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Perception about Family Physicians: Results of a Survey of Patients visiting Specialist Clinics for Treatment

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Abstract

Objective: To study the perceptions about Family Medicine among patients visiting Specialist Physicians for treatment.

Method: A questionnaire based survey was conducted at the Specialist Clinic, Aga Khan University Hospital, Karachi, Pakistan, in June 2004. Trained volunteers administered the questionnaire among patients visiting Specialist Physicians for treatment. Confidentiality was ensured to all patients and written informed consent was taken as part of the ethical requirements for the conduct of the study. SPSS computer software and Microsoft Excel were used for data management.

Results: A total of 100 patients visiting the Specialist Clinic were interviewed, of which fifty four (54%) were women and forty six (46%) were men. The mean age was 36.3 years. Twenty four (24%) respondents had graduate education. Being well-mannered, being familiar with a family's medical history and possessing the abilities to conduct proper checkups were quoted as main characteristics of Family Physicians by thirty eight (38%), seventeen (17%) and twenty five (25%) respondents respectively. If they had a chest pain, fifty six (56%), forty three (43%) and one (1%) respondents would consult a Family Physician, Cardiologist and Chest Specialist, respectively.

Conclusion: We have documented perceptions regarding family medicine among patient's visiting Specialist Physicians for treatment. It is recommended that programs highlighting role and functions of family medicine should be started for the public (JPMA 54:589;2004).

Introduction

Family Practice is a growing and broadly encompassing medical specialty^{1,2} and therefore it is not a surprise that it has grown more than two and a half times, in the United States alone, in just twenty years.³

Family Practice is the medical specialty which is concerned with the total health care of the individual and the family, integrates the biological, clinical and behavioral sciences and its scope is not limited by age, sex, organ system or disease entity.^{2,4} There are calls from both physicians and patients, to even incorporate spiritual needs of patients into the healthcare, an area that can be best addressed by a Generalist like a Family Physician.^{5,6}

The reason for its steep growth is perhaps because Family Physicians play a vital role in the health care delivery system. They serve as the initial point of entry into the medical system and

then providing continuing care to patients and families.⁷ After the reconstruction of the health system across several communities in Canada, more emphasis was placed on primary care as the corner stone of the health care delivery system. This resulted in better communication between Family Physicians and other Specialists.⁸

A Specialist Physician, on the other hand, is a physician whose practice is limited to a particular branch of medicine or surgery, especially one who is certified by a board of physicians.⁹ The complexity of the health care delivery system makes it absolutely necessary to establish support positions to advise and coordinate programs and operations. Thus, Family Physicians and Specialist Physicians need to share the responsibilities to ensure maximum efficiency of the system.¹⁰

Pakistan is a developing country with limited resources for health care. The development and promotion of family medicine in the country is necessary in order to provide much needed cost effective care to the masses.

We established the need to see if patients visiting Specialist Physicians appreciate the role and functions of Family Physicians. During the survey we did not differentiate between trained and non-trained Family Physicians but concentrated on the main characteristics of Family Physicians and of Family Practice as a discipline, in patient's view. A need to record their views on differences between Specialist Physicians and Family Physicians was also established. Exploring patients' perceptions on the characteristics of the ideal Physician is useful in assessing their expectations from a Family Physician.

The objective of the study was to understand patient's viewpoint and help in developing awareness programs highlighting the role of family physicians.

Patients and Methods

This study was a questionnaire based cross-sectional survey. One hundred patients visiting specialists clinics were interviewed by trained volunteers. A convenience sampling method was used and consent form was signed before interview. SPSS Software was used for data entry and analysis.

Results

A total of 100 patients visiting the Specialist Clinic were interviewed, of which fifty four (54%) were women and forty six (46%) were men. The mean age was 36.3 years. Seventy nine (79%) respondents were married and twenty four (24%) were graduates. Twenty seven (27%) respondents worked in private service 14% were self-employed, 5% were students, 4% in government service, 40% house wives, 4% retired and 6% unemployed. The educational status of the respondents was 1% illiterate, 3% primary, 1% secondary, 13% matriculates, 22% intermediate, 40% graduates and 20% post-graduates.

If they had a chest pain, fifty six (56%), forty three (43%) and one (1%) respondents would consult a Family Physician, Cardiologist and Chest Specialist, respectively.

Family Physicians are well mannered, conduct proper physical examinations and provide good treatment, were quoted as main characteristics of Family Physician (Table 1).

Family Physicians can treat common problems, save patient's time and refer to other specialists whenever required, were quoted as the reasons why Family Physicians are needed in patient's view (Table 2).

Table 1. Patient views on Characteristics of Family Physicians (n=100).

Characteristics of Family Physicians*	Frequency (%)
Are well-mannered	38 (16.7%)
Conduct proper physical examinations	25 (11.0%)
Provide good treatment	23 (10.1%)
Are caring	19 (8.37%)
Are understanding	19 (8.37%)
Are knowledgeable	18 (7.93%)
Are familiar with Family History	17 (7.49%)
Are available when needed	11 (4.85%)
Provide cost effective care	8 (3.52%)
Can treat general problems	8 (3.52%)
Are friendly	7 (3.08%)
Able to treat entire family	5 (2.20%)
Are able to provide emergency care	5 (2.20%)
Are cooperative	5 (2.20%)
Are trustworthy	5 (2.20%)
Can satisfy patients	4 (1.76%)
Patients can have confidence in them	2 (0.88%)
Are religious	2 (0.88%)
Are honest	1 (0.44%)
Are tolerant and patient	1 (0.44%)
Enjoy good reputation	1 (0.44%)
Don't know	2 (0.88%)

*(Number of responses = 227)

Table 2. Patient perceptions on need for Family Physicians (n=100).

Family Physicians are needed for	No. (%)
Treatment of common Problems	33 (33%)
Saving patient's time	15 (15%)
Referring to other Specialists	14 (14%)
Easy availability	12 (12%)
Familiarity with Family Histories	8 (8%)
Providing emergency care	6 (6%)
Accurate and fast diagnosis	5 (5%)
Providing helpful Physicians	4 (4%)
Providing Friendly atmosphere	3 (3%)
Providing Understanding	2 (2%)
Providing Caring attitude	2 (2%)
Physicians sensitive to culture	1 (1%)
Physicians who are Patient	1 (1%)

Health Care Delivery is not possible without a Specialist Physician and a Family Physician according to 80 (80%) and 62 (62%) respondents respectively.

In patient's view, "Specialist deal with specific problems while Family Physicians handle general ones" (62%); "Specialists unlike Family Physicians do not know patient's family history" (11%) and "Family Physicians are more easily available" (3%).

Discussion

Since we have interviewed a limited number of patients and without using systematic randomization for patient selection, generalization of the study results cannot be recommended. Also, we interviewed patients visiting a teaching hospital and this again introduces a bias in the study. But despite these weaknesses in the design and conduct of the study, we have documented the perceptions of patients visiting Specialist Physicians, with regard to Family Physicians and their role.

Fifty six (56%) respondents said they would first consult a Family Physician if they had chest pain, but forty four (44%) would consult Specialist Physicians. This implies that a significant proportion of people do not deem Family Physicians as trustworthy or experienced. Studies also show that patients who do not trust Family Physicians are more likely to report that practitioners do not provide adequate medical service. It is the trusting relationship between a physician and patient that plays a major role in determining patient satisfaction.¹⁰

This leads to wastage of limited resources since a majority of cases of chest pain are not due to heart disease and can be handled well by Family Physician. It is also documented that a failure of health delivery system, whereby a patient directly goes to a Specialist without seeing a family physician first, leads to tremendous patient suffering as well.¹¹

Sixty two (62%) respondents believed that the health care delivery system cannot exist without Family Physicians, while eighty (80%) respondents believed that it cannot function without Specialist Physicians. This again underscores the idea that patients place greater emphasis on Specialist Physicians. Another plausible reason is that Family Practice is not a developing specialty in Pakistan, unlike in the developed countries such as United States. Research needs to be conducted to study the status of Family Practice in Pakistan. Unless Family Practice is not developed as it should be, the health care delivery system will not function to its full potential. Differences in approach towards a clinical problem has been reported between Family Physicians and other Specialists. These differences are eluded to by respondents in our study. What is

important is the realization of the differences by all categories of medical practitioners and working together for the betterment of patients.^{12,13}

Family Physicians are well mannered, conduct proper physical examinations and provide good treatment according to 38 (16.7%), 25 (11.0%) and 23 (10.1%) respondents respectively. This shows that patient's awareness about qualities of family physicians but unfortunately the number of respondents was small. This again highlights the need to have awareness programs for the public, informing them about the characteristics of family physicians.

Our finding is that a significant number of patients visiting Specialist Physicians are not aware of the role Family Physicians play in the health care delivery system. This is in keeping with earlier findings concerning the low "health literacy," amongst the general population. Limited health literacy increases the disparity in health care access among exceptionally vulnerable populations (such as racial/ethnic minorities and the elderly); in it can also be an enormous cost burden on the health care delivery system.^{14,15} To increase health literacy, we need to promote awareness amongst the general population concerning Family Physicians. Further research needs to be conducted to see what methods need to be employed for success of the awareness programs.

The health care costs are reduced by specialists in family medicine when compared to non-specialists. It also appears that costs are lower in non-urban practices. These arguments should affect decision makers in the health system in encouraging specialization in family medicine and its promotion.¹⁶

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