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56 – Developing Skills for the Developed World

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Undoubtedly, technological advances have improved health outcomes and quality of life. On the other hand, lifestyles have been significantly altered by this developing era. The purpose of this opinion piece is to identify potentials and skills, especially within family medicine that more traditional societies in the developed world use. Thus, it will be interesting to observe how primary health care physicians cope and manage to overcome obstacles and challenges encountered due to either the slow pace of or no development in isolated rural areas around the world, where certain hidden secrets may still prevail.

Life expectancy has increased in industrialized countries mostly as a result of reduction in childhood mortality and improved medical treatment, due to advances in medicine. Developing regions have poorer mortality rates due to limited biomedical and technological resources, although they may have skills and remedies to offer in complementary and alternative medicine through services provided by traditional practitioners and healers. Transcultural health care or indigenous healthcare may include, among others; acupuncture, herbal medicine, homoeopathy, yoga, meditation exercise training, and music and art therapy. It is always challenging to test alternative remedies within primary care in order to more flexibly manage several medical conditions such as chronic health problems, cardiovascular, respiratory, allergies, infections and other disorders.

Another approach is the concept of religiosity and spirituality that may also offer efficient ways for handling patients' problems, since they are well-integrated in the cultural identity of the world communities and can act as preventive or 'healing' mechanisms against a range of health problems. The appropriate use of indigenous knowledge available in traditional societies may also be a major source for developing natural products in improving health and curing illnesses. An example of the traditional 'secret' that has diminished in the fast pace modern world and can prolong life expectancy with higher quality of life is the so-called midday nap (siesta), and the well-known Mediterranean diet.

Due to the geographic isolation, emergency cases and workforce shortages, general practitioners serving rural and remote areas are often called upon to maintain a greater variety of skills, to provide a more integrated and patient-centred care approach for conditions due to limited resources. On the other hand, general practitioners serving urban areas often perform more advanced duties in improved conditions with regard to available facilities and special resources. Learning the indigenous healthcare practices is also an essential resource at the hands of GPs that it is expected to enhance their capacity in promoting self-management.

Another useful primary care practice 'tool' adapted by GPs in underdeveloped regions that is lacking in the developed world is their comprehensive role with the family and community caregivers, as their orientation towards the patient in the context of the family and local community may enhance their health outcomes. The role of family

support in decision making and in caring in a more traditional structure, may be critical to manage different illnesses as it promotes compassion and the sense of belonging. The involvement of the family in the decision-making process is also critical since such processes take into consideration not only the family's socio-cultural values but also the family roles and dynamics in the process of delivering a more holistic approach towards the patient.

Among special qualities that seem to have almost diminished in urban settings and developed societies is the cultural difference of the social interactions. Interpersonal relationships shaped within rural areas are more enduring and they are based on loyalty, not only to friends and relatives, but to the community and its members. On the contrary, relationships in urban settings are usually based on self-interest as they are forged in extremely competitive environments. Furthermore, social roles and function in rural settings are more likely to be connected to traditional and religious beliefs.

All these cultural habits influence GPs while also illuminating another great asset that can be of use in regions under development and that is the value of compassion, meaning the awareness of someone else's suffering and the will, effort and action to help and relieve it. Compassion is the fundamental element of the bond connecting a family especially in rural areas as urbanization and excessive technological development have altered the structures of the traditional pattern of families resulting in the loss of compassion and cohesion. Compassion in treatment served in rural and remote primary health care can strengthen the doctor-patient relationship, increasing trust, confidence and effectiveness, when traditional and cultural aspects or beliefs of health are taken into account. With this in mind, a recently published systematic review provides initial support for the discussion that doctors' empathy can be enhanced through targeted interventions.

Take Home Messages

- Developing societies can contribute to find effective solutions of health care for the developed world communities combining the 'wisdom' from the first and the scientific knowledge from the second. Community-based interventions and innovative strategies with regard to the socio-cultural differences mentioned could prove helpful in managing developed-society healthcare challenges.
- All lost 'ingredients' found in a complex web of social relations, cultural history and socio-political networks of the developing world, helping a general practitioner overcome barriers in the delivery of health care, should be revived and integrated into the modern primary health care services, especially now that society and humanity has to overcome many crises and challenges.
- Globalization always claims service cost reduction and communication flexibility. By learning the 'secrets' that have been embedded in underdeveloped societies, we can test and build additional skills for GPs with the aim of investing more efforts in the health and happiness of the people that they serve.

Original Abstract

<http://www.woncaeurope.org/content/14-namibia-shetland-developing-skills-developed-world>

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