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VIEWPOINT

The central hemisphere: The potential of academic family medicine in the Asia Pacific region

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Abstract: While many think of the world as having two hemispheres – either north and south or east and west – that represent political and resource differences, this paper suggests that the development of the Asia Pacific region is challenging such simplistic notions, and represents the development of another dimension – the central hemisphere. This region has a substantial proportion of the world's population, resource riches and high economic growth. Should its member nations manage to span the geographic, political and economic challenges, the Asia Pacific region has the potential to become a major centre of academic family medicine.

Key words: family medicine, primary health care, workforce.

Background

The Asia Pacific region is defined by Wonca as an area extending from Cambodia in the west through to Fiji and other small Pacific Island Communities. The north–south axis extends from Japan and Mongolia down to Australia and New Zealand, incorporating the World Health Organization (WHO) Western Pacific Region. This definition would appear to be arbitrary, as for example on the western rim, nations such as India have a lot in common with much of South-East Asia. However, even excluding India, this is a geographically large and populous region, home to approximately 40% of the world's population. The regions' economic power is also increasing, not just with the well-known 'Asian tiger' economies, but because of its growth in population, industrial might and buying power, and also because of demands for raised living standards.

The region requires a large number of medical practitioners, particularly at the primary care level, to meet the health care needs of its people. Many medical schools train these medical practitioners, often using innovative approaches to curriculum design and community orientation. Primary care in each nation has some form of academic family practice organization – a college or an academy that nurtures family practice training and standards. Fifteen such organizations are registered with the World Organization of Family Doctors[1] and others may join.

Just as improved cooperation across national boundaries can enhance economic and political strength, with the resultant possibility of shifting the balance of the world's economy; so too, cooperation among academic primary care organizations and individuals has the potential to shift the focus of innovation in teaching, research and service delivery away from the traditional pan-Atlantic centres. This paper further explores this theme and the potential benefits to the Asia Pacific region.

Common ground

The first aspect that is shared by all members of this region is the shortage of an appropriately trained medical workforce (although this is not exclusive to the region). Most Asia Pacific nations need more doctors,

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particularly in primary care and in rural areas, because of population and socioeconomic growth. These workforce shortages have also resulted in relatively generous 'area of need' immigration schemes for medical graduates producing an international trend for medical graduates to move from less developed to more developed nations.

The second aspect is isolation from North America and Europe, the traditional centres of influence in western medical practice, research and education. Such isolation can have both negative and positive effects. On the negative side, remoteness engenders a 'remote mentality', where people simply aspire to the achievements of the major centers without believing that similar quality is possible locally. Further, health professionals in remote centers often aspire to move to the major centers because that is where financial and professional rewards are more obvious. This negativity is reinforced by the availability of scholarships for promising researchers and teachers to attend the leading academic institutions. While such scholarships provide opportunities for medical graduates from the developing world to gain valuable skills, the impact of these skills is reduced by the paucity of opportunities to apply them at home. More local opportunities should be established within our region if we are to reverse this intellectual loss to prestigious international institutions.

However, remoteness can lead to innovation, as developed world models may not work so well in the different contexts of this region. The often-quoted truism 'necessity is the mother of innovation' applies here. Further, remoteness can engender a collaborative mentality that produces seemingly unlikely coalitions of people and organizations that work together to achieve better results. The growing strength of family medicine in the Asia Pacific region, based in the Wonca regional office in Manila, is shown by the establishment of the new *Asia Pacific Family Medicine* journal.

Also based in Manila, the WHO Regional Office fosters collaborative developmental work, particularly in primary care. Nations in the region share many health foes, such as infectious disease (malaria, dengue fever, HIV, etc.), the damaging effects of tobacco use and increasing rates of certain cancers. The WHO is also active in medical education, assisting medical schools to acquire the resources necessary to deliver medical education within resource-poor contexts. An example of a small collaboration in medical education in the region is the 'tropical triangle', a loose collaboration in the South-West Pacific.[2] There is now a growing trend towards accreditation of the regions' medical schools, many of which are innovative and community-based, using World Federation of Medical Education (WFME) guidelines.[3] This adoption of an internationally recognized process should support the concept of 'social accountability' in medical education and may increase the scope for mutual recognition of medical graduates.[4]

Challenges

However, there are many challenges to overcome in attempting to develop collaboration and cohesion in the region. The first is simply the geography that places large distances between many member nations, making face-to-face meetings very expensive. Communication technology has the capacity to reduce, but not remove, the impact of distance. Other challenges lie in the diverse cultures and religions present within the region. While diversity can be a strength, current regional conflicts indicate the potential for serious barriers to collaboration within and between member nations. Language barriers also exist, although at present the trend in the region seems to reflect other parts of the world with English acting as the language of professional communication.

The next set of challenges includes variations in economic strength of member nations, particularly the poverty of some. A related issue in some member nations is the rapid population growth and overcrowding. The control of population growth may be the key to improving both the economy and the health status for many.

Finally, the health status and health care systems of member nations often differ. Health problems encountered, and their management, can vary between nations. Health care systems combine public and private health care models in several different ways. Medical care may be provided by local healers, primary care health workers, 'mid-level' practitioners or fully trained (in the developed world sense) medical practitioners. Different definitions for the terms 'primary care' and 'rural' add to the complexity of comparisons. For example, the term 'rural' can mean a population of 10 000 in Australia or 100 000 in China, with both kinds of communities sharing elements of relative isolation.

These differences are important in both the delivery of health care and the matching of policy frameworks for developing regional responses to health and workforce issues. Curricula and training programs must be localized and often result in different certification processes that are not portable across national boundaries. While this limits the capacity of medical graduates to move to nations with greater needs, it also reduces mobility of the workforce towards more developed nations, a practice regarded by some as 'poaching'. Hence greater reciprocity of recognized training, while sound in principle, may be inappropriate. Indeed, the resolution of workforce problems in less developed

nations requires the collective efforts of all member nations.

Summary

Despite challenges from geography and differences in culture, language, politics and health systems, academic general practice in the Asia Pacific region has the potential to improve the health of the people it serves. Member organizations should seek opportunities for collaboration in teaching, research and service delivery.

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