

---

# International Perspectives

---

## General Practice in Greece

Klea D. Bertakis, MD, MPH  
Salt Lake City, Utah

In order to add to the growing body of literature describing family medicine in foreign countries,<sup>1,2</sup> this paper will summarize general practice in Greece. Information for the paper was obtained during the author's recent trip to Greece to conduct a series of seminars and lectures on "Family Practice in the United States" at the University of Athens Medical School. During that month, field work was done on the "state of the art" of family practice in Greece. This consisted of meetings with officials of the Ministry of Health, the Deputy Minister of Health, the faculty and dean of the University of Athens Medical School, and other Greek physicians, in addition to interviews with scores of private Greek citizens. The author also had the opportunity to visit and work in a private clinic and a large public hospital. This was an invaluable means of gaining firsthand information on the organization of medicine in Greece today.

There is no formal specialty in family practice in Greece. A now almost defunct two-year general practice residency program prepared physicians to treat all family members. After completion of this program, physicians took a general practice specialty examination. However, passing this examination was not necessary to actually practice general medicine. This is *not* to say that the general practitioner is an unknown entity in Greece. The Ministry of Health, Providence, and Insurance states that there are a total of 20,500 physicians in Greece of which 13,337 (65 percent) are "specialists" and 7,123 (35 percent) are "generalists."

During personal interviews, officials of the

Ministry of Health, Providence, and Insurance, and the Deputy Minister of Health, Dr. Safaitis, voiced enthusiasm for the revival of formal general practice programs that would match those of other countries such as the United States. This opinion was reinforced by the dean and faculty at the University of Athens Medical School and in informal interviews with private Greek physicians and citizens. Despite this general consensus that well-trained family physicians are needed in Greece, little is being done to organize the training programs that are necessary.

After graduation from medical school, a physician is granted a medical license, but before he or she is allowed to practice medicine, one year of service in a rural government clinic must be completed. This obligation is the country's solution to the deficit of physicians willing to practice in outlying areas and villages. Here, the new physician practices medicine without supervision in what is usually a small office without laboratory. All serious cases are referred to the nearest hospital facility. After this year of service, the physician may choose to begin practice or obtain specialty training.

The typical practice situation of both generalist and specialist physicians is a solo practice. There are a growing number of private clinics which consist of a group of physicians, usually with various specialties, working together in a building with offices, laboratory, and a small hospital. All other hospitals are owned and run by the government. A total of 4,800 government physicians work in these public hospitals. However, even these public hospital based physicians carry on their own private practices outside the hospital.

The typical general practitioner has a neighborhood office with regularly scheduled office hours. Laboratory work is sent out to special laboratories run by physicians called "microbiologists" who

---

From the Department of Family and Community Medicine, University of Utah, College of Medicine, Salt Lake City, Utah. Requests for reprints should be addressed to Dr. Klea D. Bertakis, Department of Family and Community Medicine, University of Utah, College of Medicine, Salt Lake City, UT 84132.

have specialized in laboratory examination. Most patients are seen without appointment on a walk-in basis. The house call is an infrequent event though not entirely extinct. Private physicians have no organized call system for after-hours or weekend emergencies. However, many do have telephone answering recorders that tape incoming messages. If the patient is unable to contact his physician and needs to be seen immediately, he may go to one of several other physicians in the area who have volunteered to see patients in their offices on an emergency basis. If the situation is more serious, he is taken by private transportation or ambulance to one of the public hospital's emergency rooms. Each day a different hospital is open for emergency patients. This rotating schedule of hospitals and a list of physicians who will see emergency patients in their offices is posted in the daily newspaper. It should be noted that private general practitioners are not permitted to treat patients in the public hospitals. If the physician feels hospital admission is indicated, he writes a report and sends the patient to a public hospital where another set of physicians examines the patient and makes the final decision regarding admission and therapy. Collaboration between the general practitioners and hospital staff is unsatisfactory. A general practitioner is usually not permitted to contribute to the care of his hospitalized patients. Continuity of patient care is subsequently seriously compromised. The only exception to the system just described is in the small private clinics which have hospital facilities. Here, a private general practitioner may work full-time along with other clinic physicians or may have admitting privileges allowing more input on the treatment of his hospitalized patients.

Although exact numbers are unavailable, a sizable percentage of private general practitioners and specialists do part-time work to supplement their incomes. Typically, a physician may see patients two to three half-days per week in a clinic operated by an organization such as EKA. EKA is a health insurance plan offered to employees and retired persons from the private business sector. There are other such insurance plans which also run clinics, maintain a number of public hospital beds, and/or pay a portion of a patient's expenses in a private clinic.

Continuing education in Greece is loosely structured. Most seminars are sponsored by the medi-

cal schools or medical associations. Physicians often leave the country to attend workshops and meetings elsewhere in Europe and in the United States. Study outside of Greece is considered valuable and is often regarded as a kind of "medical status symbol."

There is currently no ongoing research in topics relevant to general practice, such as educational methods, health care services, and clinical strategies. Medical school departments, even the Department of Hygiene and Epidemiology, are concerned exclusively with biomedical research projects. Since family practice is not yet a recognized specialty and the general practitioner is out of the academic mainstream, motivation for primary care research is low.

In summary, medicine in Greece today represents a picture similar to that of the United States in the 1960s. Medical school graduates have been choosing residencies in the specialty fields over those in general practice. It has been felt that the growing body of medical knowledge could only be mastered by specialization. However, there is a general consensus among the public, physicians, and health care administrators that there is a great need for physicians who are trained to provide continuing primary care. Most importantly, family practice is catching the interest of medical students. At a recent lecture, "Family Practice in the United States" given by the author at the University of Athens Medical School, questions and comments by medical students and other young physicians reflected a genuine interest in the development of family practice residency programs. It is hoped that such interest, as well as public demand, will provide sufficient impetus for the specialty of family practice to become a reality in Greece.

#### References

1. Curtis P: Family practice in France and Spain. *J Fam Pract* 6:1309, 1978
2. Richards JG: The general practice (family practice) training in New Zealand. *J Fam Pract* 8:1263, 1979