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60 – Comprehensiveness and Continuity of Care - Core values Necessary for the Survival of General Practice

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Frankly spoken, General Practice is especially appreciated by politicians because it is cheap and effective. And providing good care for little expense truly is a value - especially in poorer countries. But it is also true for richer countries where specialized care is becoming rapidly more expensive because of the sophisticated developments in diagnostics, treatments and pharmaceuticals – even if this progress involves only very small steps of being “better” in diagnosing or treating. In other words, specialists are making care more and more cost-**ineffective**.

General practice can still be cost-effective because not all the possible diagnosing and treating is actually carried out in all “cases”. General practitioners (GP) decide on the “individual patient” and not on the “case”, e.g. they are not doing the same in all patients with a similar problem. This is basically different from the specialist, who usually does not know the patient well and therefore follows, more or less, a guideline, i.e. is doing more or less the same in each similar consultation.

If one is not doing all that is possible, one is at risk to make mistakes, miss a diagnosis etc. There are two things reducing this risk: first of all, one has to reflect on all the possible things which can be done, but then decide on what can also be left out by following Bayes' theorem. This process needs sound medical knowledge as all possibilities must be known to become part of this reflection.

Secondly, there has to be good knowledge of the patient and his/her life-circumstances, his/her preferences and values and, last but not least, his/her way of handling/coping when being ill. Combining all these factors, a decision is a complex process and is made for just this patient in that particular situation and with these special findings – and often by discussing it with the patient.

This way of decision-making saves money – otherwise often spent on futile diagnostic or therapeutic procedures. And it decreases stress for the patient by reducing the proportion of false-positive results (Bayes theorem) and by reducing over-treatment.

What allows GPs to know their patients well? The GP is the only doctor seeing his/her patient over several years and under different circumstances of health and illness.

Additionally, an emotional relationship between doctor and patient is established through the length of their association which allows them to understand one another instead of simply knowing the facts about him/her. With this background, GPs are at an advantage in noticing even subtle differences in his/her patient - in the way of behaving, moaning, talking, looking and expressing him or herself. This knowledge can be employed in “interpreting” the patient and his problems and wishes – and hence finding an appropriate decision for a certain situation.

All this can only work if the doctor can see his/her patient often and under different circumstances. In other words, GPs have to provide comprehensiveness and

continuity in care – and society has to guarantee this. This makes continuity and comprehensiveness not only popular with patients, but also an “essential” in the special way GPs work; as shown above.

If this is no longer possible or the number of contacts between GP and patient are reduced considerably (e.g. by shift work, special services for extramural care etc.), GPs would not know enough about patient's life-circumstances, values, and their coping ways of handling symptoms – and by this also lose their abilities to engage patients in shared decision-making based on understanding the patient.

If continuity of care and comprehensiveness are reduced considerably, as is happening in some countries, General Practice will lose its allure for society and the patient - due to a loss in the described special ability of General practice to provide cost-effective care as well as reducing overtreatment.

Should it be “personal continuity” or “institutional continuity”? Personal continuity is the only guarantor for obtaining optimal knowledge of a patient and a joint experience with each other, which is absolutely essential for a solid doctor-patient-relationship. Institutional continuity is only a second-best substitute because joint experiences of patient and doctor cannot be “transported” from one doctor to the next through writing notes. In most developed countries today, these core values of comprehensiveness and continuity of care are under pressure due to the developments in medicine bringing in sophisticated technical and analytical skills and knowledge on the one hand, and young doctors insisting on a limited number of working hours (including half-time work) on the other hand. Group practices and, within these, a division of functions also undermine these core values. “Emergency services” and “hotlines for health”, supported by the health care system, are additional institutions reducing the number of contacts with the GP.

In some rich countries, like Germany, without a) a gate-keeper function of General practice and b) a work force of specialists as large as that of GPs, working full-time outside the hospital, the core values of continuity and comprehensiveness are seriously threatened. Additionally, patients are more and more attracted by the modern developments of technical medicine - which they expect to receive from specialists.

In countries with fewer specialists and less funding on health care, General practice has to face another threat: contacts to one GP are massively reduced by installation of shift-work in health care, hospital ambulances for immediate care, and several different paramedic professions doing some of the work previously undertaken by GPs.

Without the core values of comprehensiveness and continuity of care as well as an underlying solid patient-doctor-relationship, General Practice will, in the long run, lose any justification for its existence: Under such circumstances, specialists- with little information about the patient - would perform better because they are better educated for medicine of the “details”. But knowing that often these “details” are not the real problem, and that the patient's complaints have to be interpreted in the context of the whole person, the time and circumstances of developing a symptom or illness, we have to fear about the quality of care in a future without GPs.

Take home messages

- General Practice is a very cost-effective way of caring.
- For this it is absolutely necessary to have detailed knowledge of and experience with the patient.
- Only a system allowing GPs to care comprehensively and in continuity makes this possible.
- Without these two core values General Practice will lose its base.
- And society its cost-effective health care.

Original abstract

<http://www.woncaeurope.org/content/155-comprehensiveness-and-continuity-care-core-values-necessary-survival-german-general>

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