

# International health and Canadian family practice

*Relevant to me, is it?*

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Our world is shrinking: international travel has topped 1 billion per year, international migration now approaches 200 million a year, telecommunication reaches the heart of Africa, and e-mail allows families to maintain contact around the world.

Advances in economic development, education, science, and technology offer opportunities to improve health, but many of these advances are not available in a large part of our world. The World Health Organization recognizes that disparities in people's ability to achieve health are of global concern; disparities in health bring with them the threats of epidemics, deepening poverty, and political conflict. As such, global health inequities are a pertinent concern for us, our families, and future generations.

The current global shortage of trained health workers contributes to health disparities.<sup>2</sup> This crisis is most profound in the poorest countries, and, in particular, in sub-Saharan Africa.<sup>3</sup>

The expression "international health" describes health-related work in an international setting (outside the country where one lives and practises) and relates to health practices, policies, and systems in other countries. The term "global health" relates more to health issues that transcend national borders, class, race, ethnicity, and culture, and includes the care of certain populations, such as immigrants and refugees, both locally and abroad.<sup>4</sup> In this article, we explore the roles and opportunities for family physicians in global health, especially related to primary care and family practice.

## Primary care and global health

The 1978 *Declaration of Alma-Ata* emphasized the importance of primary care worldwide.<sup>5</sup> The World Bank and the World Health Organization have explained that the most cost-effective health interventions in low- and middle-income countries can be delivered through primary care.<sup>6</sup>

Primary care is well positioned to contribute to global health. Starfield has shown that countries with a stronger

primary care orientation are more likely to have better health outcomes and lower health-related costs.<sup>7</sup>

Among the most important benefits of primary care is the potential to contribute to economic development and household welfare.<sup>8</sup> Poverty predisposes patients to poor nutrition, overcrowding, and poor housing conditions, and increases the burden of diseases—such as malaria and tuberculosis—and injuries.<sup>9–14</sup> The financial burden of illness can have a catastrophic effect on precarious households,<sup>15</sup> as seen in countries heavily affected by HIV and AIDS.<sup>14</sup> Primary care can help to prevent and treat illnesses, therefore reducing morbidity and mortality across all socioeconomic levels, which in turn can contribute to economic growth.

Arafa\* is a 23-year-old HIV-positive woman with 3 children living in Malawi. She is 1 of roughly 13 million women living with HIV in sub-Saharan Africa, where the prevalence of HIV infection ranges from 4% to 42%.<sup>1</sup>

Arafa received a single dose of nevirapine during labour for her second and third pregnancies according to local guidelines. She does not have access to CD4 or viral load measurements. She has been unwell for a few months and is now eligible for antiretroviral therapy. The first line of treatment is provided at no cost to patients, but the cost of transport to the HIV clinic is equivalent to a day's wage, and the only physician working in the clinic might not be able to see her the day she presents. If she happens to be 1 of the few unfortunate women who has developed resistance to nevirapine, no low-cost second-line medication is available to her. Her mother, who is also HIV-positive, was able to move to Canada, has access to antiretrovirals, and lives a full, productive life.

\*The name Arafa is a pseudonym used to protect the patient's identity. Arafa means "knowledgeable" in Swahili.

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## Family physicians and international primary care

In many ways, primary care can foster equity in global health.<sup>6</sup> This is reflected in the principles of family practice as defined by the College of Family Physicians of Canada.<sup>16</sup> Canadian family physicians play a central role in the primary care system and, as such, are poised to contribute to the goal of achieving health for all, both locally and globally.

Globally, family physicians can help strengthen primary health care systems by contributing their clinical skills, knowledge, and dedication. Increasing numbers of Canadian family physicians are engaged in global health. They provide care, teach, participate in research, and advocate for global health projects.

Contrary to the common assumption that those living in developing countries suffer exclusively from exotic communicable diseases, such chronic conditions as diabetes, hypertension, cancer, mental illness, and trauma account for a growing portion of the burden of illness around the world.<sup>15,17</sup> Family physicians are skilled at understanding undifferentiated illness, social determinants of health, and first-line treatment of common conditions, so they have much to contribute to primary care in resource-poor settings.

In disasters, crisis situations, and resource-poor communities, Canadian family physicians have demonstrated their comprehensive training and their ability to work in various health care settings.<sup>18</sup> Notwithstanding the wealth of clinical assets among Canadian family physicians, working abroad will often require varying amounts of additional training. Physicians need to be appropriately prepared for meaningful initiatives.

Most family physicians are likely to contribute to global health in Canada through their encounters with certain patients, such as recent immigrants, refugees, foreign students, and international travelers. Encounters with diverse cultural beliefs about illness, various languages, and tropical illnesses are becoming more frequent for most Canadian family physicians. More than 18% of Canadians are foreign-born, a proportion that reaches about 40% in Vancouver and Toronto.<sup>19</sup> In 2005, Canada welcomed more than 262 000 newcomers<sup>20</sup> with programs to encourage them to settle in more remote towns and rural locations. Global health is relevant not only for those who opt to exercise their skills in foreign countries, but also for all Canadian family physicians.

## Opportunities for family medicine and family physicians

International and global health can help to revitalize family medicine, attract new residents, and open new areas for leadership and research. Previously the bastion of pediatrics and infectious-disease medicine, global health in the 21st century is recognized as resting on the foundation of primary care—a natural habitat for family medicine.

The inclusion of international health in family medicine postgraduate curriculums makes students more likely to choose a family medicine training program.<sup>21</sup> Exposure to international health has also been shown to increase examination scores.<sup>22</sup> Medical students who have had an elective experience in lower-income countries have been shown to be more likely to choose rural practice and group practices, and to be responsive to local community needs and disparities.<sup>21</sup>

Beyond the practical reasons, we argue that the impetus for a greater involvement in global health rests in part on our collective moral imperative. As citizens we share in the responsibility to decry, question, and propose solutions to resolve profound inequity. As physicians, the privileged position we enjoy by virtue of our education, income, and societal recognition—to say nothing of the social contract that binds us to the population we serve—extends into a collective responsibility to speak and act on behalf of those penalized by health inequities. We argue that providing for those in extreme need is linked both to our common humanity and to our professional oath: “above all, allow no harm.” Inaction allows harm.

Clearly, involvement will require additional investment. If we hope to have family medicine and family physicians as players in the field of global health, we will need to find ways to increase exposure to global health in undergraduate and graduate curriculums, provide modes of remuneration in order to allow family physicians to work at home or abroad, and help family physicians develop the skills necessary to work internationally. Some Canadian residency programs (University of British Columbia, Laval University, and University of Toronto), for example, already offer advanced skills training in international health.<sup>23</sup> Increased awareness of resources available to prepare learners and practising family physicians for international work is needed.

## Take-home message

Primary care is one of the most effective and least expensive means of

*To assist family physicians, the International Health Committee at the College of Family Physicians of Canada is developing an international health website with helpful links for members and is working on a series of articles that will be published in Canadian Family Physician to shed light on the intersections of global health and family medicine.*

achieving equity in health on a global scale. International and global health offer an opportunity to revitalize family medicine, to put to use our training and diverse skills, and to help build a healthier global community.

Family physicians play a leadership role in primary care in Canada, and there is a genuine need and opportunity for us to extend our role globally. The expertise we have to contribute, as well as our moral obligation, our social responsibility, and our professional ethics, supports broadening the principles of family medicine to acknowledge our commitment to the global community. ❁

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