

Comment on: The curious case of the extinction of family physicians from the Indian health system

Dear Editor,

We read an editorial in your journal that expresses concerns about the extinction of family physicians from the Indian healthcare delivery system.^[1] We fully agree with you that medical schools rarely emphasize or inculcate the practice of family medicine, and today's medical students are aiming for post-graduation or even higher degrees from the first year of their medical schooling. They start buying packages for preparation of post-graduate entrance examination preparation from the first year!

Family physicians, as proficient generalists, provide primary healthcare services and maintain a strong rapport with the families they serve. A robust network of family doctors is crucial for catering to people where institutional health facilities are inadequate. This network not only ensures the provision of essential primary healthcare to the community but also upholds the resilience of the healthcare delivery system.^[2]

A medical graduate in India can start practicing as a general practitioner without proceeding further to a specialty. However, the number of general practitioners has drastically reduced in the last two to three decades.^[3] Hence, an increase in family medicine postgraduate courses is the need of the hour. In addition, a diploma or even certificate course may be considered for training the pool of medical graduates who opt to be general physicians. This would make the future manpower in the health sector ready to cater to both urban and rural areas.^[4]

At present, the number of physicians attending home calls is very low due to the scarcity of doctors and other obstacles. However, in the near future, due to the high growth of medical institutions, doctors will be in optimum numbers or even more than required.^[5,6] At present, per year, 706 medical colleges admit 108,898 MBBS students.^[7] Does the government and private sector have the capacity to provide jobs to these fresh graduates?

Hence, home visits may become feasible in the near future. The majority of the patients are now consulted in clinics or hospitals, where medical instruments, stationeries, and consumables are available. Hence, the doctors do not carry those with them.

However, these should be carried when going for a home visit. Medical schools rarely teach or provide tips about it; hence, in this letter, we provide a list of items that may facilitate home visit.

Figure 1 shows a set of organized toys for toddlers. Although the instruments shown in the toy bag are not strictly always carried by a primary care physician, the organization of the bag should be an inspiration for physicians. An organized bag would facilitate easy access to essential tools for examination, diagnosis, prescription, and emergency treatment.



Figure 1: A set of organized doctor's toy

Table 1: List of instruments and stationaries for a doctor's bag

Category	Item
Instruments	Stethoscope (Analog or digital)
	Aneroid sphygmomanometer
	Watch
	Thermometer (contact and non-contact)
	Pulse oximeter
	Torch
	Otoscope*
	Portable electrocardiograph*
	Glucose monitor
	Measuring tape
	Knee hammer
	Tuning fork
	Magnifying glass
Stationeries	Ballpoint pen
	Prescription pad
	Board
	Essential certificate proforma – fitness certificate, death certificate, etc.
	Self-inking rubber stamp
	A copy of Medical Council registration
	Voice recorder*
	Growth chart
	Smartphone for photography and audio recording*

*Not essential but helpful for practice

The contents of the bag can be divided into four categories, namely instruments, stationary, consumables, and drugs, as listed in Tables 1 and 2.^[8,9] Doctors can also check a comprehensive list of essential medicines provided by the World Health Organization - Model List of Essential Medicines available at <https://list.essentialmeds.org>.

In conclusion, while concerns about widespread unemployment might be an issue in the future, focusing on general practice is crucial. Encouraging doctors to become well-rounded general practitioners can lead to a more balanced healthcare system. General practitioners can handle a wide range of medical issues,

Table 2: List of consumables and drugs for a doctor's bag

Category	Item
Consumables	Tongue depressor
	Gloves
	Disposable mask
	Alcohol hand rub
	Alcohol swab
	Cotton
	Tourniquet
	Sterile gauge
	Providone-iodine solution
	Anesthetic gel
	Adhesive tape
	Adhesive bandages
	Syringes 2/5/10 mL
	Mask
	IV cannulas (different sizes)*
	Foley's catheter and urobag*
Drugs	ORS powder
	Normal saline, Ringer lactate*
	Inj/Tab Paracetamol
	Tab Ibuprofen
	Tab Antacids
	Glucose powder
	Cap/Tab Atorvastatin
	Cap/Tab Clopidogrel
	Cap/Tab Aspirin
	Spray or Tab Glyceryl trinitrate
	Inj Glucose
	Inj Glucagon
	Inj Adrenaline
	Inj Pheniramine
	Inj Atropine
	Inj/Tab Diclofenac
	Inj/Tab Prednisolone
	Inj/Tab Dexamethasone
	Inj/Tab Pantoprazole
	Inj/Tab Ondansetron
	Inj/Tab Metoclopramide
	Inj/Tab Furosemide
	Inj/Tab Diazepam
	Inj/Tab Promethazine
	Inj/Tab Phenytoin
	Inj/Tab Tranexamic Acid
	Inhaler/Respules Salbutamol and Budesonide

*Not essential but helpful for practice

provide primary care in underserved areas, and contribute to preventive healthcare.^[10] By promoting general practice, India can ensure that its healthcare system remains robust and adaptable to changing needs while effectively utilizing the medical workforce.

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Conflicts of interest

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