

The spirit of Alma Ata in Europe today

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Thirty years ago, the "Declaration of Alma-Ata" defined health as "complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". It also stated that access to basic health services was a fundamental human right.¹ The model adopted to provide healthcare services was "primary health care" (PHC). This meant universal, community-based preventive and curative services. Promoting such a model entails significant education of the various healthcare providers involved in primary care.^{2,3,4,5}

Two documents describe ways in which the Alma Ata ideal is being translated into practical education programmes in European general practice/family medicine. *WONCA Europe Definition* has set out the range of skills required to practice the kind of primary health care envisaged in the Alma Ata declaration.⁶ *EURACT Educational Agenda* sets out mandatory training for health promotion and encourages early exposure to primary care in the undergraduate curriculum.⁷

Both of these documents describe how care is more than the treatment of diseases. A shift is made from patient to person, and from treatment to holistic care. The identity of a human being is formed through a web of relationships and treatment thus becomes more of a social process, for example, paying attention to a patient's financial and emotional circumstances.

All of this occurs against the backdrop of the health care system in which GPs work, and in line with the changing demands of society. Different countries have different systems. But whatever the system, general practitioners are often better than specialists at understanding the breadth of patients' needs, simply because we have to deal with the whole breadth of problems.^{8,9}

GPs must understand the inter-relationships between health and social care, including the impact of poverty, ethnicity and inequalities on health. Hand in hand with this, primary care practitioners, including GPs, must act as advocates for patients and influence healthcare policy to help patients to take a more active role in health and care.¹⁰

This requires an approach which balances medical knowledge with support systems. Primary care practitioners and managers need training in how to take part in creating such support systems.¹¹ They will also need training in how to lead this dimension, which ought to foster interaction between healthcare providers and patients and between the different professionals involved in treatment and care. It is a role that can be shared across clusters of practices.

Throughout Europe now, we many family doctors encourage patients to take personal responsibility for their own health. There is also an increasing political role for the patient in determining health care provision. These are moves in the direction of the Alma Ata vision. But we still have a long way to go.

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REFERENCES

1. WHO Euro-Region 21 Targets for Health 21, 1997
2. Olesen F, Dickinson J, Hjortdahl P. General Practice – time for a new definition BMJ 2000; 320: 354-357
3. Gay B. What are the basic principles to define general practice. Presentation to Inaugural Meeting of European Society of General Practice/Family Medicine, Strasbourg, 1995.
4. The role of the General Practitioner / Family Physician in Health Care Systems: a statement from WONCA, 1991.
5. Engel GL, The clinical application of the biopsychosocial model. Am. J. Psychiatry, 1980. 137 (5):535-44.
6. The European Definition of General Practice/ Family Medicine, WONCA Europe, London, 2002.
7. Heyrman J. and EURACT Council – The Educational Agenda of General Practice/Family Medicine – Leuven, 2004.
8. Carelli F. European Definition and contracts – 2002, M.D.-Medicinae Doctor; 34: 10-11
9. Carelli F. New Definition of General Practice / Family Medicine – BMJ, 326 (7403) : 1352.
10. Framework for Professional and Administrative Development of General Practice/Family Medicine in Europe, WHO Europe, Copenhagen, 1998.
11. Starfield B. Primary care: balancing health needs, services and technology. Oxford: Oxford University Press, 1998.