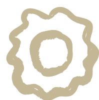


EXPERIENCES FROM THE FIELD

A (WRITTEN) VISION OF THE PRIMARY CARE WE'D LIKE TO SEE

Training and guiding general practitioners so as to ensure effective primary care: this is the aim of a new handbook on general practice and primary health care. A sort of road map, we wrote it to simplify the complexity of general practice, underscore its impact on the health of people and communities, and prepare tomorrow's doctors and health workers.

TEXT BY / CRISTINA VITO AND VIVIANA FORTE / GENERAL PRACTITIONERS

Why is it important to talk about general practice and primary health care at this time?

Primary health care services and general medicine have come under great scrutiny since the pandemic began. There have long been warnings, in fact, both at the national and international level[1], that in the absence of a primary health care model capable of meeting the challenges posed by current developments, two major phenomena are likely to collide and bring health care systems to their knees.

First of all, a rise in the number of people affected by chronic diseases and non-self-sufficiency, due in part to the absence of proactive, preventive, personalized health services. Secondly, an incapacity to respond in a suitable and systematic manner to help such individuals, due primarily to the inability to plan local health services close to where the people who need them actually live. A care model based on the principles of comprehensive primary health care is the only way to guarantee these services and capacities.

Why did you think it was important to write a handbook on general practice and primary care?

We believe that it is impossible to ensure effective primary care without providing suitable training to those who practice it, so we conceived and wrote a handbook to guide the general medicine and primary care practitioners of the future. Above all, we wanted our book to counter flatter, more outdated ideas about the role of general practitioner, to demonstrate how some GPs have different, in fact *broader*, expectations with regard to the profession, including its specific requirements in terms of training, care, social and research.

We talk about the idea that however transdisciplinary and context-dependent, open to study, investigation and change general practice may be, it is still based on specific knowledge with fixed boundaries. Knowledge that is not – as is often still erroneously believed – simply the sum of the basic skills of each medical specialty, but, on the contrary, a multitude of specific skills and characteristics that, in our opinion, need to be made clear in order to then bridge this critical knowledge and training gap.

So we decided to envision the future in a cultural sense, drawing up a sort of road map to a new GP culture, the one we hope to learn and to practice for the good of collective and public health. We hope our handbook will help people to critically explore the determinants of the health-illness continuum, keeping a constant and sharp focus on the individuals they meet in their communities.

How can we structure the training of local physicians for care in the future?

Internationally, the figure of the GP – known as a general practitioner or primary care physician – is a professional who must work at nine specific levels:

TABLE 1 /

1) HEALTH PROMOTION	5) OVERT DISEASE DIAGNOSIS
2) DISEASE PREVENTION	6) DISEASE MANAGEMENT
3) PRE-SYMPTOMATIC DISEASE DETECTION	7) MANAGEMENT OF DISEASE COMPLICATIONS
4) EARLY DIAGNOSIS	8) REHABILITATION
	9) PALLIATIVE CARE AND COUNSELING

The WHO holds[2] that GPs should be able to act within an especially complex theoretical and practical framework, adopting and managing specific skills and a range of approaches in a manner that is both complementary and just as demanding as that of internists.

In keeping with these values and principles, we decided to structure the handbook in three parts, each dedicated to a macro theme, i.e., primary care and general practice; health promotion and prevention in general practice; and general practice clinics.

The section on primary care and general practice lays out a *systemic framework* that outlines the principles underlying the Italian national health service (SSN)'s policies and services with regard to primary care and general practice; the principles underlying the training of practitioners and their research activi-

ties; physicians' practices and their practical management; relationships and communications in consultations; and practical and regulatory aspects related to prescription and certification.

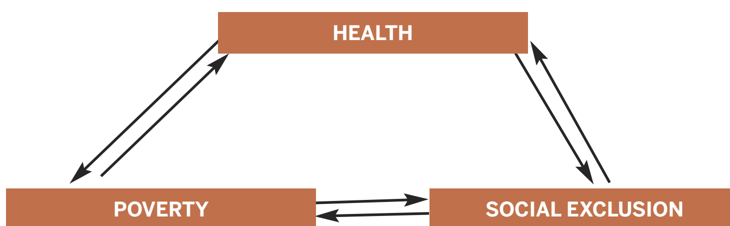
We then move on to an investigation of health promotion and prevention in general practice, offering a *population framework* to analyze the impact of complex systems (i.e., social and environmental settings) on health-illness dynamics, and review the key practices of health promotion and prevention.

Finally, we address the issue of general practice clinics, presenting a *clinical framework* that provides a precise and up-to-the-minute examination of the main issues in disease presentation, the management of consultations and specific therapies, both pharmacological and non-pharmacological, in home care, chronically ill individuals and emergency situations, in patients ranging in age from pediatric to the elderly, including primary palliative care.

How does the handbook address health care for socially frail individuals?

By starting precisely from the "acknowledgement of social complexity", and attempting to expand the concept both inside and beyond GP clinics. We also proposed an interpretation of ways in which economic, social and cultural ties can impact the health conditions of people in need of care.
This is why we sought to address a range of interrelated directions and aims with our book. First of all, we wanted to provide useful tools for identifying people at risk of exclusion and grave social vulnerability, to help GPs intervene *before* the exclusion occurs, and to implement early interventions and avoid reinforcing further exclusionary practices. Next, we wanted to present practices of active participation, construction and maintenance of community social and health networks and the non-profit sector, based on the notion that partnering on joint integrated health interventions is a value that promotes inclusion in and of itself. Finally, we wanted to spur the recording and production at the community level of social epidemiology data to help show how social status analyzed in relation to health data could guide us in developing practices to counter health inequities.

The complexity of the life dynamics of such disadvantaged individuals is challenging for *any* health professional from both a personal and professional standpoint; it is therefore imperative that they be "trained" to sharpen their wits and deepen their sensitivity and tenacity, in order to craft tailor-made and effective social/health interventions in which automatic procedures play no part. They also need to learn how to envision themselves as part of a broader social/health network and be prepared to deal with the challenges of managing the health issues of more socially vulnerable patients, people who often face huge challenges in accessing social and health rights – obstacles which must be correctly framed in order to be overcome. GPs everywhere will need to develop meta-skills regarding *how* to learn what they need to learn and how to "map" the social/health services in their specific communities at multiple, both formal and informal, levels.



NOTES

1 See the World Health Organization's *World Health Report 2008: Primary health care now more than ever*.

2 euro.who.int https://www.who.int/europe/Sezione → Health systems, primary health care, main terminology.