Letter to Editor

Family Medicine vs. Community Medicine in Iran

Hossain A. Ronaghy MD, MPH

Honorary Professor, Medicine University of California, San Diego, USA, and former Professor, Medicine and Community Medicine (retired), Shiraz University of Medical Sciences Shiraz, Iran
Corresponding author and reprints: Hossain A. Ronaghy. Department of Community Medicine, Shiraz University of Medical Sciences and the Department of Medicine, University of California San Diego (UCSD)
Email: ronaghy1@gmail.com
Accepted for publication: 22 February 2016

Cite this article as: Ronaghy HA. Family Medicine vs. Community Medicine in Iran. SDH. 2016;2(1):29-31.

In the early 1970s, 15% of all Iranian Medical Graduates (IMG) left Iran and migrated to the United States (1, 2), while 50,000 villages in Iran had no health coverage (3). The initiation of the Department of Community Medicine in Shiraz Medical School was based on the gross misdistribution of health care facilities in Iran, when 70% of population at the time was residing in rural communities and almost 90% of all health facilities were concentrated in Tehran and large cities (3). The main reason why Shiraz University was among the first institutions in Iran initiating this endeavor was the fact that, at the time, up to 90% of its medical graduates were deployed in Western countries, particularly the United States (2, 3).

The demand of evolving communities necessitates this reform in the *Institutional Objective* to expand its mission for the entire community, namely the neighborhood, city, province, or the entire country.

At that time, we were arguing that Shiraz University Medical School, as an institution, had medical curricula irrelevant to the needs of the overwhelming majority of Iranian population, and is in need of a drastic change and fundamental revision of the "mission of the institution".

Based on such an idea, the Department of Community Medicine (CM) was established in 1971 in Shiraz. The initial proposal which was submitted to the Dean's office for creating a department of CM was as follows:

1- To educate physicians who would be able to deal with community as a whole, able to measure the population needs, and accordingly plan and administer the services and take appropriate measures to meet the health needs of their prospective community.
2- To be able to plan and administer the relevant research to identify the health needs of the community and set priorities in allocating resources to the most relevant needs of the majority and most vulnerable groups within the population.
3- To be able to teach and persuade medical students to respond to the needs of the community as a whole and not only tertiary and hospital care.
4- To be able to adjust to the ever changing needs of the society, to be flexible and change direction based on the evolving needs, do research to identify the changes, and to apply the field of community medicine to the new needs.

During the past decades, there has been a great deal of change in science and technology and practically all the aspects of life. The revolutionary progress in communication and information in the past few decades forced us to adopt new procedures.

To keep up with these changes in medicine, we are forced to evolve into the new discipline of family and community medicine, as a key factor in harmonizing the health needs of evolving communities in the next millennium.

In Iran, we have seen drastic changes in urbanization, as well. Rural/urban movements have reversed in a relatively short time (4).

The Islamic Revolution, the imposed war, emigration of managers and educated individuals from Iran, and immigrations of several million relatively uneducated Afghanis to Iran had created drastic changes in healthcare and needs of society. Unintended consequences of urbanization such as traffic, pollution, population, inflation, unemployment, and city slums have affected the health and wellbeing of society (5).

It is very fortunate that presently the Ministry of Health and Medical Education (MHME) in Iran has utilized CM specialists in the middle management of the Ministry. The society of Community Medicine of Iran is very active and strong in Tehran with lots of publications in public education and health-related materials. Seminars and yearly meetings in CM are held by the Iranian Society of Community Medicine.

In early 2013, as a result of some policy changes and financial re-embarrassment of General Practitioner (GP) vs. specialist, this issue was a topic of conflict.

The Iranian health care system and insurance, particularly the government-financed ones, allowed every patient to seek treatment any time anywhere.

The MHME decided to create a network for referral by GP to specialist. The Community Medicine specialists were trained three years following graduation and they were not GP and the specialty was not a clinical discipline and therefore MHME considered them as GP which was not accepted by those graduates and Board certified Community Medicine.

The MHME decided to call GPs 'family physicians' which created a great deal of confusion. Like most other branches, there was a surplus of CM residency and since there were too many medial graduates: they were training excessive number of CM specialist.

The original idea of CM was to train doctors, who would treat the community as a whole in identifying the needs of community, which was well-spelled out and approved by Ministry of Higher Education.

Shiraz University CM department struggled to continue to train the residents capable of spreading the importance of the health of entire population throughout the nation. Some of the graduates of Shiraz program of CM were recruited in WHO and other Iranian universities.

Departments of CM at different universities in Iran mainly consider themselves as clinicians and the MHME administration has problems with such direction and there is confusion in distinguishing between “Family Medicine” vs. “Community Medicine”, generalist vs specialist.

The problem presently facing CM in Iran is the lack of understanding by some of the high administrators in the MHME and some of the universities.

In Iran Kazempour et al indicated that like many other countries, clinical branch of Medicine, particularly those of Surgical and the departments with the invasive procedures, dominate the policy of health care and financial compensation. Unfortunately, most of the policy makers in health care are subspecialists, who have the least experience in health care administrations (6).

The importance of CM has been well-recognized all over the world, both in the industrial and developing nations, by including the community in the discipline of medicine. The scope of medical care is expanded to other disciplines such as economic, housing, city planning, nutrition, and communication.

With the industrial revolution of the past two centuries, we are faced with vast and complicated problems in the field of health, what the old department of public health could not address.

Fortunately, within the next decade, most medical schools in Iran, particularly Tehran and Shahid Beheshti universities of Medical Sciences, were active in expanding their departments of CM.

The essential function of CM in Iran was originally well-established and spelled out. The confusion arises when some of the big and reputable universities in the United States have a department of Family and Community Medicine. There are multiple sections in all these departments. The section of Family Medicine train doctors who treat all ages. These family physicians are well trained in different departments to be able to handle all clinical health needs of a few thousand people and have referral system for tertiary care in major hospitals.

In the western countries, the Department of Family Medicine (FM), formerly Family Practice (FP), is a medical specialty devoted to comprehensive health care for people of all ages; the specialist is named a family physician, family doctor, or formerly a family practitioner. In Europe, the discipline is often referred to as general practice and a practitioner as a General Practice Doctor or GP; this name emphasizes the holistic nature of this specialty as well as its roots in the family. It is a division of primary care that provides continuing and comprehensive health care for the individuals and family across all ages, genders, diseases, and parts of the body (6).

In Iran, the concept of a GP among the public as well as some officials is a physician who is newly graduated from medical school without any postgraduate training. CM specialists, on the other hand, are designated to handle research in health need of communities, plan, and administer research for the changing need and prospective community, city, province, and the nation.

The major point of conflict remains on the financial compensation for the two different disciplines of CM vs. Family Medicine, which are affiliated with the same department in many institutions.

References

1. Ronaghy HA, Williams KN, Baker TD. Immigration of Iranian physicians to the United States. J Med Educ. 1972; 47(6):443-5.

2. Ronaghy HA, Cahill K, Baker TD. Physician migration to the United States. One country's transfusion is another country's hemorrhage. JAMA. 1974; 227(5):538-42.

3. Ronaghy HA, Nasr K. Medical Problems of Developing Nations: An Attempt to Deliver Medical Care to Rural Areas in Iran. Brit Med J. 1970; 1:295-296.

4. Ronaghy HA: Dard Daru Darman. Nashre Jami 2009. p.78- 80. (Text in Persian)

5. Kazempour Shahla Mirzaee; Tehran University Website.

6. American Board of Family Medicine Avaiable from: https://www.theabfm.org/about/policy.aspx