Essays and Commentaries

Practicing and Teaching Family Medicine in India

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I first heard about family medicine from an American magazine, *SPAN*, that was published in Delhi in the late 1980s. As a medical student, I was fascinated to read about physicians in a specialty that sounded more like the kind of physician I wanted to be. The article remained in the back of my mind throughout my student days.

After graduation from medical school, I had the opportunity to work in a rural 40-bed mission hospital in central India. Working in that setting and handling a variety of problems—often single handedly—reinforced my conviction that my country needed more generalist physicians. After a year in the rural hospital, I relocated to a 285-bed multi-specialty training hospital that had a training program in family medicine. Although I began my work there in the internal medicine department, after a few months I decided to choose family medicine as my vocation and began training in that specialty. It was a combination of the love of working as a multi-competent doctor, the obvious need of the patients all around me, and a sense of calling that led to my decision.

Challenges

There were challenges right from the beginning. My parents, who are physicians, were aghast at my choice of an "unknown specialty." My relatives wondered why I took up "family planning;" surely a male doctor had better things to do! My colleagues advised me not to waste my time. "Take a good specialty and make good money," they said. Being the only one in my class of 200 who took up family medicine, I was indeed the odd one out.

Training in a multi-specialty hospital also had its challenges. Being a new specialty, no one really was clear what to do about our training. Fortunately, I had excellent hands-on experiences and training under dedicated, fine clinicians. The rotations in the various departments and the community outreach work, which included clinics in remote villages on a mountain, walking among orange trees, and sidestepping leeches rather unsuccessfully added to my knowledge and skills. But, I did not have a teacher of family medicine—a role model who could explain to me what the specialty was, who would mentor me, who was excited about the specialty. I did not have a textbook of family medicine and had little understanding of this wonderful branch of medicine.

What Came Next

After my board exam in 1998, I worked in a tribal mission hospital for some time and later as an assistant to a cardiologist in a town. I did feel a bit lost as to what my role as a family physician would be. The way was opened for me, however, when in 2000, I was offered a position as a lecturer in family medicine in the Christian Medical College, Vellore, South India. The college is based in a 2,000-bed teaching hospital with a history of more than 100 years. Family medicine was just beginning to be recognized as a specialty there. Though there was a postgraduate training program in family medicine, there were no faculty members trained to be family physicians or to teach the subject. Indeed, there were hardly any takers for my course, which was not perceived as glamorous in a super-specialty teaching hospital. I was a lecturer without students for quite some time!

The situation has been changing in the recent past, with more family physicians joining the institution and a commitment from some of the senior faculty and the administration to develop the specialty of family medicine. We recently formed a department of family medicine, though the department is still nebulous in its structure and function. But, we have had experienced family physicians visit us from other countries, and these physicians have helped us to better understand the specialty. We saw that being a family physician was more than just treating a variety of diseases. The concept of patient-centered medicine has changed the way we approach our patients.

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At present, I work in the unit of the Christian Medical College for the urban poor called the "Low-cost Effective-care Unit." In this outpatient unit, we see about 150 to 200 patients per day and operate a 40-bed ward that offers subsidized care to patients who cannot otherwise afford to pay. Medical students work with us in the unit during their clinical rotations, and we place emphasis on taking an appropriate history, developing clinical skills, and managing patients effectively with minimal investigations and at a reduced cost.

More Challenges

We are now at a time when there is more interest in the development of family medicine both at our institution and also across the country. But, at the same time, there are still many challenges that a teacher and a trainee in family medicine face.

First, we lack role models. We do not have experienced teachers of family medicine here. It was a great learning experience for me to interact with the faculty of family medicine from Colombo Postgraduate Institute last year, when I took their Diploma in Family Medicine. But, I have been in the position of mentoring trainees without ever having been mentored myself. Instead, most of my learning has come from John Murtagh's textbook of general practice, Robert Rakel's textbook of family medicine (a copy of which I just obtained 2 months ago), and the Web sites of the American Academy of Family Physicians (AAFP) and the World Organization of Family Doctors (Wonca).

Second, we need to clarify what a family physician trained in India is expected to do. This question is being debated with different people having different opinions. Does a family physician work in a district-level referral hospital managing most of the problems? How will such a physician fit into a secondary-level hospital that has physicians in many specialties? Will such a person have a hospital-based, clinic-based, or community-based practice? Can the Western models be applied here? How can we provide patient-centered medicine when each physician has to see 40 or 50 patients a day? Do we have the time to ask patients about their ideas, concerns, and expectations?

Third, we need to deal with the lack of research and publications in family medicine that is so essential to develop the specialty. There is only one family medicine journal in India, and it is not indexed in Medline or other sources.

The Future

At the same time we face the aforementioned challenges, it gives me tremendous joy to practice and to teach a specialty that is unique in its breadth and strong in its focus on patients rather than diseases. As I write this essay, I am in my sixth week of work in a rural mission hospital in North India, where there are six trainees in family medicine. Working, teaching, and learning with the trainees has been a satisfying and joyful experience for me.

The specialty of family medicine is slowly but steadily moving forward in India. More hospitals are offering training programs in the specialty, though there are few who are trained to teach it. It is indeed a time of opportunities and challenges, both for the students and teachers of family medicine in India.

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