

Family doctors and European definition may disappear in Italy

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One of the disturbing implications hidden in the new indicative Italian Laws about Primary Care is that the WONCA – EURACT European Definition of General Practice may disappear. Even the concept of personal care is put under question.

At first reading, the government draft shows a dangerous picture for both doctors and patients. In recent months many people tried to divide doctors between H16 and H24, but it is curious to note how the much more worrying deletion of the words “Family Medicine” (replaced with a generic “Primary Care”) passed over in silence. In practice it is as if tomorrow the Italian Republic is simply called Italy in official acts.

This simple change of a word could change the target of primary care. This is already suggested in the draft of Article 22 of the Health Pact, with the proposal for the institution of a Postgraduate School in Community Medicine and Primary Care, while trying to abolish the three years of formation (never recognized as real School of Specialization) in Family Medicine/General Practice.

These initiatives may indicate an intention to shift from a system of primary care aimed at the care of single individuals and their families, to a reductionist concept of primary care for a community of people. It is not surprising that the draft document indicates

that primary care should have some perhaps absurd purposes: such as reducing access to the emergency rooms or the achievement of district local goals. I naively ask: why do not you put in an objective simply about curing people?

Also it should be noticed that from the National Contract is removed the recognition of professional training for Primary Care according to the principles expressed by the European Definition of General Practice / Family Medicine by WONCA Europe (the European branch of the World Association of Family Physicians), which instead it was present in the previous agreement of 2005.

One of our trainees wrote in Internet that he wanted to become an “European Family Doctor”: this could be difficult when the draft political Contract states that he can become a primary care doctor operating on selected cycles, or operating on an hourly basis. And he says he is unhappy about the term itself, recalling the programmes for laundry (the colored garments cycle, and the timer for time programming). This similarity in terminology made me remember the “doctors as obedient washing machines” theorized by Prof. Ivan Cavicchi [1].

Italian primary care physicians are worrying about this Contract: in fact the doctor representative of Local Medical Aggregations will be a sort of Head, who,

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appointed by the Administrative Director General (a political nomination), may bring against his colleagues minor disciplinary measures inappropriately, mainly concerning very strict guidelines and even merely bureaucratic matters.

Finally, the text include tragicomic aspects such as paragraph d) article 1 of Annex 2 which reads: the doctor will “refrain from participating in the performance of their functions, decision-making or activities which may involve direct or indirect financial or non-financial interests own, and of the spouse, relatives and relatives up to the fourth degree and life partners”.

So being the general practitioners in clinical work from 08:00 am to 08:00 pm will make it impossible to even attending banks and the post offices remain open only during the day.

Our trainee told us that his girlfriend has already commented that perhaps now it is better to postpone their wedding. He wonders whether it is a tactic to keep him paying his and her bills. Or if she, having already one washing machine at home, thinks that another one will be useless.

Our NHS on dismantling

We have 20 Regional Councils, but only some of them “organize” specific Courses for GP Trainees. In many Regions General Practitioners are obliged to try to enter through the closed number taking only a general MCQ text on all clinical matters. Here there is no vocational control and interview at all. The system would be vulnerable to, for example, failed ophthalmologists trying to enter this way and taking the place of possible vacated future GPs.

Also some Regional Councils have promulgated a concourse as medical head of the “3 years of specific course forming in general practice” with clauses totally out the European Definition, the EURACT Educational Agenda, the EURACT Statements of Specialist Training, the EURACT Statement on Minimum Core Curriculum.

Also, the persons, just to be candidates, must work full time as regional practitioners accepted in the Regional Health System, and have to agree by written declaration, to all issues and decisions taken from the Regional Council (not made by doctors). They further have to control, as first line, that teaching would consider at first all the assets, regulations and “change”s in resources. Implicitly, this may be accepting what really is against patients’ interests and

health protection.

To summarize, 3 pages are attached to the concourse announcement on this Regional Bulletin with a list of unusual aspects and law references (in reality it is just a sequence of numbers) and dates as found in the Regional Council Law Journal. Duties for the perfect and ideal Head of the 3 years Specific Course include no real reference to the European Statements and book lists.

The same processes affect undergraduate work as only GPs full time will be possible lecturers, a disposition understandable only for tutors teaching in their practices.

Lectures on core competences and similar are considered unimportant in this kind of context. This is built implicitly through public concourses with pages of citations of decisions and ratifications taken by administrative clerks in NHS and the Regional Health System. So, also reducing about teaching, the creative step, the Health System is really going, silently and progressively, to be dismantled as critiqued by Chris van Weel and Clare Gerada and myself in an internationally cited paper published on British Journal of General Practitioners not too long time ago [2].

This paper already has indicated that global medicine education is under danger for many reasons and different ways in so many different countries, with results that are similar. Departments close, courses close or number of students and trainees is reduced. Our Health System and Medical Education as first step in quality for future doctors are under changes that are not under doctors’ control (not to say from students and patients). This is mainly for economic reasons because medicine costs growing more and more in the years (older population asking for more expensive sophisticated exams, etc.), also because of external economic groups looking to enter creating own market, making profit, possible when cutting everywhere and pushing to teach that this has to be called “appropriateness”. Will be doctors able to survive at the level of European Definition and save education common principles and medicine principles of solidarism and universality?

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