Health care reforms: old and new concerns
da letter from Brazil

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The roles of General Practitioners (GPs) in primary and secondary care services, and the respective policy for incentives, have been discussed for decades, mainly in developed countries. However, one can hardly find conclusive results that could be applied in developing areas without major concerns. Actually, health care reforms have posed additional questions to be solved, including those about the practical training of the future team of GPs.

Medical journals from industrialized regions have focused advantages and challenges of ongoing health reforms. Indeed, advantageous benefits have been achieved in general; however, some concerns have been considered by practitioners from developing countries. For instance, while nurse practitioners, physician assistants and students are providing clinical services, some experienced general practitioners (GP) are working fewer hours in clinical activities, and have been involved in administrative services or leaving medical practice [1-5].

Specialized GPs come from longstanding professional improvement by daily clinical practicing, and should maintain close interaction with the young members of the more recently established multidisciplinary teams. In especial in developing regions, more traditional GPs utilize clinical semiotic methods to clear diagnoses in primary care setting. Worth of note, in spite of more expensive investigative resources, accurate clinical history and physical examination can contribute to prompt exclusion or early detection of less severe causes of common challenging clinical conditions, which may include precordial pains [6]. Interprofessional education under close supervision of capable GPs seems to be very important (and indispensable, in some low-income countries) to promote the needed training [3,4], with resultant lowered economic burden for health system and less iatrogenic events. Considering that GPs are becoming rarer in the whole world, four decades of effective practice of docent activities in this field could justify the following philosophical comments.

Originally, Medicine and human language shared a similar practical teaching method, revealed from Masters to apprentices, interactively. Although self-teaching may allow
learning exotic idioms without the help of teachers or native speakers, the same does not apply to clinical practice, which demands hard training of apprentices by qualified preceptors.

Let us take the example of Dalmatian, an extinct Latin dialect whose last speaker (Udina Burbur) died in 1898. He was an informant of philologists, although did not have with whom to speak the dialect for 20 years, and was deaf and toothless. Dalmatian was not his native idiom, and was learned by hearing his parent’s conversations. The extinction of Dalmatian finally occurred, in spite of all the grammatical registers, which are archived among the documents related with philological curiosities. The memory of what occurred after the Udina Burbur's death, practically decreeing the disappearance of one of the human language specialties, could constitute a concern and a matter for reflection in developing countries.

What consequences would be on the primary health care of developing areas if experienced GPs where all absent the interactive daily teaching for the apprentices

REFERENCES