Medicina Familiar en America Latina

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The Second International Meeting of the Society of Teachers of Family Medicine of Latin America, Spain, and Portugal, held in Panama City in August 1984, was a celebration of the birth and growth of family medicine on our sister continent to the south. Nearly 500 people from 17 countries as geographically separated as Cuba and Chile attended the meeting.

That family medicine should have been born in Latin America seems at first glance incongruous, a kind of misconception that defies logic if viewed from the perspective of our own history. Here in the United States we had a physician shortage in the late 1960s and early 1970s, especially among primary care physicians; but there, they have a surplus, with as many as 30 percent of physicians unemployed in some Latin countries such as Mexico, Here, we experienced a national backlash against impersonal, high-technology medical care in the wake of the Vietnam War and in the glow of the Bicentennial—a widespread nostalgia for a more caring kind of physician fondly remembered from the past. There, in Latin America, people have never experienced high-technology medicine and often are still trying to cope with unsafe drinking water and the threat of malaria.

So, given the different circumstances, one could well ask what inspired the surprising development of family medicine in Latin America. The likely answer is the high quality and cost effectiveness of US family physicians. As a Venezuelan founder of *medicina familiar* put it, "The GPs were bankrupting us. They were just traffic cops, directing patients to emergency wards and hospital-based specialists and curing almost nobody. In contrast, well-trained family physicians can handle more than 90 percent of our medical problems in Venezuela, as they already do in the United States." Such logic has catalyzed the development of residency training programs in ten Latin countries to date.

Energetic and charismatic leaders have played a critical role. Prominent among them are Dr. Julio Ceitlin of Argentina, Director General of the International Center for Family Medicine, and Dr. Tommy Owens, Chair of the Department of Family Medicine at the University of Panama. Dr. Mario Chaves of Brazil, the Kellogg Foundation representative in Latin America, has also been an important supporter of the movement. The foundation has underwritten two international conferences at a cost of upwards of $100,000 each (the first was held in Puerto Rico in 1982) and has made it possible for professors from Latin American medical schools to observe some training programs in the United States.

Several Latin American delegates to the Panama meeting described their countries' proposed or current family medicine residency programs. It was flattering and yet disquieting to learn that some were rather obviously struggling to replicate US teaching practices, eg, allocating two examination rooms per resident in their family practice centers, needed or not, requiring genograms for all patients, and so on. While such programmatic features are justifiable in the context of the generous federal funding (an estimated $260 million) that has fueled the rise of family practice in the United States, they may be ultimately destined for the wish bin in debt-ridden Latin America.

Many observers think it likely that family medicine training in Latin America will be modified in accordance with local needs. For example, there is talk of having a three-year residency program that gives physicians credit for their required year of social service spent taking care of poor people in remote areas. Then, too, given the financial stringencies faced by Latin American program leaders, it seems likely that the movement will be proportionately smaller than it is here in the United States, where about 15 percent of medical graduates enter family practice residencies each year. The prospect of a smaller movement raises the question of whether family medicine can succeed under these conditions or whether a substantial "critical mass" including large numbers of general practitioners is needed for survival.

If the latter, then the organizers of *medicina familiar* will have to confront the issue of how to amalgamate

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those general practitioners with newly trained residency graduates—an issue seemingly much knottier in Latin American than it was in the United States. The Latin American general practitioners are dispirited, poorly paid, and low in prestige, and thus, as a group, are anxiously waiting to see where they might fit into the *medicina familiar* movement. On the other hand, most are marginally trained and do no hospital work; so that just as the movement could fail without their involvement, it could also fail if they were absorbed without further training and rigorous credentialing. Continuing medical education is being widely considered as a solution, but which physicians would qualify for specialty status and how they would be certified is as yet unclear. Moreover, no Latin country has a powerful analog of the American Academy of Family Physicians to encourage older practitioners, new residents, and medical students to work together as they have in the United States.

The solution to some of these problems will undoubtedly be found in the institutional idiosyncrasies of the Latin American countries themselves. Most have strong governments with large, influential health bureaucracies that not only provide care for the majority of their citizens but also employ many to most physicians at least part of the time. Thus a few administrative decisions can have wide impact. In Mexico, for example, the support and leadership of Dr. Guillermo Soberón, who is in effect the Minister of Health, has led to great achievements in a relatively brief period. One of the best-funded Mexican health care systems (the *Instituto Mexicano del Serguro Social,* or IMSS) has been designated as a training site for family medicine residents, who are assured of preferential hiring as career IMSS physicians once their training is completed. This one action doubled the family medicine residency positions in Latin America.

So the *medicina familiar* revolution continues. The Third International Meeting in Buenos Aires in 1986 should help to clarify the extent of its further progress.