Certification in Latvia

Turning to family medicine

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Latvia, a small country lying on the shores of the Baltic Sea, is one of the three Baltic States, with Estonia to the north, Lithuania to the south, and Russia to the east. After the Second World War, it was given by the victors to the Soviets. The iron curtain closed around its borders, and Latvians were lost to their Western orientation for the next 50 years.

Soviet template

Medicine in Latvia was then forced into the Soviet template: medical care was centralized into polyclinics and provided by specialists in clinics, hospitals, and sanatoriums. The medical school was separated from the university and became an academy. Medical curriculums were set by Moscow and became rote teaching. Medical education and practice were cut off from innovations and the impetus of societal, institutional, and scientific developments going on in the Western world.

My first visit to Riga (the only city then open to tourists) was in 1983. Medicine in Latvia appeared frozen in the postwar era. The system was based largely on hospital inpatient care with rigid birthing practices, fragmented specialist care, and preferential services and access based on party affiliation or "blat" (bribes).

When the iron curtain lifted in the late 1980s and travel outside the Soviet Union became possible, many physicians visited Canada. As a family physician in Hamilton, Ont, I was asked frequently by friends and family to show these doctors how I worked and what our health care system provided. I still remember my Latvian colleagues' amazement at the strange bird I was—a family doctor who provided comprehensive care. Much comment was made about patient-centred care, where my patients were asked what they thought about their illnesses and treatment options. One physician was aghast that my patient did not rise in deference

Family medicine—the cornerstone of health care: *The Canadian group pauses outside a family physician's office (top); An ambulance outside an emergency department waits for its next call (bottom).*

when I entered the examination room. This experience also made me more aware of what I was doing and forced me to find rationales for our methods.

With the fall of the Soviet Empire, Latvia gained independence for the second time in 1991. Once political and economic stability returned, the government looked for a new method of health care and mandated a primary care model with family medicine as the cornerstone. Latvia had many specialists but only a few trained family doctors. Medical institutions training family doctors and retraining specialists had almost no family physician educators to design and develop programs. It took almost 3 years and many setbacks before our first Canadian International Development Agency/Baltic Initiatives Program (CIDA/BIP) project to help develop a Latvian family medicine examination came to pass.

Walking the streets of Riga: *Old Riga retains its charming architecture (above); the opera house draws opera goers to a park by the river (top right); shops and restaurants are coming back to life (bottom right)*

Teaching family medicine

In the first part of the project, three Latvian family practitioners and educators came to Canada. Over their 2-week stay they saw the certification examination process, how simulated office orals and short answer management problems were developed for our certification examination, how examinations were held and marked, and the organizational requirements and costs involved. They saw how the College of Family Physicians of Canada functioned, as well as most aspects of residency training. Maintenance of certification options were described. At the end, the Latvians outlined their needs, and over the winter, workshops to address these needs in Riga were developed.

When we returned to Riga in April 2001, our Latvian physicians proudly showed us their offices, which were spacious, clean, and well equipped (from European aid). Rural offices were much less modern, but appeared to have the essential equipment. Many

challenges still remained: payment systems were not working, remuneration was inadequate, bureaucratic paperwork was overwhelming, government insurance systems were too unwieldy, medication was too expensive for many, and pharmaceutical companies exerted too much influence. As well, patients still had not accepted family medicine as a discipline. Many perceived family doctors as merely triage people they had to see to get specialist consultations. Latvian physicians identified their lack of status and credibility as a barrier to their effectiveness.

The end of the project, however, saw many accomplishments. A core group of Latvian family physician educators gained theoretical knowledge and practical experience on certification examinations and educating family medicine residents to qualify for examinations. They learned about patient-centred interviews, various teaching methods, and continuing medical education for maintaining certification. A commitment was made to incorporate these different types of assessments of residents into future examinations, which had previously been specialist-oriented.

The most important results were attitude changes and new insights. One participant said that she now had a clearer understanding of what family medicine is and what family doctors do.

Evidence-based medicine

Our second project was to train family doctors in evidence-based medicine. Latvian physicians wanted to acquire skills in retrieving information, critically assessing evidence, and integrating and applying this knowledge to their practice.

Two educators came to McMaster University where we had workshops on theory, practical opportunities to work on computers and the Internet, and seminars on critical appraisal. Together we developed a resource Internet site for Latvian family doctors. They observed how we taught residents evidence-based medicine and how we applied it to everyday practice in our teaching units.

Workshop sessions were developed for Latvia on critical appraisal, formulating questions, and developing a home page in Latvian that lists and describes the characteristics of the various sites. Much of the material was translated into Latvian and presented by our tutor trainees in Latvian. In Riga, hands-on sessions with computers allowed participants to practise searching the Internet for answers to their clinical questions.

Latvia is facing a growing problem with HIV and other sexually transmitted diseases. We hope to share expertise in this area. In our third CIDA/BIP project, we are facilitating a strategic planning workshop with Latvia, Lithuania, and Estonia to enhance the development of family medicine in the Baltic region.

Not all work and no play

We also had time to explore Riga, which at this visit had been largely restored and renovated. We ate in gourmet restaurants, attended the opera, drank coffee (and beer) at sidewalk cafés, wandered the cobbled streets with history at every corner, and shared family meals with our Latvian hosts in their rural homes.

The projects reconfirmed that we family physicians, whether here in Canada or in Latvia, are working toward the same goals, albeit at different stages in professional development. All of us want to provide the best care possible for our patients, and we can learn from each other and help each other achieve this goal.

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