

Brazilian Family Medicine and academic excellence

Medicina de Família no Brasil e excelência acadêmica

Medicina Familiar en Brasil y excelencia académica

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An incredibly young and vibrant college. Who would not be impressed by the tremendous energy, enthusiasm, and dedication of general practitioner colleagues in Brazil – so many young doctors, so committed to Family Medicine. The Brazilian Society of Family and Community Medicine Conference (11th Brazilian Congress of Family and Community Medicine) was an uplifting experience and unique in its scale, youth, and vibrancy. With 4,000 delegates, it was the largest general practitioner conference I had ever attended and, with so few delegates over 40 years of age, it was the youngest one. Up to 18 parallel sessions came together effortlessly and there was no pharmaceutical involvement. I was also struck by the easy dialogue between speakers and the audience – this was a conversation of equals. I have never seen anything quite like that. Brazilians have the potential to be future leaders in primary care, but I do not think they quite appreciate their own potential.

How can you build on this potential? In setting the agenda for the development of General Practice as an academic discipline, McWhinney outlined four principles: a unique field of action; a defined body of knowledge; an active area of research; and an intellectually rigorous training^{1,2}. Of these, General Practice has identified a unique field of action; there is a consensus on the defined body of knowledge – as shown in some textbooks by authors, such as Bruce Duncan. Brazil has some excellent postgraduate General Practice training programmes. Not all general practitioners have undertaken this training and, as it evolves, it is important to integrate those who have not had formal training. The three main cornerstones of the academic discipline are already in place. However, like many academic disciplines, the difficulty is nurturing that final component: the research.

Is research really necessary? Most of us are general practitioners because we are interested in people and their illnesses. Spending time in libraries and in laboratories and writing papers were not a priority. But, ask any family doctor if he/she is interested in finding out how illness affects his/her patients, how he/she might best treat them in the community, and how to provide the best healthcare, and he/she would undoubtedly agree. Research asks these very questions. If the discipline of General Practice is to flourish, research is not an option, it is a necessity. Asking how we can improve the healthcare for our patients is part of our discipline.

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Who should be involved in research? Others are already researching community healthcare in Brazil. A quick literature search shows that a lot of this is undertaken by hospital specialists. Therefore, it is important that general practitioners be part of this work. It is not enough to let others lead the way. It perpetuates the belief that General Practice is a second-class academic discipline and it will delay our acceptance as equals among the medical specialties. If General Practice is to be valued by peers in other branches of medicine, we must compete in the areas that they value. And, although we may not like it, the key criteria against which every academic discipline is measured, are academic endeavour, research publications, and higher degrees. For us to take our place as an academic discipline, there must be a vibrant General Practice research culture, which means that general practitioners will need to undertake university based Master's and Doctoral level degrees and publish research. Not someone else – that means you.

Will it be difficult to create a research culture? Yes, but you have huge advantages. You already have a university academic department of General Practice. Most of the other countries leading General Practice research had to fight this battle before you. You have a superb General Practice infrastructure with real time computerisation of the consultation and a huge strength in numbers. Accelerating to meet current level of international research is possible. But, academic research and publication in peer reviewed journals have their own rules and structure. Those interested in research should be encouraged to link with academic departments, and the College might fund fellowships and studentships to help doctors learn these skills. It is important to build international links through two-way international exchanges. Brazilian general practitioners could spend time at other universities and international academics could be invited to visit Brazil to work with local institutions.

Is there anything to avoid? Try not to separate academic General Practice from the clinicians and from patients. Everyone must gain, but not everyone needs to be a leader or to be directly involved. Try to ensure that every general practitioner feels ownership of the research agenda and is proud to be part of it. But, most of all, make sure that the academics ask research questions that matter to patients.

Do not focus on the problems, but look at your potential. Brazil could be a world leader.

References

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