

Primary Care-Identifying the Gaps

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Primary healthcare is comprehensive healthcare focusing on health promotion, preventive, curative, rehabilitative and palliative care provided to families and communities through trained general practitioners. These physicians are capable of providing holistic and person-centered healthcare to address physical, mental and social needs in order to promote wellbeing of all members of the family including children, adults and geriatric population.

The public health sector needs to take lead to ensure provision of a cost effective, horizontal, integrated and coordinated system of primary, secondary and tertiary healthcare for all populations, but due to low healthcare budget allotment in developing countries there is insufficient development of primary care [1]. As a result, preventive and rehabilitative services are generally neglected while the focus is on diagnostic and curative healthcare. Therefore, in our part of the world the health systems are still fire fighting for cure and treatment of preventable diseases. As a result, while we are still struggling for control of acute and infectious diseases, the prevalence of chronic diseases is creeping up, particularly mental health diseases such as anxiety and depression are on the rise. Yet, lack of awareness, social stigma associated with mental diseases and burden of organic diseases presenting to physicians have drawn away the focus of physicians on psychological wellbeing of the patient. It is already known how a bio-psycho-social model of health generates better health outcomes yet, addressing psychological and social wellbeing of the patient is down the priority list both in public and private healthcare set-ups [2].

Moreover, preventive and rehabilitative health generally is not addressed and particularly the stratum which gets the least attention especially in terms of their social and psychological wellbeing is the geriatric age group. As the longevity world over is increasing, there is marked

transition of the population pyramid towards a much older population [3], therefore the healthcare system needs to be pro-active in addressing needs of the ageing population. This translates to a targeted effort to improve the quality of life of geriatric population in order to prevent rapidly deteriorating physical, mental and social health of this population instead of merely focusing on cure of organic diseases.



Keeping this gap in view, recently for the first time a bio-psycho-social model of elderly care is developed by the management with a team of primary care experts of Liaquat National Hospital, Karachi. This not for profit primary care service aims to address the physical, social and psychological healthcare needs of the aging population through a multidisciplinary team of six medical specialists including trained doctors, nurses, psychologists, physiotherapists, occupational therapists and dietitians. The initial response and individual outcome seem to be promising though, the true impact of this preventive and rehabilitative intervention shall be evident through scientific data, the process of which has already been initiated by a team of avid researchers. Further improvisation and expansion of the service may be recommended if on exploring a significant positive impact is observed.

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