

## SCIENCE AND PROFESSIONAL TRAINING in the field of FAMILY MEDICINE - current status and perspectives



### Interview with Prof. DUMITRU MATEI, MD, PhD

University professor, doctor of medicine (PhD)

Head of family medicine department, "Carol Davila" University of Medicine and Pharmacy, Bucharest

Executive President of the Academic Society of Family Medicine

### Professional career

Pediatrician at "Alessandrescu-Rusescu" National Institute for Maternal and Child Health since 1987

Doctor in medical sciences since 2000, with the doctoral thesis "Myopathies and neuropathies with hereditary transmission in children"

Director of scientific research of "Alessandrescu-Rusescu" National Institute for Maternal and Child Health in the period 2008-2012

Medical Director of "Alessandrescu-Rusescu" National Institute for Maternal and Child Health during 2012-2018

Currently, consultant physician, head of the Pediatrics Department III, "Alessandrescu-Rusescu" National Institute for Maternal and Child Health, Bucharest

### Teaching activity

1990-1998 – assistant professor, Pediatrics II, "Carol Davila" University of Medicine and Pharmacy, Bucharest

1998-2002 – lecturer, Pediatrics II, "Carol Davila" University of Medicine and Pharmacy, Bucharest

2002-2009 – associate professor, Family medicine, "Carol Davila" University of Medicine and Pharmacy, Bucharest

Since 2009 – university professor, Family medicine, "Carol Davila" University of Medicine and Pharmacy, Bucharest

### Research activity

127 articles published in specialized journals, of which 39 articles in CNCSIS B + journals, 53 articles in BDI journals, 11 articles in ISI journals

230 studies communicated at national and international congresses, 6 ISI abstracts

Author and co-author of 31 published books

Project manager (4) and member of research projects (12)

### Active member of several medical societies

WONCA – International Society of Family Medicine

Balkan Medical Union

Romanian Society of Pediatrics

Executive President of the Academic Society of Family Medicine

Deputy Editor-in-Chief of Romanian Journal of Medical Practice, BDI indexed, CNCSIS B +

President of the Scientific Council for the annual organization of the National Conference of Family Medicine  
Coordinator of the Summer University for family doctors, organized by SAMF

Reporter: *Distinguished Professor, in Romania, the primary health care sector is one of the pillars of support, if not the most important of them, which has registered a significant development in health reforms in recent decades. You coordinate the Academic Society of Family Medicine (SAMF), which is practically the platform that the family doctor needs to increase the professional and scientific level.*

– How could you characterize the current level of development of primary health care in Romania?

– What is, in fact, the role of health care in improving public health in Romania?

**DUMITRU MATEI:** I am especially honored by your invitation to respond to this interview. As the Executive President of the Academic Society of Family Medicine (SAMF), I am trying to make some clarifications regarding primary health care (PHC). PHC has been promoted since the 1970s (after the International Conference on Primary Health Care in Alma Alta, 1978) as a necessity for countries with a low level of socio-economic development, detached from the colonial system, which were economically vulnerable and represented regions at high risk of disease even for developed countries. These vulnerable countries needed a health system developed to a minimal level, able to ensure an acceptable state of health, essential medicines to control the risk of disease. Emphasis was placed on preventive activity, health education: healthy eating, drinking water, specific measures for mother and child, immunizations as an effective means of preventing infections, improving epidemiological services, and ensuring access to essential medicines.

A second step in the promotion of the PHC was the Copenhagen Conference in 1999, addressed to the countries detached from the communist camp, in which Romania was also a member. In accordance with the EU recommendations and the PHARE program, established also in Romania, our country has begun efforts to strengthen PHC, in which the family doctor plays an important role along with occupational medicine, school medicine, community care, epidemiological services, home care.

Personally, I think that secondary health care (SHC) and especially tertiary care (hospitals) have reached their limits in terms of cost / effectiveness. Hospitals and hospitalization consume a lot of financial resources.

Primary care focuses on prevention services, and hospital care focuses on the curative side.

In the current context, chronic diseases are dominant, consuming most of the financial resources without achieving their cure, the prevention of chronic diseases being the

only solution to restrict these diseases. The prevention of chronic diseases is done predominantly through family medicine within PHC.

It is much easier and cheaper to prevent than to treat.

If family medicine solves health problems with minimal equipment, tertiary medicine involves enormous costs with hospital equipment, extremely expensive diagnostic and treatment techniques. There is the problem of restricting them to the level of strict needs that can only be solved in the hospital. We, in Romania, are still insisting on building new regional hospitals, which will only solve health problems in a small part. The fight against the disease should be addressed mainly in the territory, by adopting a sanogenic lifestyle, and not in hospitals. Society needs healthy people, not the sick, who are a failure of medicine. An ideal society should have a health system that can intervene through preventive methods on all preventable diseases and thus succeed in limiting hospitalizations for these cases.

In some countries (e.g. China), family doctors are not paid according to the number of patients, but according to the number of healthy people.

In this context (although initially it was only about countries with low socio-economic development), the promotion of PHC is also a concern for developed countries, which cannot afford to develop healthcare based predominantly on hospitals, and they also feel the need to revitalize PHC.

In terms of funding, a medical system should allocate 15% of financial resources to PHC, 45% to SHC, which has specialties and technical equipment, without beds, and 40% for hospitals (see Figure 1).

In reality, PHC (family medicine) receives 7-8% of the budget allocated to health, SHC (ambulatory) receives about 30%, and the difference goes to hospitals, which spend 60% of resources on health.

**R:** Considering your involvement in the management of SAMF, your professional training, expertise and experience, we would like to obtain from you an informed opinion on relevant aspects of the professional and scientific level of the family doctors in Romania.

– What relevant organizational changes do you consider to have taken place in the health system, with an impact on the development of family medicine in Romania?

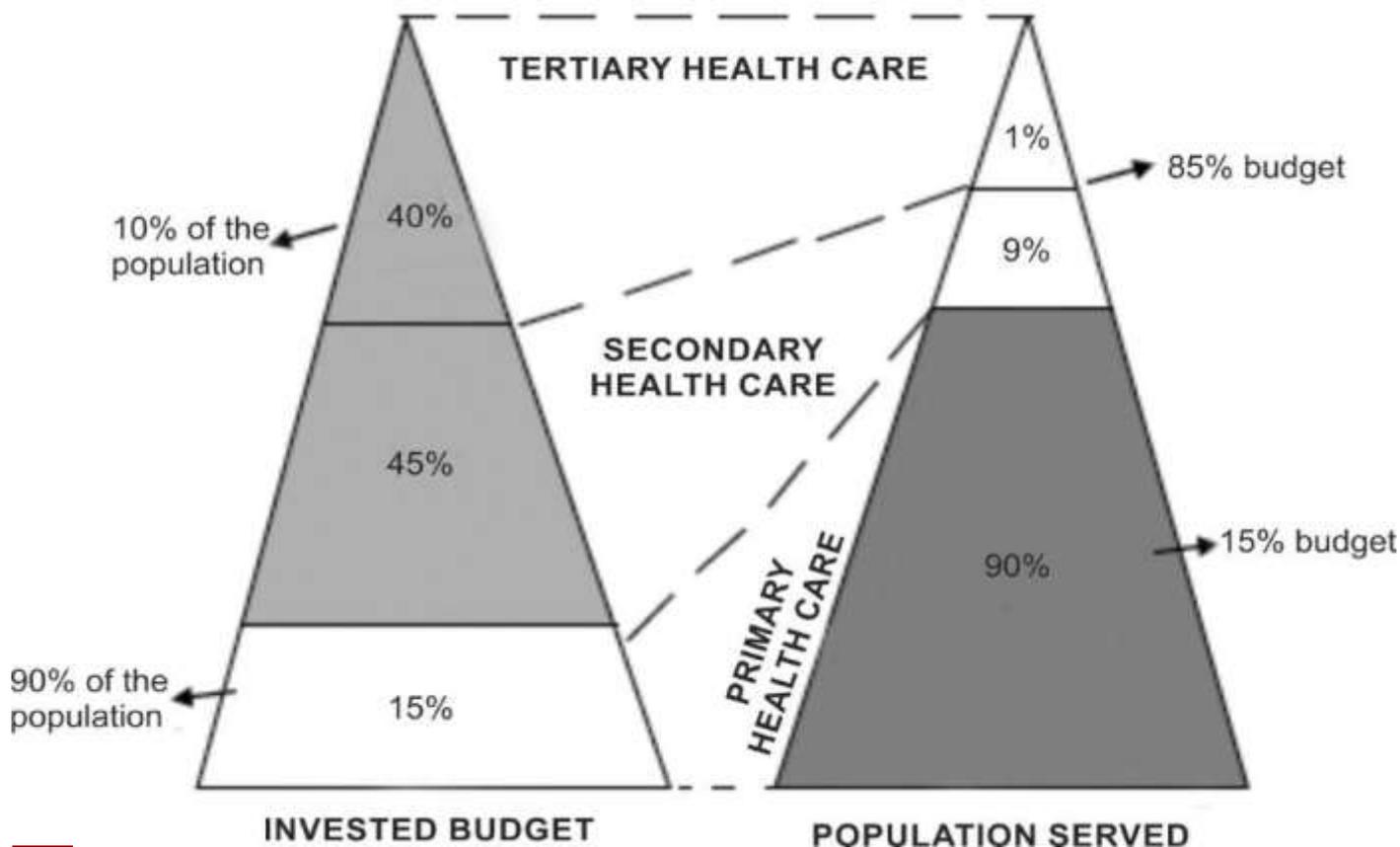
– How did the professional and scientific level of the family doctor evolve?

– What is the vision of The Academic Society of Family Medicine (SAMF), which you coordinate?

**DM:** In this regard, an important step was the recognition of this specialty "as an independent", being recognized as the 24th specialty among the over 80 medical specialties (there is a dynamic increase in new specialties).

After the recognition of this specialty in Romania (1990s), another important step was the establishment of family medicine departments within the medical faculties of university centers – these having the role of training students and residents in the specialty of family medicine. The training of the residents is done both theoretically and practically in the family medicine offices, by teachers and training instructors with the specialty of family medicine.

Figure 1. Health budget allocated to the three levels of healthcare



Across the country, there are 12 disciplines of family medicine, each having representatives in the Academic Society of Family Medicine.

Another important step was made by organising the residency in family medicine in terms of increasing the professional and scientific quality of family medicine.

Establishing a common curriculum for the training of family doctors in line with EU requirements was another important step in the professional quality of this specialty. Graduates of the residency in family medicine in Romania have specialized diplomas recognized by all EU countries.

The filtering of the preparation of residency graduates by the specialized commissions according to a common curriculum at national level allowed the selection of some graduates separated by the final grade of passing or not passing the specialty exam.

As in other specialties, maintaining the consultancy exam (*n.n. echivalentul primariatului in sistemul britanic*) is a necessity to evaluate the professional training (professional mastery) of doctors working in the medical system as specialists.

The training of these doctors in research teams, together with other specialties within the multidisciplinary team, is an increasing concern of medicine in general and of SAMF in particular.

**R:** *Regarding The Academic Society of Family Medicine (SAMF), whose activity you coordinate:*

– *What are the current purpose and mission of SAMF? What are your prospects for SAMF?*

– *What are the benefits of society members?*

– *What tools and support methods does society use to increase the professional and scientific level of family doctors?*

– *What is the feedback received from family doctors?*

– *What do you think could be done better for members of society?*

– *How much do family doctors in Romania manage to cover the scientific side? What needs and opportunities do they have in this regard?*

**DM:** Together with other professional societies, SAMF has achieved, through the 17 conferences organized so far, the approach of topics of particular importance for the training of family doctors, such as: preventive activity, health promo-

tion, the role of inflammation in human pathology, systemic view of diseases, the role of epigenetics in disease prevention etc. SAMF organized summer universities, where family doctors met and benefited from theoretical and practical training on current aspects of the family doctor's activity.

The discipline I lead at the "Carol Davila" University of Medicine and Pharmacy Bucharest has managed to publish, through SAMF and with the contribution of Amaltea Medical Publishing House, several books and textbooks dedicated to students and graduates of the family medicine residency, such as be: "Essentials in family medicine" - in its third edition (figure 2), "Practical guide to family medicine", third edition, "From symptom to diagnosis in family doctor practice", "Essentials in obstetrics for family doctors", "Small dictionary of vaccines and vaccinations".

This theoretical support was a real support for students and doctors, being highly appreciated, the number of books quickly running out from one edition to another, most being given free of charge to participants in conferences organized by SAMF.

We have been constantly concerned with the involvement of academic society in increasing the professional and scientific quality of young doctors, doctoral students in family medicine, but also in other specialties. In this sense, I edited a specialized journal highly appreciated by doctors, Romanian Journal of Medical Practice, BDI, CNCISIS B +.

As a remark on the particularities of the field, family medicine represents the coverage of the necessary medical needs in the first line of medical care, namely that of the holistic vision, the approach of the whole man, with all his health needs (the family doctor must know 60-70% of all pathologies), an approach that contributes to the patient's orientation in the health system.

In the current context of the SARS-CoV-2 pandemic, the role of the family doctor is very important, being involved, in addition to monitoring and treating mild and moderate cases of COVID-19, in the epidemiological activity, in advising patients and their contacts, also in immunizing the population against the SARS-CoV-2 virus.

No pandemic will be solved exclusively in the hospital, but an approach is needed in the territory, by mass immunization of the population and not by treating a small number of patients, who so far do not benefit from a specific treatment (currently, the treatment of the disease it is only symptomatic, pathogenic and adjuvant).

I believe that the family doctor must receive the professional recognition for his work. Family medicine is the oldest medical specialty practiced since the time of Hippocrates, a specialty whose historical background increasingly justifies its importance today.