

Preface

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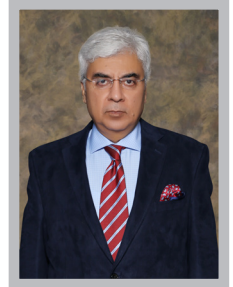
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Primary Care is the pivot on which the healthcare system of a country rests. The vast majority of diseases can be handled at the primary care level thus considerably lightening the load on secondary and tertiary healthcare facilities. This is particularly relevant in low income countries where meagre state resources are allocated to health, and major public or government healthcare establishments are severely stretched to meet existing demand. It is not uncommon to see these large centers or hospitals overwhelmed by the burden of common community illnesses that can easily be managed in primary care units and that too at a significantly lower cost to the national exchequer.

The explanation for this practice or trend is multifactorial. Primary care has largely been unregulated where any registered doctor can open a clinic after graduation, without any formal training in Family Medicine. This has led to a demeaning of the status of Family Medicine as a specialty in its own right and a subsequent fall in the esteem with which family physicians are viewed by the public. Since no special training or degree is required to practice as a general practitioner or GP this has also resulted in many quacks setting up practices. In many areas, even in big metropolitan centers, the quacks practicing in certain localities outnumber qualified medical doctors. There is also inadequate regulation or scrutiny of a practitioner's ability and no recognized system of credentialing for the practices that they are allowed to undertake. It is not uncommon to find GP's undertaking procedures for which they have had no formal training or exposure. There is also a big hiatus in monitoring the standards of practice in Primary Care. There are no established minimum quality standards and no checks on whether individual practices conform to international clinical or ethical guidelines. All these factors have led to a lowering of the standard of care provided in Primary Healthcare and a general lack of public trust in this aspect of the profession. Hence, people flock to hospitals for care of common ailments that can easily be managed in the Primary Care setting.

In this milieu the focus on academics in Primary Healthcare has also suffered. Research is minimal and often limited to basic epidemiological data only.

There is neither any funding nor any meaningful incentive or forum for research. Documentation and record keeping is generally poor and scratchy. Vast amounts of significant and often critical data is lost and rational data analysis to formulate best practice guidelines or devise national health policy is almost non-existent. Scientific evaluation of any epidemics or endemic diseases rarely takes place except as an occasional offering to political or electoral expediency. The overall situation in Primary Care is largely both grim and depressing.



At our institution we are committed to developing a strong focus on the importance of Primary Care as a necessary and critical requirement for improving national health standards. We have set up a strong and vibrant Department of Family Medicine and established an expanding arm of Primary Care Medicine in our clinical armamentarium through the establishment of outreach and Home Health facilities. We have also set up a specialized Senior Citizens Primary Care Unit and are promoting the teaching of Family Medicine at undergraduate level. A formal FCPS training program for postgraduate training in Family Medicine has further strengthened our commitment to this vital sub-specialty. With the Liaquat National Journal of Primary Care we want to promote interest in research in this discipline and create a culture of proper documentation and data analysis for scientific inquiry and discussion. We hope that this will help to provide Family Physicians a forum and format for clinical and academic dialogue.

I would like to thank Dr. Faridah Amin and her team for making this journal possible. The dynamic Editorial Board that she has assembled augurs well for the future and the quality of the journal. I also wish to thank all those whose names neither appear in the editorial board nor in the pages of scientific discussion but who worked quietly in the background undertaking many of the routine tasks that are involved with any publication.

May God bless this journal with success in the months and years to come.