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Enhancing Compassionate Care As An Integral Part Of Primary Care And General Practice

In defining primary health care, the American Academy of Family Physicians (AAFP)¹ denotes primary care as "*the care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom or health concern not limited by problem origin (biological, behavioral, or social), organ, or diagnosis*". Similarly, the AAFP continues to define the primary care physician as "*a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care*".

Perhaps more explicitly, WONCA Europe in the European definition of general practice/family medicine (2002) defines eleven characteristics of the discipline and identifies six competencies for the general practitioner: primary care management, person-centered care, specific problem solving skills, comprehensive approach, community orientation and holistic approach². Although this approach is more explicit with regard to skills, it still remains vague in its statement³. As such the holistic approach competency, which includes the ability to use a bio-psycho-social model taking into account cultural and existential dimensions, introduced some confusion to the European delegates when they were asked to consider the inclusion of this competence into national vocational training programmes⁴. Perhaps a key factor to be included within the holistic approach competency is that of compassionate care. At an international level there appears to be an increasing dissatisfaction with medical care, with both patients and physicians seeking a return to attention to basic health care needs. In 1997, Taylor called for the "resuscitation" of the family doctor, stating that general practice without compassion is as therapeutic as air without oxygen, and as such, compassion is a necessary value for GPs⁵. Whilst recent efforts to restore humanity to health care include those of Robin Youngson, founder of Hearts in Healthcare (2011) and advocator of a global initiative to re-humanise healthcare⁶. Burn out within the primary care physicians is also an important issue requiring attention⁷ and may be partially responsible for the decrease in attention to basic patient values.

The need to integrate compassion into health care services is now being called for via many voices and efforts, as evidenced at a recent Symposium on compassionate care held at Greenwich, UK⁸. Likewise, the 2012 international conference at Edinburgh Napier University attracted many like-minded individuals and experts within the field⁹. Within a changing world and in the middle of an economic crisis, affecting many countries in Europe and elsewhere, it is perhaps even more crucial to re-visit the concept of professional values and professionalism among medical personnel, and to introduce this concept as part of medical training. An elective on compassionate care introduced to students at the Medical Faculty, University of Crete, has attracted much interest, confirming that students value the opportunity to increase their awareness on the concept of compassion and healthcare¹⁰.

This editorial serves as a brief introduction with regard to the need for a new definition of the notion of primary health care and general practice, where compassionate care would constitute a core characteristic. Such inclusion is expected to guide both residency programs and continuing professional development in a more humanistic direction to the benefit of both, physicians and patients.

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