

Professor Chris van Weel, President of Wonca

Primary care matters: it saves lives, and not only money

Thoughts from Wonca at the founding ceremony of the Swiss Society of Family Physicians



At this important ceremony I would like to place the impact of the founding of the Swiss Society of Family Physicians in an international perspective – but not before presenting congratulations and well wishes from Wonca.



Chris van Weel.

The founding of a strong, comprehensive national society is in line with Wonca's prime objective of securing strong colleges and academies in every country. A compelling reason to foster contacts and exchanges between national colleges is that despite the fact that health systems differ, family physicians (FP) and their practices are faced with similar roles, tasks and challenges. This can be elegantly illustrated by the model of the Ecology of Medical Care. Most people with an illness or disease can be found in the community. Most of them will recover without the interference of medical care, only about one in ten will not do so. Those contacting health care will enter primary care and most of them will be treated entirely there – referral to a hospital or a specialist will concern only a small minority (currently in the Netherlands less than 4%). From this, the tasks of primary care can be identified: (i) diagnosis, treatment and management of the morbidity presenting in primary care; (ii) navigating the health care system (in providing access to care and referrals to specialised services); (iii) management of personal perspectives and concerns – person-centred medicine; (iv) address the population needs ('the population under care'). This makes it understand-

able that primary care research and teaching from another country are much more relevant for FPs than research and teaching in the hospital setting of a specific country. This stresses the international perspective of primary care.

In this respect, the effectiveness of primary care warrants further comments. The publication of Barbara Starfield's study of the cost-effectiveness of primary care in 1994 showed that the stronger the role of primary care, the more health was produced for each dollar, euro, franc or pound invested and demonstrated that primary care was more than just a good idea. This triggered the political interest in primary care. Since 1994, Starfield and her co-workers have provided even more important evidence. FP density as a marker of primary care strength is related to higher life expectancy and earlier diagnosis of malignancies (melanoma) – the most important objective of health policy and a strong marker of effective practice, respectively. Interestingly, for subspecialist density the opposite relation was found. However, the problem is that there is a poor understanding of the causes of this effectiveness and this stands further improvement in the way. Gaining better insight – the domain of research and development – is therefore a priority.

The change of health care – from hospital to primary care, from specialist to community, from professional to self-care, with a strong societal perspective – brings us back to the FP and his/her role and function. It is the medical generalist who deals with all health problems, in all stages, in all individuals, driven by the patients' needs. It is community oriented with a family or household focus that takes into consideration social determinants of health. It is the personal doctor, applying patient-centred and integrated continuity of care. In conclusion, primary care matters, it saves lives, and not only money. It brings better population health and a better functioning health care system. Therefore primary care can be, and must be, developed. There is a need for an academic outreach of teaching, training and research – it is not 'an art' and can and should be further improved. But there is no need to postpone action.

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