

Sven Streit, General practitioner

## Family Medicine in 2019 with the past in mind



In September 2019, I will have been working as a general practitioner (GP) in a suburb of a major Swiss city for 5 years. It is 10 years after other GPs were starting to have trouble finding a successor for their single practice. Hence they were forced to close their offices, while patients were anxiously looking for new GPs. After being turned down by the remaining GPs, which were especially small numbered in rural areas,

they had to turn to the emergency departments at hospitals which were subsequently overrun and unable to cope with the amount of patients and rising costs.

### Popular initiative brought changes

In 2009 a popular initiative to support Primary Care in Switzerland came just in time. It asked for a reliable and, above all, accessible Primary Care system with sufficient diagnostic and therapeutic capacities. Politicians, in particular those who were having trouble finding GPs nearby as well, started supporting the movement. The initiative got accepted which sent out a strong signal for young doctors to become GPs, as the uncertainty about this profession's future decreased as the government and health insurance companies started working on reducing the administrative work load and improving financial security. Primary Care was restructured for the long run, in order to prevent imprudent rapid changes.

### Improved training attracts young doctors

I observed changes at the time of my training in different hospitals. While my older colleagues had to work in hospitals in order to become a GP, my colleagues and I, and even more so my younger colleagues, experienced a special professional training. Teaching on Primary Care specific topics took place weekly, such as the most important dermatological findings in Primary Care taught by a GP and a dermatologist. Both specialists and GPs learnt the differences in epidemiology including the consequences in diagnostics and treatment. Primary Care research, which became more and more accepted, proved the profit of such meetings. Those weekly training sessions also established a basis of networking for young GPs. This helped us to learn from each other and to form our «Primary Care House».

### Group Practice 2019

I have been working at my current practice for 5 years. The practice includes 4 GPs, a gynaecologist, a paediatrician and a psychiatrist (4 women and 3 men) and we are able to cover all kinds of our patients' needs in health care. The majority of us work part time. The practice was founded to overcome the lack of GPs, as older colleagues, shortly before retirement, left room for us to join them. Professional risks and questions are shared equally by all colleagues. We find great support in our co-workers who are a physiotherapist, a social worker, and nurses who are improving health by screening and preventing cardiac risk factors such as diabetes – a disease with a high increasing incidence in 2019.

### «Contagious» Primary Care

Besides treating a broad spectrum of diseases, I enjoy the fact that the administrative work has decreased due to governmental augmentations, by the means of professional assistance in economics, taxing, and billing, leaving more time for the main task of treating patients, which is also better paid these days. Therefore our practice can even afford to hire an administrative assistant. On one hand, it is the previously mentioned broad spectrum that makes Primary Care attractive, and on the other hand it is teaching medical students and GP trainees that I enjoy the most – and through this I can learn too! It pleases me whenever a person gets infected by the Primary Care virus and also decides to become a GP. It was also an internship, in 2007, that sparked my interest in Primary Care.

### Looking back with no regrets and looking forward with hope

In 2019 I will not regret my decision to become a GP because troubles in 2009 have turned out well. Primary Care has been strengthened by the government and associated organisations with many possibilities to cover the needs of patients and doctors.

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