

# Spotlight

LOUNGE



SOCIETY

## Life support

In the age of multi-speciality healthcare systems, the GP, or 'family doctor', is not quite part of the family any longer

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Some years ago, 54-year-old Ashok Talesara had an itch in his throat that wouldn't go, though he visited an ENT (ear, nose, throat) specialist. The businessman from Nana Chowk, Mumbai, decided to drop in at his family physician's clinic, just a few metres from his home. Ramesh Jain, who treats the Talesara clan, including Ashok's brothers and their families—all of whom stay in the same building—examined his patient of 14 years. "You need a vitamin B12 injection," he said.

Eggs and meat are rich sources of B12. "We are vegetarians, and he knows that we have low quantities of some vitamins. Thanks to him, I have also begun to play tennis in the mornings for an hour to ensure I get enough vitamin D," Talesara says. Dr Jain, who set up practice in 1987, attends to more than 50 families in this south Mumbai neighbourhood. On that road alone, there are three doctors with "Family Physician" written on their name boards.

While there are no stipulations on standards of practice or fees, well-established family physicians speak of a code of conduct and treatment that binds them. Ganesh Dhakappa, a general practitioner based in Bangalore who has been treating families for over 30 years, lists the requisites. "A family physician listens to the history and problems of patients, serves the community at an affordable cost, with minimal investigative modalities, and at all times without any appointment required. He/she can treat a range of different diseases with his/her experience. He/she is kind, patient, friendly and humane



Doctor next door: (clockwise from left) Shyam Kumar of Portea Medical; Ramesh Jain (centre) with the Talesara family; and a still from Khubsoorat (1980), in which Om Shivpuri plays the family doctor.

in his/her approach to sick patients. In short, he/she is part of the family of the sick, and also must counsel them to tide over their social, domestic, cultural problems which are not necessarily always medical."

That's not a tall order, at all. When Talesara's second child, 27-year-old Abha, went abroad to study, he gave her a list—made with Dr Jain's help—of 25 medicines to take in case of any emergency, ranging from "loose motion" to "nausea", fever and cold. A few years ago, when his third child Krishna (then 18) fell ill, Dr Jain paid her a visit almost immediately after Talesara phoned him. It was 4am. "He's not just a family doctor, he's a family member," says Seema, Ashok's wife. "I trust him completely."

This camaraderie may seem surprising—indeed, unnecessary—to those who would prefer to keep the doctor-patient relationship transactional. The circumstances under which such fellowship exists are fast changing. Multi-speciality clinics and hospitals have overrun cities, offering little work for general practitioners (GPs), who have an MBBS degree) and family physicians (who possess a postgraduate degree in family medicine from the Diplomate of National Board, a title awarded by the National Board of Examinations, an academic body under the Union ministry of health and family welfare, or a diploma in family medicine

offered by a handful of medical colleges). In hospitals, most MBBS doctors are absorbed in other departments, such as ICU (intensive care units) or the emergency ward. Inflation and realty rates make it difficult for GPs to set up independent practice, and corporate home-care companies have emerged to provide the services of both general practitioners as well as specialists for a fee.

The result? The family doctor, the familiar figure of a usually elderly man with a stethoscope around his neck in our movies, isn't quite the family member he or she once was.

The problem, says Raman Kumar, president of the Academy of Family Physicians of India (AfpI), is our upside-down approach: "If you have a headache, you visit a neurosurgeon; for a stomach upset, you go to a gastroenterologist. People spend a lot of money and do a battery of tests. More often than not, it will be nothing that a general practitioner wouldn't have been able to help with. Not only would the GP do a better job, it's also their role to keep a tab on your medical history."

Dr Kumar calls this horizontal knowledge—one which needs to be brought back to contend with the trend of "super-specialization". "If you think about it," he says, "a GP knows a lot more than a super-specialist, and that knowledge is a lot more valuable, but it's the specialist who is more in demand."

This upside-down attitude has also given rise to a piecemeal approach to healthcare, rather than a holistic one, feels Meena Ganesh, chief executive officer of Portea Medical, a provider of home healthcare services in 12 cities. Meena and her husband Ganesh Krishnan bought the company in 2013. "There is a lack of care beyond hospitals, and a dire need for intermediates to manage your health," she says. Portea's services include family physicians who make home visits.

This becomes all the more significant at a time when we suffer from a number of co-morbidities, including but not least diabetes, hypertension and cancer. The rising trend of lifestyle diseases, coupled with a growing population of geriatrics, means that now more than ever, family doctors are vital—India's over-60s are expected to rise from 100 million to 300 million by 2050, according to a 2011 United Nations Population Fund report. "The Status Of Elderly In Select States of India", which mapped seven states where the aged population was larger than the national average.

What's more, the primary care provided by family physicians prevents health conditions from getting exacerbated. Meena points out. "This helps reduce the healthcare costs of families in the long run."

Santanu Chattopadhyay, co-founder of NationWide, a chain of

clinics in Bangalore, New Delhi, Ghaziabad and Gurgaon that offer the services of family doctors, among other primary care, agrees, but says that lack of proper training is a challenge his company, set up in 2010, faces. The firm offers continued medical education (CME) to employees. This involves a 200-hour course spread over 18 months, at the end of which doctors are expected to clear the membership exam of the Royal College of General Practitioners (RCGP), a UK-based assessment system. Other home healthcare firms set up in the past year and a half, like Health Care At Home India and Home Health Care, include the services of family physicians too.

In a paper published in April in the *Journal Of Family Medicine And Primary Care*, Dr Kumar nods towards the corporatization of the family doctor. "Family medicine not only prepares a medical doctor with clinical skills but also with managerial and financial skills... (It is) the vocational training for community-based skilled medical practitioners capable of taking care of 90% of the clinical conditions in a given community." He, however, states that "most medical graduates are not aware of family medicine"—a situation that can be corrected only if the Medical Council of India (MCI) promotes this specialist vocational training on a priority basis, and makes it mandatory in medical colleges.

But the MCI, an accreditation body that monitors medical practice, has only just made provisions for a master's course in family

medicine, though the National Health Policy recognized the dearth of family physicians in 2002. It was only in 2012 that the MCI notified the introduction of a three-year postgraduate degree course, and sent the curriculum to states. However, modalities, such as the eligibility of faculty, are still to be decided.

The Union health ministry has an ambitious plan of establishing 10 new All India Institutes of Medical Sciences (AIIMS) to offer quality healthcare and training to doctors. Yet experts believe that spending on tertiary medical education will do more harm than good; the government needs to bolster primary healthcare centres, the operating ground of family physicians, instead.

Last year, then Union health secretary Keshav Desraj even sent a letter to state health secretaries, saying there was need for an "integrated generalist approach to diagnosis, treatment and complete healthcare management of an individual and family". He noted that there was a shortage of specialists at community health centres, and that the "response towards the corporatization of the family doctor. "Family medicine will rock in India in a few years".

Yet young doctors in this field remain hopeful. Shyam Kumar, a Bangalore-based, 34-year-old MBBS graduate who interned with senior GPs in New Delhi and Madurai, and worked in a hospital in Chennai, feels "family medicine will rock in India in a few years". Dr Shyam Kumar joined Portea Medical in October and is happy that unlike his stint at the hospital, he is able to devote time and care to his patients.

"It is not true to say that medical students don't want to be family physicians. There are simply no provisions to encourage them," he says.