

VI. FAMILY PHYSICIAN

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ROLE OF PRIVATE MEDICAL PRACTITIONERS IN THE IMPLEMENTATION OF FAMILY WELFARE PROGRAMME

During the last two decades the world has witnessed a population explosion resulting in an enormous increase in the number of requests for the implementation of Family Planning Programme both in male and female in developed and developing countries; And at no time in the history of mankind has there been such a worldwide interest in the problems of Family Planning. However, the use of any form of birth control represents some sort of imposition on the individual who uses it. Hence professional family planners have been invariably accused of interference in the individual's private life when they have tried to put across the message of the desirability of small families. For those who are not strongly motivated, these minor inconveniences together with fear and mistrust of the many methods of contraception and the possible side effects of any form of contraception becomes a principal stumbling block to efficient family planning. The main source of failure for most contraceptive methods is not an inherent defect in the method itself as much as in the failure to use it correctly or consistently. There are many in the world who appear to take no contraceptive pre-cautions at all for lack of proper education, lack of motivation and lack of interest.

In a country like India which has a vast population, the Governmental authorities and voluntary organisations may find it understandably difficult to maintain sufficient contact with individual families to motivate them to limit the number of children. It is here that the private medical practitioner can play a pivotal role in the implementation of the family welfare

programme. He has not only access to but also the confidence of both the role dividers (the husband holds himself entirely responsible for the finance of the house hold and leaves the up-bringing of younger children and house work entirely to his wife) and the role sharers (husband and wife discuss and share all major decisions together). As such they are more liable to 'lend an ear' to ideas emanating from him and the doctor in turn is more happily placed to instruct his patients about the practical aspects of contraception.

Any plan to reduce the occurrence of unwanted pregnancy needs that not only more people should use some method of contraception but also that those already on some form of contraception be inducted to more foolproof and consistent methods. For this reason the family physician has an edge over other professionals.

The general practitioner should be the fountainhead of professional advice about birth control. By fulfilling this role, he will be discharging his obligations towards his patients as well as the State.

In most branches of medical practice the mantle of responsibility should rest on the shoulders of the family physician in deciding on what is the best treatment for his patient. The same working rule applies to contraceptive advice wherein the family physician in conjunction with the wishes and needs of his patients is able to evolve a suitable form of birth control for each individual. To carry out this task, the doctor must be unbiased in his approach and must have a good working knowledge of all the available methods of contraception, their indications and contraindications, advantages and disadvantages. Medical colleges and professional bodies should help in giving him technical information periodically, thus keeping him up to date. For family planning to be really successful the family physician should be provided with a liberal supply of contraception for distribution to his patients. Even if contraceptives are misused they would still serve the purpose.

It is not an uncommon lament of general practitioners that family planning clinics dispense the pill or the I.U.D. without consulting them. A person may be unsuitable to a particular form of contraception and the general practitioner may be aware of this. Hence involvement of the

general practitioner in every case of family planning is desirable and his continued responsibility to his patients acknowledged.

A special feature of the fertility regulation is that healthy and not sick people be involved. The medically supervised contraception should be by a medical practitioner as part of the national health scheme. The importance of the general practitioners role can be realised when one sees instances of doctors holding back the general availability of fertility control.

Medical practitioners with a large number of patients have a wider concept of their role than doctors with smaller practice. This news is hardly reassuring as the busy medical man can ill-afford to discuss family planning with his patients. The public may feel that the general practitioner should ask people if they want advice on family planning though in practice doctors advise the patients only when approached. Perhaps the truth lies somewhere in between.

The general practitioners have to create a congenial environment to give advice on birth control and the recipients should unhesitatingly put their faith in their doctors. Family planning clinics have the advantage of privacy and advice is doled out by personnel trained for the job. However the general practitioner is more amenable to approach and has a sound knowledge of his patients' background and is in short their friend, philosopher and guide. The giving of advice on birth control should be something of an art, something of a craft, which can make of the giving a satisfactory piece of work. The general practitioners fits neatly into this role. Thus his help can be a tremendous benefit to his patients and their families and ultimately in controlling the world population.

The attitude of the community, their religious convictions and sentiments, their social, educational and economic conditions all play a part in determining the method of choice which is both acceptable and feasible to the individual and thus contributing to the total success of family planning. For these reasons the family physicians as an adviser would be a cut above others as he could be knowledgeable about his patients' background and advise the correct and acceptable form of birth control tailored to an individual family or for that matter the local community.

For family planning to be a success on a national scale, the family physician in whom the health of the community is entrusted should be taken into confidence by the authorities. The role of the family physician depends on his aptitude to create an atmosphere which invites his patient's confidence to communicate and his ability to understand their problems. Stereotyped advice to the patients should be preferably avoided. By considerable adaptivity on the part of the family physician, many a patient can be helped satisfactorily. Couples attending together for family planning interviews should be encouraged and the situation assessed impartially but sympathetically. Doctors need not have to base their policies on population dynamics, for to do so means sacrificing the independence of an individual.

The general practitioner is the deciding force for the success of the family planning programme and for that matter any programme on community welfare.

