

Family Practice in Taiwan

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Taiwan, an east Asian island country, is one of the most densely populated areas of the world. Occupying an area slightly larger than the state of Vermont, it has a population of approximately 20 million people.

There are eight medical schools in Taiwan that offer two different approaches in the curriculum for undergraduate medical education. The first approach, attracting the majority of the medical students, is a traditional seven-year program that accepts high school graduates after an entry examination. A second approach, attracting approximately one fifth of the students, is a newer program that accepts college graduates and follows an undergraduate curriculum similar to that offered by medical schools in the United States.

The current transitions in medical education in Taiwan can be understood by reviewing Taiwan's recent history of medical education. Traditionally medical care has been dominated by the specialist. There were no formal postgraduate programs to train medical school graduates to become generalists capable of providing longitudinal medical care. Regardless of their specialty training, private physicians were thus forced to fill the role of the primary care physician. As a result of a lack of adequate training, care provided by these physicians was fragmented and episodic, and the public developed a deep-seated mistrust of the care delivered under such circumstances. With an improved standard of living following recent, rapid economic growth, the public became better educated and grew unhappy with the lack of good primary care physicians in the community. The frustrated public and dissatisfied physicians finally forced the medical community and the govern-

ment to reevaluate the entire medical education and health care delivery system for Taiwan.

The most significant problems identified by the medical and government review group can be summed up as follows:

1. There was a shortage of primary care physicians. The number of primary care physicians had decreased significantly in the previous 20 years, primarily because of the lack of appropriate training programs. With the rapid expansion of medical technology, general practice was viewed as an undesirable option and avoided as a practice goal.

2. There was a dominance of subspecialists in medical education. Human factors, ethics, and interpersonal skills were not being taught in the medical schools. Private physicians were looked down upon by the medical school faculties, and frequently faculty would overtly steer the students away from becoming primary care physicians.

3. There was a strained patient-physician relationship. For a simple disorder, visits to several physicians, often within the same day, was a common occurrence. Neither patients nor physicians were happy about this kind of practice.

Using family practice in the United States as a successful model, leading faculty members in the medical schools of Taiwan worked with the government to establish a new, alternative track in undergraduate medical education. This new program accepts college graduates with backgrounds in biology, chemistry, and allied health care. In exchange for a free four-year medical education, graduating students are assigned to a practice position by the government. A number of the graduates are obliged to enter the field of primary care. By ensuring a supply of primary care physicians and by adding humanistic aspects of medicine to the medical school curriculum, the medical community and government are hoping to reverse some of the existing negative conditions.

Several significant changes have also occurred

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in postgraduate medical education. A jointly sponsored Sino-American Symposium of Family Medicine was held in Taiwan in October 1982. The primary recommendations made by the participants were to establish full departments of family medicine in all medical schools and to offer three-year family practice residency training programs at the main teaching hospitals. The first such endeavor was formally organized at the Kaoshiung Medical School in August 1983. A family practice residency was developed using a curriculum similar to the training programs in the United States. A specifically identified clinic with its own staff became operational in January 1984 at an outpatient facility in the urban compound of the Kaoshiung Medical School. The objectives of this model clinic are many: to serve as a demonstration model for the other medical schools, to provide primary care for the local community, to serve as a teaching site for medical students and residents, and to educate the medical school subspecialists in how the family physician participates in the care of patients. Owing to the traditionally strong family ties in Taiwan, an increased emphasis is placed on enrolling all members of a family as patients.

Following the establishment of the Kaoshiung Medical School Department of Family Medicine and model clinic, two other medical schools have developed plans to do the same, and five other primary teaching hospitals are offering training

programs in family practice. At the present time, most of the other programs provide two-year courses similar to the programs outside the United States. However, there is a strong feeling that two years is not sufficient to nurture the skills and attitudes required for longitudinal care, and plans to convert the two-year courses into three-year programs are underway. The mood is optimistic, as there is a perceived need for family physicians by the public. In a study among the medical students of the Kaoshiung Medical School class of 1987, about one third of the students have tentatively chosen family practice as their career goal.

Obstacles are still expected, however. Many subspecialists, skeptical and threatened, hope that family practice will fail and the old system will be restored. The public, with their deep-seated disenchantment with the previous medical care system, will remain suspicious of the family physician for some time. The specialty of family practice in Taiwan is experiencing growing pains similar to those experienced by the specialty in the United States during the early 1970s. Fortunately, the experiences learned in the United States are of tremendous value to the development of family practice in Taiwan. There is no doubt that communication and exchange between the family medicine educators of the United States and Taiwan will play an important role in the further development of family practice in Taiwan.