

Lack of a family medicine system in Kurdistan Region: Challenges and solutions

Prof. Hatice Bebiş¹, Zana Khalid Smail²

¹Health Sciences Institute, Near East University, Nicosia, Turkey

²MSc student of public health, Health Sciences Institute, Near East University, Nicosia, Turkey

Email: zana.khoshnaw@yahoo.com

Abstract— *Background: Family medicine can play a significant role in monitoring, enhancing, and maintaining public health in the community. This field is still in its initial stage in the Kurdistan Region of Iraq; therefore, it is faced with several challenges. The present study was carried out in order to figure out the challenges and solutions to them in family medicine in Erbil, the Kurdistan Region of Iraq.*

Methods: The present descriptive qualitative study was carried out in Erbil from September to December 2019 on 16 individuals who worked in Kurdistan parliament, ministry of health, general directorate, health sector, and private and public hospitals. Semi-structured in-depth interviews were carried out in order to gather data on their lived experience. The collected data were analyzed through van Manen's method, and relevant themes and subthemes were extracted.

Results: Data analysis led to emergence of three main themes of "past status of family medicine", "present status of family medicine", and "future status of family medicine". The first main theme had two subtheme, namely "lack of family medicine" and "primary health care centers". The second main theme also had two subthemes, namely "the beginning stage" and "family medicine centers". The third main theme also had two subthemes, namely "family medicine objectives" and "strategy planning measures".

Conclusion: Family medicine in the Kurdistan Region of Iraq is still in its early stage; therefore, there are several challenges and issues which can be resolved as a result of cooperation between the Ministry of Health, universities of medicine in the region, and the parliament of Kurdistan.

Keywords— *family medicine, family health care, family medicine education, family doctors, family medicine centers.*

I. INTRODUCTION

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 or family doctor. As a specific discipline, family medicine focuses on family and deals with medical practice at the level of the family. Family medicine is also referred to as the interface between community and individual medicine. Therefore, the general practitioner is required to be equipped with family medicine skills. In this regard, countries all over the world have developed course content for training family medicine [1,2].

In general, 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. Family practice is a division of primary care that provides continuing and comprehensive health care for the individual and family across all ages, genders, diseases, and parts of the body; family physicians are often primary care physicians. It is based on knowledge of the patient in the context of the family and the community, emphasizing disease prevention and health promotion [3,4]. According to the World Organization of Family Doctors (WONCA), the aim of family medicine is to provide personal, comprehensive, and continuing care for the individual in the context of the family and the community. The issues of values underlying this practice are usually known as primary care ethics [5].

Based on the data obtained from Abdulla (2013) research, the main reasons for the importance of family medicine

include; family doctors follow your life cycle, they know your personal and family history, family doctors treat more than you think, when you need a specialist, they help find the right one and moreover, they can improve lives and save money [6].

It has also been indicated that family doctors (FD) play an essential role in promoting and maintaining primary healthcare (PHC). The first step in developing and implementing an efficient family system is training and preparing family practitioners or family doctors in medicine universities [7].

In different countries in the world, the scope and nature of family medicine are different remarkably. Family medicine is faced with several problems and challenges, such as variability of standards and recognition, incomplete understanding of roles, and limited capacity. These challenges and issues might be tackled through system-wide support, flexible training methods, changes in pedagogy, collaboration, and technology [8].

While many sources cite a shortage of family physicians (and also other primary care providers, i.e. internists, pediatricians, and general practitioners), the per capita supply of primary care physicians has actually increased about 1 percent per year since 1998 [9]. Additionally, a recent decrease in the number of M.D. graduates pursuing a residency in primary care has been offset by the number of D.O. graduates and graduates of international medical schools (IMGs) who enter primary care residencies. Still, projections indicate that by 2020 the demand for family physicians will exceed their supply [10].

The number of students entering family medicine residency training has fallen from a high of 3,293 in 1998 to 1,172 in 2008, according to National Residency Matching Program data. Fifty-five family medicine residency programs have closed since 2000, while only 28 programs have opened. [11,12]

In 2006, when the nation had 100,431 family physicians, a workforce report by the American Academy of Family Physicians indicated the United States would need 139,531 family physicians by 2020 to meet the need for primary medical care. To reach that figure 4,439 family physicians must complete their residencies each year, but currently the nation is attracting only half the number of future family physicians that will be needed [11,13]. To address this shortage, leading family medicine organizations launched an initiative in 2018 to ensure that by 2030, 25% of combined US allopathic and osteopathic medical school seniors select family medicine as their specialty [14, 15].

It is necessary to develop and implement a family medicine system in the Kurdistan Region because of long queues inside and outside the offices of different doctors with different specialties because the patients cannot easily find the appropriate specialist, spending a lot of time and money in the search for right specialists, and unnecessary reference to specialist when the problem can be solved by a general practitioner. In this regard, the present study was aimed at investigating the challenges and solutions to developing and implementing an efficient family medicine system in the Kurdistan Region of Iraq based on the lived experiences of those who have worked in this field for some years.

II. METHODS

Study design and setting

The current research was a descriptive qualitative study which was conducted by employing a hermeneutic phenomenological design. It was carried out in the parliament, ministry of health, general directorate, health sector, and private and public hospitals of Erbil Governorate, Kurdistan Region of Iraq over a period of 4 months from September to December 2019.

Participants: The present study was carried out on a sample of 16 participants who were parliament members (n=1), doctors with family medicine experience (n=7), general practitioners (n=4), and primary health directors (n=4). Nine participants were males, and 7 were females. A purposive sampling method was used to select the participants.

Data collection: In order to collect required data in the present study, semi-structured in-depth face-to-face interviews were performed with the participants. Until data redundancy occurred, data collection was continued. The participants were given the opportunity to choose the place and time of the interviews. The interviews were tape-recorded, for which the participants' consent was obtained. Afterwards, the recorded interviews were transcribed verbatim and then translated into English line by line and word by word by a proficient translator. Afterwards, in order to interpret the interviews and extract the themes and subthemes, they were analyzed according to Van Manen's method (1990). The interviews were carried out based on the following questions and requests: "Please tell me about your feelings and lived experience regarding the status of family medicine in Kurdistan?" Other questions were directly given to the participants to encourage them to continue reflecting on their past experiences. They

included, “Please tell me more”, “Can you give an example?”, “How did you feel/think about that”, “What was it like?”, and “You said that . . .?” The researcher chose to be “silent” after asking the questions in order to encourage the participants to recall and relate their experiences.

Data analysis: For the purpose of data, the six methodological steps proposed by van Manen’s method (1990) were utilized. To reach a high level of abstraction in qualitative studied, the hermeneutic approach proposed by van Manen was employed [16]. Therefore, data analysis was carried out through van Manen’s method (1990) which consists of 6 methodological steps, including figuring out the nature of lived experience, examining the experience as we live it, considering the essential themes which characterize the phenomenon, describing the phenomenon by writing and rewriting, keeping a strong and orientated relation to the phenomenon, and balancing the research context by considering the parts and the whole [17].

Trustworthiness: The rigor of the study was ensured and maintained through four operational techniques, namely credibility, transferability, dependability, and conformability [18]. Moreover, engagement with the data during a period of 2 months can be a justification for reliability of the data and as a result the findings. Furthermore, establishing effective communication with the participants and applying member- and peer-checking techniques guaranteed the credibility of the findings [19]. Also, the researcher is a master’s candidate in nursing and has experience in terms of health care issues in the Kurdistan; therefore, his credibility was also achieved.

Ethical considerations: The study protocol was approved by the Ethics Committee of Near East University. Also, the participants were given with enough explanation about the objectives of the study and the data collection method before the final participants were chosen and the interviews were conducted. Moreover, each participant filled a written informed consent form. In addition, the participants’ information was kept confidential and anonymous by labelling them as Participant No. 1, Participant No. 2, etc.

III. RESULTS

Data analysis led to appearance of three main themes, namely “past status of family medicine”, “present status of family medicine”, and “future status of family medicine”. The first main theme had two subthemes, namely “lack of family medicine” and “primary health care centers”. The second main theme also had two subthemes, namely “the

beginning stage” and “family medicine centers”. The third main theme also had two subthemes, namely “family medicine objectives” and “strategy planning measures”.

First main theme: Past status of family medicine

According to the data collected from the participants, one of the main themes was related to the past status of family medicine. In this regard, Participant No. 3 stated, “*To come up with good ideas to develop and implement an efficient family medicine system, we need to take a detailed look at its history and compare it to its present status.*” The past status of family medicine in Erbil was also referred by Participant No. 7 who said, “*Comparing the past and present status of family medicine make it possible to spot the weaknesses and strengths of this field and help it in the future.*” While referring to the past status of family medicine, the participants referred to two subthemes, as follows.

First subtheme: Lack of family medicine

With regard to the past status of family medicine in Erbil, data analysis revealed the lack of family medicine in the past as a subtheme to the first main theme. In this regard, Participant No. 9 who was a family doctor stated, “*While talking about the past status of family medicine, it is worth mentioning that there was not such a system or even special centers for family medicine in Erbil.*” Also, Participant No. 12 who was a general practitioner mentioned, “*In the past, people in Erbil did not have access to family medicine and health services, because there was not such a system.*”

Second subtheme: Primary health care centers

Another subtheme while talking about the past status of family medicine emerged which was labelled as primary health care centers which were responsible for providing family health care. In this regard, it was stated by Participant No. 2, “*In the past, primary health care centers were also responsible for family medicine, which could not provide specialized health care services due to lack of specialty.*” It is noteworthy that there were not well-trained family doctors, which was shown by Participant No. 4 who said, “*There were very few primary health care centers which also delivered family health care services; however, the doctors working there did not have specialized family medicine knowledge and skills.*”

Second main theme: Present status of family medicine

The second main theme that appeared from analyzing the interviews was related to the present status of family medicine. Most of the participants referred to the present status of family medicine and compared it with its past

status. For example, Participant No. 11 said, *“Compared to the past, family medicine has improved a lot. There were not any special centers for family medicine in the past; however, there is one in Erbil now, and they provide their clients with quality family health care services.”* While talking about the present status of family medicine in Erbil, the participants referred to two issues which were labelled as two subthemes to the second main theme, as follows.

First subtheme: The beginning stage

The status of family medicine in the present time was explained by the participants as a field which is in its beginning stage and has not developed well, yet. In this regard, Participant No. 5 who was a family doctor revealed, *“Although there is one special center for family medicine all over the city, the problem is that the whole field of family medicine is at its early stage and has a long way to develop fully, and in my opinion, the future of family medicine in Erbil is a bright one.”* Moreover, Participant No. 8 who was a general practitioner said, *“We’ve had a good start with regard to family medicine in Erbil. Thanks to the Ministry of Health, the project of family medicine was initiated a few years ago. However, we are still at an early stage, and we need more development in this regard.”*

Second subtheme: Family medicine centers

The participants’ words about the present status of family medicine led to emergence of another subtheme which was referred to family medicine centers. In this regard, the participants stated that there is one special center that provides family health care services. In this regard, Participant No. 14 stated, *“As opposed to the past, there is one family medicine center in Erbil which provides specialized family health care services. There are doctors with family medicine experience in this center.”* Also, Participant No. 16 stated, *“Given the need for family medicine services, one special center for this purpose was established in Erbil. However, we need more centers with specially-trained doctors and nurses.”*

Third main theme: Future status of family medicine

By referring to the challenges that family medicine is faced with at the present, the participants talked about the future of the field. This theme was labelled as the future status of family medicine. In this regard, Participant No. 1 stated, *“Family medicine is faced with some challenges, including lack of census of the residents, lack of a database system, lack of health cards, lack of enough family medicine doctors and nurses, lack of job description, and lack of medicine in the centers.”* Also, Participant No. 10 revealed,

“To have a better family medicine system in the future, we need to increase the number of specialist family doctors who are 56 doctors at the moment, which is hardly enough for a populated city like Erbil. Moreover, we need to have accurate data on the number of families living in each quarter of Erbil.”

First subtheme: Family medicine objectives

While talking about the future status of family medicine system in Erbil, the participants mentioned that the objectives of this system need to be specified in order to design an efficient system. In this regard, Participant No. 15 stated, *“The objectives of family medicine include paying attention to health status of the residents and their self-care, monitoring the individuals and their families in a correct way, decreasing the amount of pressure on public hospitals and specialists, documenting health data of individuals and families to monitor their health, and equally promoting the level of health care provision to the residents.”* Also Participant No. 13 who was a family medicine stated, *“Family medicine tries to monitor the health status of pregnant women and neonates, monitor the effect of family health on individuals’ health, monitor children’s development in a correct way, and arrange the time and the reasons for which the clients refer to health care centers.”*

Second subtheme: Strategy planning measures

After referring to the challenges to be tackled in the field of family medicine, the participants referred to the required measures that need to be taken in order to have an efficient family medicine system in the future. In this regard, Participant No. 6 stated, *“Beginning with two family medicine centers in different parts of the city is OK. It is necessary to take the census of the residents in different quarters of the city. The centers need to be equipped with doctors with various specialties. The number of ambulances needs to be increased. There should be an increase in the number of wards and rooms. The centers need to have computers, and the employees need to be given IT courses. It is also necessary to create a specific database.”* In the same regard, Participant No. 3 said, *“We need to design health cards for all residents. The family doctors, nurses, and employees need to be distributed in proportion to the number of the residents. The General Directorate of Health needs to facilitate the initiation of a family health system. The doctors, nurses, and other personnel of family centers need to be given specialized courses. The medicine needs of each center during a year need to be taken into account. The centers need to be equipped with required tools and devices. The patients*

need to be required to pay regular visits to the centers in order to update their data.”

IV. DISCUSSION

Due to the significance of family medicine in the overall status of health in the community, the present study was an attempt to figure out the challenges that exist in this field and their possible solutions according to the lived experiences of experts and personnel who are active in this field. The results revealed that although there has been remarkable improvement in this field in Erbil over last few years, there are still some remarkable issues which need to be tackled in order to develop and implement an efficient family medicine system in the future.

The results indicated that family medicine was not practiced in the past, and there were no special centers for this purpose. In line with this finding, studies that were carried out in developing countries have shown that until recently there was not such a field called family medicine, and even the term “family medicine” did not exist [20]. It was concluded that, primary health care centers located in Erbil provided family healthcare services in the past. It is also noteworthy that doctors and nurses without family medicine experience worked in those centers. This finding is in line with the reports by Shank (2012) who doctors without family medicine experience provided family health care in developing countries in the past [21].

The second main theme of the study was related to the present status of family medicine in Erbil. The participants stated that although there is one family center in Erbil, it is hardly enough. Another problem is that there are very few doctors and nurses with family medicine experience. This finding is in line with the results of studies carried out in developing countries which highlighted the fact that although family medicine is now practiced in developed countries, there are not enough centers that provide family health care [22, 23]. The participants in the present study referred to the fact that family medicine in Erbil is in its initial stage; therefore, it has some challenges which should be resolved in order to come up with a more efficient family medicine system in the future. This part of the participants’ words led to emergence of the third theme of the study, which was the future of family medicine.

One of the challenges mentioned by the participants was lack of a database with the information of all residents. In line with this point, Stewart et al. (2009) stated that developing a database from the clients’ information and updating it regularly are necessary requirements for an

efficient family medicine system [24]. Another challenge was lack of health cards, which can be possible if the clients’ information is gathered and compiled as a database. Lack of nurses and doctors with family medicine experience was another challenge. This problem in family medicine in Kurdistan was also mentioned by Shabila et al. (2012) [25]. Lack of job description was another problem that the current family medicine practice is faced with. In this regard, San Martín-Rodríguez et al. (2005) pointed out that clear role descriptions and role understanding are highly significant in success of inter-professional collaboration required in family medicine [26]. The participants also referred to the main objectives of family medicine, which need to be taken into close account in developing and implementing the family medicine system. Similarly, Kassam et al. (2016) pointed out that the success of a family medicine system depends on consideration of its objectives and designing the system accordingly [27].

To improve the status of family medicine in Erbil in the future, the participants stated that there needs to be another family medicine center with more doctors and nurses having family medicine experience. They also referred to equipping the centers with advanced tools, more ambulances, and computers. Similarly, Lafta and Dawood (2011) pointed out family medicine field needs to be equipped with more expert doctors and nurses in order to enhance the level of primary health care [28]. It is also noteworthy that universities of medicine in the region should develop curricula related to family medicine and give the students extra course on this field in order to prepare them for a brighter future of family medicine in the region.

V. CONCLUSION

The present family medicine practice in the Kurdistan Region of Iraq is faced with several issues which need to be resolved through cooperation between the Ministry of Health, universities of medicine, and the parliament of Kurdistan in order to develop and implement an efficient family medicine system in the future, which will enhance the level of primary health in the community. Training family doctors and nurses, increasing the number of family medicine centers, equipping the centers with advanced tools, creating a family health database and health cards, and maintaining the field up-to-date can be useful strategies in order to develop family medicine and make it an efficient practice in Kurdistan in the future.

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