duration of working service of doctors, by which younger doctors are considerably more occupied with treating the elderly (table 1).

Table 1. The beneficiaries of health-care service and the duration of doctors' working service

Working service	Family		Employed		Elders		Total	
	No.	%	No.	%	No.	%	No.	%
Up to 10 years of age	1	5.56	1	5.56	16	88.88	18	100.00
1 1 to 20	4	14.81	10	37.04	13	48.15	27	100.00
21 to 30	2	16.67	2	16.67	8	66.66	12	100.00
3 1 and more	2	66.67	-	-	1	33.33	3	100.00
Total	9	15.00	13	21.67	38	63.33	60	100.00

$\chi 2=15.61$
$P<0.05$

To what extent are family doctors acquainted with the living and medical conditions of their beneficiaries? Evaluations, given for each of the mentioned factors from 1 to 5, show that medical characteristics of patients are best known (average grade x=3.8), family circumstances and living conditions rank somewhat lower (x=3.3), whereas community is evaluated lowest (x=3.2). It is obvious that present family practice does not adequately include directing medical practice toward community, out of which stem significant risks for public health. Community should also represent a more active participant in the overall public health care (table 2).

To what extent are GPs "burdened" with checkups? The majority of obtained answers (58.5%) show that the average number of checkups is higher than the scale of norms for general practice (8-10). This may be the reason why GPs are insufficiently acquainted with family circumstances, hygiene and living conditions within communities, where they should be representatives of family practice. Without further analysis these answers should not be taken for granted, bearing in mind medical statistics, which point out that in the Republic of Serbia as well as in the district of Nišava population has been satisfactorily provided with doctors in the domain of primary health care, with average number of checkups during the day which do not exceed the limits of the scale of norms.

This group of obtained answers is also connected with the structure of answers to the following question: **What is the source of your satisfaction in connection with your professional work?**

The majority of obtained answers refer to continuous contact with patients, while the least common answers suggest directing toward community (figure 1) for providing social network and support.

What is the evaluation of the present status of a GP within the system of public health care? Only less than a quarter of the obtained answers evaluate the existing model of family health care as the optimal solution, which does not demand any changes, whereas the majority represent demands for radical changes in the system of family practice.

Orientation of doctors in primary health care toward family should provide medical services to all family members, by which the focus of doctor's interest should be the health care of the family and not the individual. Such attitude originates not only from analyses for domestic health care policy (11, 12), but from those of the countries in transition toward market economy and political pluralism (13).

Table 2. The doctors' aquaintance with the beneficiaries of general health-care service

Beneficiaries		Assessment					
		1	2	3	4	5	x
Family and socially-economical status	No	2	13	16	13	11	3.3
	%	3.6	23.6	29.2	23.6	20.0	
Health	No	2	6	15	13	20	3.8
	%	3.6	10.7	26.8	23.2	35.7	
Community	No	4	9	22	6	9	3.2
	%	8.0	18.0	44.0	12.0	18.0	

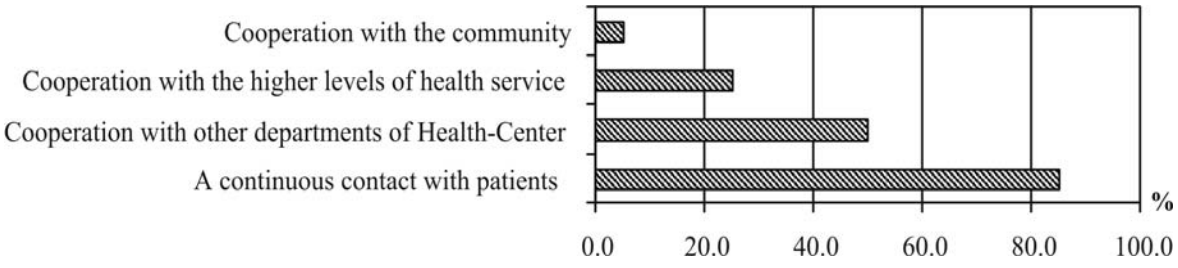

Figure 1. The level of satisfaction with the activities of health-care doctors

To what extent are the polled doctors acquainted with the suggested changes in the system of family health care? The most common answer is "partly" (88 %), 7 % are completely acquainted with the new solutions of public health policy, but 5 % are not acquainted at all. No statistically significant differences according to either duration of working service of doctors or the level of their advanced training have been found in the structure of obtained answers.

What should be changed in the area of family practice? Most common answers refer to the innovation of knowledge of the present family doctors, changes in the teaching programmes of medical faculty, and new systematic solutions in the area of health insurance. In that way a GP would be more prepared for all-encompassing services, as well as to provide better quality, which should be given to their beneficiaries (table 3).

What is the attitude of GPs toward the recommended payment to doctors according to the number of people (beneficiaries) on their lists (per capita)? Just 22 % answered positively, more than a third is not at all acquainted with this issue (36 %) or is sceptical ("it is hardly attainable in our circumstances "-35 %). One of the suggested reforms refers to the introduction of payment to doctors according to number of people/patients on their lists for a year (per capita), which would enable better material and social status (14).

The last question in the poll is: **what are your suggestions for the improvement of status of a GP?** As employees of the public health sector in our country continuously received payments much lower than those of the developed countries at the end of the previous century, and lower than those in other state and public sectors, it is understandable why the first on the list of suggestions is higher level of payment (figure 2).

In comparison with the salaries of our GPs, those in the OECD countries compared with the average national income, were 2.6 times higher some fifteen years ago (15,16).

CONSLUSION

The question of responsibility for family health care is complicated in our circumstances, by which a GP is still not sovereign in the health care for a family. Their area of activity today is mainly concern with the health of the elderly, and they are not acquainted with the community and cannot coordinate with it to achieve all-encompassing services. They are not sufficiently acquainted with the reforms in the area of activity of their professional careers.

Under conditions of existing fragmentisation on the level of primary health care, transition toward family doctors requires new models, which would finally enable the realisation of the concept of family practice based on the continuous, cost-effective and quality protection of the family.

Table 3. The suggestions for reforms in the area of general medicine

Suggested measures	Number of answers	%
Changes in the area of health insurance	43	71.67
Innovation of the doctors' knowledge	38	63.33
Changes in the teaching programmes of the faculty of medicine	42	70.00
Changes in the post-graduate programmes	10	16.67
The overal number of answers	133	

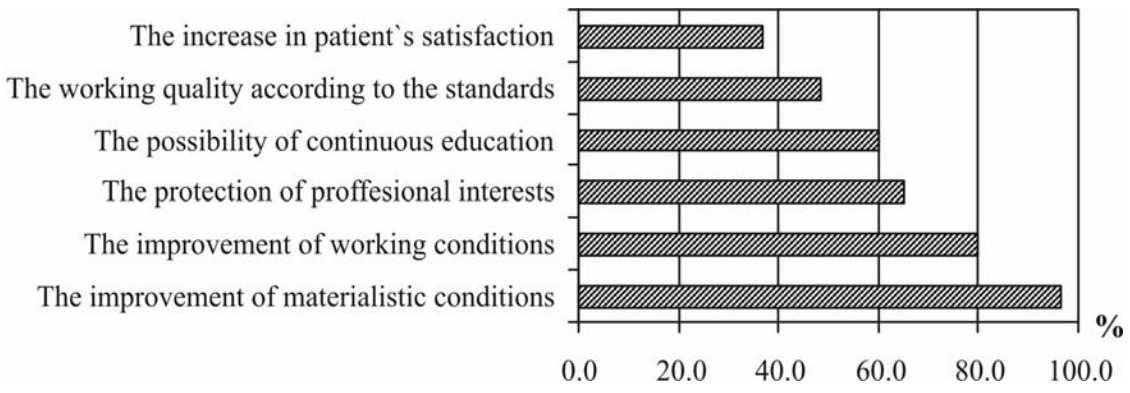

Figure 2. The suggestions for the improvement of GP's status

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PORODIČNI LEKAR U SVETLU REFORMI ZDRAVSTVENOG SISTEMA

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SAŽETAK

Najpogodniji model organizacije zdravstvene zaštite porodice pripada primarnoj zdravstvenoj zaštiti uz dominantnu ulogu lekara opšte medicine. Ovakvo opredeljenje u praksi zdravstvenog sistema nije praćeno i adekvatnim rešenjima u praksi, tako da predstavlja jedan od značajnih predmeta analize i nove strategije zdravstva u Republici Srbiji. Rad ima za cilj da analizira status lekara opšte medicine kao porodičnih lekara i njihovog stava prema predstojećim reformama u oblasti porodične medicine. Izvršeno je anketiranje sa polovinom lekara, zaposlenih u službi opšte medicine i službi za kućnu negu Doma zdravlja u Nišu (ukupno 61). U strukturi dobijenih odgovora najznačajniji su sledeći: najčešći korisnici usluga su stare osobe (63.9%); zdravstvene karakteristike korisnika se bolje poznaju, nego njihovi životni uslovi i osobine zajednice; opterećenje prosečnim brojem pregleda u ordinaciji za 58.5% ispitanika je iznad usvojenih normativa;najveću satisfakciju lekari imaju u vezi kontinuiranih kontakata sa opredeljenim pacijentima (51%); predložene reforme u oblasti porodične medicine se delimično poznaju (88%); pozitivan stav o predloženom finansiranju porodičnog lekara prema broju opredeljenih korisnika (pacijenata) ima 22% lekara; među predlozima za poboljšanje statusa lekara opšte medicine na prvom mestu su bolji materijalni uslovi. Utvrđena je statistički značajnija orijentacija lekara sa kraćim radnim stazom prema radu sa kategorijom starih pacijenata (χ^2=15.61, p<0.05). Zaključuje se, da u sadašnjim uslovima lekar opšte medicine nije suveren u brizi za zdravlje porodice u skladu sa proklamacijama SZO i domaćim zakonskim rešenjima, što treba izmeniti adekvatnim reformama u zdravstvu Republike Srbije.

Ključne reči: **porodični lekar, reforme, zdravstveni sistem**