

Bruno Kissling, Lilli Herzig



# Opening ceremony of the Wonca Europe Conference 2009 in Basel – Round Table Discussion

The welcoming ceremony of the Wonca Europe Conference 2009 in Basel featured a round table discussion with six guests representing the Swiss Government, the University of Basel, Wonca World and Europe, the young doctors of the Vasco da Gama Movement and the Swiss Society of General Practice, host of the conference. The guests have been asked by Bruno Kissling and Lilli Herzig for very short answers on important challenges facing family medicine in the fields of practice, teaching, research and quality, and on the future of family medicine. What was expected was not ready-made solutions but catalysers for further discussion among the 4700 conference participants from 73 countries.

**Lilli Herzig/Bruno Kissling:** Switzerland and Basel are situated at the very centre of Europe. And the Swiss health system is experiencing the same economic problems as all the surrounding European countries. What is your political formula for strengthening family medicine as a central pivot of health systems in Switzerland and Europe?

**Carlo Conti:** Like all neighbouring countries, we in Switzerland are also acutely conscious of the importance of family doctors when it comes to the provision of primary medical care. At the same time, we are also conscious of the imminent shortage of family doctors – and also nursing personnel – above all in rural areas. We have no readymade solutions for this problem. The solution can only lie in the creation of improved working conditions. What are the crucial factors?

- Rigorous promotion of managed care models.
- The function of the primary care provider must be rendered more attractive once again. The tariff system must compensate the counselling services of the family doctor better than the technical services of the specialist. Emergency services provided by family doctors also need to be better compensated.
- The option of part-time working also needs to be promoted. Many women are keen to become family doctors, if only they had the chance to combine this job with their family responsibilities. An increasing number of women are studying medicine.
- Attention needs to be focused here too.
- The creation of joint practices – group practices which operate across geographical territories and specialist fields, and which are able to exploit synergies in respect of infrastructure and apparatus.
- Making medical studies more attractive, through on-the-job assistantships: enabling student family doctors to get to know and value their future field of work on a one-to-one basis with periods of practical training. At the same time, attractive extra-occupational further training programmes need to be set up.

We certainly need effective measures, and some of these have already been implemented in Switzerland. However, if the situation of primary providers is to be improved, then what is really needed – in addition to the demands of the political community – is dialogue

within the medical fraternity. Within medical societies. A congress can provide valuable impulses here.

*Family medicine has been a long-established tradition throughout world history but it is a very young member in the academic world of the university. In your view, how can the university support family medicine in order to improve its scientific dimension and raise its research activity?*

**Antonio Loprieno:** Family medicine is a permanent feature in the academic landscape of Basel Medical Faculty. Family medicine is the driving force behind the demand for a higher number of places for medical students.

## Opening ceremony talk guests



### Dr Carlo Conti

Vice President of Basel City Government Health Department and Vice President of the Board of the Swiss Conference of Cantonal Public Health Ministers



### Professor Antonio Loprieno

Rector, University of Basel



### Professor Chris van Weel

President of Wonca World



### Professor Igor Švab

President of Wonca Europe



### Dr Andrea Poppelier

Chairperson of the Vasco da Gama Movement



### Dr François Héritier

President of the hosting Swiss Society of Family Medicine

The University of Basel supports these efforts and is concerned to raise the attractiveness of family medicine as a profession. Thus consideration is being given to new university-level, pregraduate education models in family medicine with a more marked clinical and practice orientation.

The University of Basel's primary goal in his strategy are the "life sciences", of which family medicine is the basis. The University of Basel is proud of his family medicine and that this Wonca Europe Conference is being staged in Basel.

*Wonca World has existed since 1972. At its World Conference in 2007 Wonca adopted three policy directives: the first on gender equity, the second on access to high quality health care and the third on medical education. How can Wonca, on a global basis, prevail on or even persuade governments to implement and strengthen family medicine?*

**Chris van Weel:** The mission of Wonca is to promote the health of peoples, with – as the means of putting this resolution into operation – strong, responsive primary care and family medicine. Developing primary care means working in the context of the community where primary care has to work. As communities around the world differ, this means a strong connection to local communities. This is highlighted in Wonca's prime objective: to work in the national context. Wonca is an organization of national academic organizations and the stronger Wonca member organizations are, the more effectively Wonca can operate.

From this perspective, Wonca should consistently address issues overstepping the national level, but in ways that support the further role and functioning of the member organizations, individual family physicians (FP) and their practice teams. The setting-up of viable Wonca regions should be seen in this light. In the current six – and in all probability soon seven – Wonca regions, member organizations find ever more regional platforms in which to meet, exchange information and develop knowledge and wisdom. Currently there are some five to six regional Wonca conferences in a year.

Next to the organization of meetings, the "global" field can be summarized as:

- Provide advocacy for primary care and family medicine – with governments, universities, medical organizations and others. The success of Wonca is reflected in the fact that Wonca membership has more than doubled. From the 13 founding members at Wonca's founding it has now grown to 119 member organizations from the 116 countries in which more than 80% of the world's population live. This is major progress in fulfilling the 2007 Singapore Wonca Council resolution: "Every family a family doctor". In meeting the goal of a family physician in every

community, there is a vital need to recruit medical students for a future career as family physicians. The message that "every medical student should be exposed to primary care, as early in their career and for as long as possible" (another Singapore resolution) should be heard in every medical school in the world.

- Develop general products, statements and other resources. The International Classification of Primary Care (ICPC) is in all probability the best example of this. The GUIDE book for primary care development is another. The report on Integrating Mental Health into Primary Care, launched in 2008, exemplifies the importance of the integrated primary care response. The statements on teaching and education – the London Ontario Statement of 1994 – and research – the Kingston Conference Report of 2004 – should also be mentioned in this context. These products are relevant for individual FPs and their practices, as much as they are for Wonca member organizations.
- Act on the global level, with other world organizations. In recent years, Wonca has established strong collaborative ties with a number of these bodies, including the Global Initiative on Obstructive Lung Diseases (GOLD), the Global Alliance against Chronic Respiratory Diseases (GARD), and the World Psychiatric Association. The WHO has been in the forefront of this development, in particular in the fields of classification, mental health, smoking cessation and health care development. Deserving of special mention at this point is the resolution for which Wonca campaigned hard and which was passed at the last WHO World Health Assembly.

Thus it is appropriate to conclude with a reference to Resolution WHA62.12: Primary health care, including health system strengthening. This motion stresses the importance of primary care as the central force in the health care system. It stresses, amongst others, the following aspects:

- People at the centre of health care;
- to train and retain adequate numbers of health workers, including primary health care nurses, midwives, allied health professionals and family physicians;
- vertical (disease-specific) programmes integrated, implemented in primary health care;
- access to appropriate medicines, health products and technologies, required to support primary health care.

With this the mission of Wonca has taken a significant step forward.

*Wonca Europe brings together all European countries from Portugal to Kazhakstan and from Norway to Turkey – countries in which the development and organization of family medicine differ widely. Is the family doctor worth his price? What is the economical impact of family medicine in all these countries?*



Photos: Dr. Winfried Suske.

**Igor Švab:** There is now more than enough evidence that health care systems based on primary care rather than speciality care are more effective, cheaper, and more equitable, and that patients are more satisfied. Research in this field has been ongoing for decades and so far there has been no proof of the contrary. I would mention only two results: every primary care physician per 10 000 population reduces mortality by 3–10%, depending on the cause of mortality. The costs of healthcare for patients who have their personal physician are reported to be a third lower than for patients who have not. I often wonder how many times you have to prove that the world is round. What we now lack is not more research evidence but more willingness on the part of policymakers to reorient their health care systems towards primary care.

This message has been clearly expressed on many occasions, most recently by the WHO. As you all know, however, accepting a declaration is easy, but moving resources is much more difficult. My message to politicians would be: family medicine and primary care work. It is an investment you would find well worth making.

*The future of medicine, and especially of family medicine, will be young and female. However, the current structures of family medicine are still more adapted to the older male. How do you imagine family medicine will be in 2015?*

**Andrea Poppelier:** The profile of the panel here present offers a fairly realistic image of family medicine general practice (FM/GP) today. But this is changing and my presence here for the opening ceremony in Basel is a sign of this, for which I express gratitude to doctor Kissling.

Change can be a slow process. In ten years the way we practice FM/GP may not be very different. Although we strive for the same quality standards in terms of teaching, research and patient care all over Europe, organizational, logistic and cultural factors influence the wide variation in the way FM/GP is practiced.

To make these standards, of research, training and patient care, comparable in all countries, will require international networks, such as Vasco da Gama Molement (VdGM) VdGM and Wonca, linking together national structures.

And whilst organizing FM/GP on a national or international level it is important to think about what and who we represent. A structure or organization should be representative. What we see here at this

round table is indeed representative of the situation amongst organizations, but is it representative of all general practitioners in Europe? Or even of the participants at this conference?

The participation of young and motivated colleagues is more and more important. I believe that only by working in close collaboration with these youngsters we will achieve our goals – uniformity of standards, of research, of training, of patient care – and be truly representative of all members of the profession.

*The Swiss Society of General Practice was founded more than 30 years ago (1977). It has been a member of Wonca for more than 15 years (1992) and proposed staging the European Wonca Conference 2009 in Basel. Can you please explain in a few words the current situation of family medicine in Switzerland and the promotion Swiss family doctors expect from this European conference?*

**François Héritier:** If we take a snapshot of family medicine now, today, our Swiss situation is almost comfortable in comparison with that of many European colleagues. We have family doctors almost everywhere in every region, if we except some areas. We can still work independently with our instruments of radiology or laboratory, for example.

BUT, I would say there are two main problems: our age and our image. We are getting older and older, and we cannot find enough successors for our patients: only 10% of medical students want to become family doctors and we need 3–4 times that number. We suffer from our bad image among the younger generation: we work alone, always on call, badly paid, no action (like e.g. in emergency rooms). What we expect from this European conference, therefore, is better visibility. We want to show that family medicine is a TOP medicine with a high level of research, with new and interesting methods of working, with action, in one word, family medicine is SEXY!

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## Aus dem Forum Hausarztmedizin: Wünsche an den neuen Bundesrat

Die Forumadministratoren haben dazu aufgerufen, in einem öffentlich einsehbaren Thread Wünsche an den neuen Bundesrat zu formulieren. Diskutieren Sie mit! Die URL der Diskussion ist: <http://www.forum-hausarztmedizin.ch/bb/viewtopic.php?t=925>.

«Denken Sie langfristig und vor allem weiter als Ihr Vorgänger!»

«Wenn Sie selber auch in 10, 15 Jahren noch von einem Hausarzt lege artis untersucht, behandelt und persönlich betreut werden wollen, muss die Hausarztmedizin erste Priorität haben!»

«Mit «Hausärzte Schweiz» steht Ihnen ein starker und verlässlicher Partner zur Verfügung.»



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