

General medicine in The Netherlands: a growth process

The ninth WONCA congress is to be held in New Orleans on 6th-9th October 1980. This fact prompted the editorial board of *huisarts en wetenschap* (general practitioner and science) to publish an issue in English, copies of which will be made available to all seven thousand participants at the congress. Dr K. Gill, chairman of the editorial board, introduces this special issue in an outline of the recent history of general medicine in The Netherlands.

A birth

The Netherlands Association of General Practitioners was founded in Utrecht, the heart of The Netherlands, on 29th December 1956. A birth...or perhaps rather: a re-birth. Some three hundred general practitioners and sixty other invited guests witnessed this event. The prenatal period had been stormy: the 3800 general practitioners (41 percent of all physicians) in The Netherlands had come to find it more and more difficult – in view of the increasing number of specialists – to regard themselves any longer as independent pillars of general medicine.

The birth itself – after some preliminaries – was smooth and physiological. Dr Royaards, president of the Royal Netherlands Medical Association, addressed the meeting and described the gathering of new knowledge and experience by the general practitioner as an initiative of importance to medical science in general.

The postnatal period ensued, with as objectives the promotion and development of an optimal and scientific practice of general medicine. The acceptance of these objectives showed that „the baby” had been planned and desired. In numerous places in The Netherlands, the themes outlined by the avant-garde were played with great affection.

February 1957 marked the appearance of the first tangible product of the neonate's efforts: *huisarts en wetenschap*, the monthly journal of the Association which, among other things, was to give scope to the initially defined objectives. The efforts to gain recognition of the special task and function of the general practitioner in the health care system found expression in 1958 in the definition of „a continuous, comprehensive, personalized medicine for the human individual in his own environment”. This implied an essential turn: from a period of splitting up to an era of knitting together, of integration (*Van Es*). This awakening was experienced as a liberation.

It need hardly be argued that this re-defined task demanded reforms in education and training.

Growth

The foundation for general medical practice had thus been laid, but gaps still had to be filled and seemingly firm constructions proved to need renovation. Numerous activities were started: study groups were set up, extended training courses and refresher courses were organized, information and research were organized, and the various tasks of the general practitioner were defined. Moreover, attention was focused on specific knowledge, skill and personal development – in brief, on the general practitioner's education and training, initially in the form of postgraduate training. At the same time there emerged the need for a wider and more profound understanding of the patient's personality, his home and family, and of other social groups. It proved necessary to consult representatives of other disciplines: social and pastoral workers, district nurses and psychologists. Home-teams were formed. Comprehensive, personalized medicine demanded knowledge of, for example, medical psychology and sociology. Reconsideration of the relations between social factors and mental disorders (sociogenesis) and between psychosocial problems and complaint behavior proved to be necessary.

Research projects were started, by individual general practitioners as well as by groups, and proceedings and reports were published. In 1958, the study group on „Patient registration” introduced a case record form for general practice, of which the millionth copy was sent off within five years; registration of patient data had evidently made headway on a very large scale.

Meanwhile, the importance of specific training in general medical practice had begun to be understood also on an international level. The European bureau of the World Health Organization organized a conference on this subject in Edinburgh, in September 1961. It was attended by twenty-eight participants, including...three (!) general practitioners.

A new development came to the fore around 1962. Professors of social medicine attempted to include the field of general medical practice in their teaching. Medical students were given an opportunity to acquaint themselves with general medical practice during a period of practical training. In this way, university doors were set slightly ajar for general medical practice.

Social changes and technological advances in medicine led to changes in the general practitioner's tasks and functions. His central function – as a source of humane and expert care

close to the patient and his family – was subject to far less change. In 1963, *Huygen* described the task of the general practitioner as an instrumental organizing of medical power, and the general practitioner himself as a mediator between the people and the facilities of modern medicine.

Toward maturity

By about 1966 the second phase in the history of the Association started; in this phase, ways were sought to attain the high ideals by study of the literature, field research, education and training, and experiments in general medical practice. Also in 1966, Van Es was appointed professor of general medicine at the University of Utrecht. The gap between general practitioner and university had been closed.

Meanwhile, the Association had instigated the founding of the Netherlands Institute of General Practitioners in Utrecht, in 1965; the Institute was to make a start in vocational training, and in 1968 the Utrecht University Institute of General Practitioners introduced a specific training course in general medical practice for seventh-year students. Soon after, chairs of general medicine were instituted at other universities as well. The University of Limburg followed the views of MacMaster in the organization of training in general medical practice.

Training in general medical practice was initially limited to a one-year period of practical training in a general practice and one „return day” per week. After 1967, general medical practice was given its place in the basic curriculum: forty lecture hours during the third year, a mandatory examination, and an internship during the sixth year. This ensured the continuity of training in general medical practice.

Research

Intramural, classified medicine – amply provided with diagnostic and therapeutic equipment and extensive laboratory facilities – affords the possibility of making decisions on the basis of technical results and reports – if necessary without consulting the patient. This situation creates numerous research opportunities. The general practitioner, who is closer to his patient, finds it less easy than the specialist to separate theory from practice, research from care, and objective analysis from participant observation.

Another difficulty which besets research in general practice is the continuous interaction between the individual and his life situation (which is largely eliminated during a period in hospital). Moreover, research methods in general practice have to be adapted to a multidimensional approach; and these multiple dimensions (somatic, psychological and social) have to be incorporated in the interaction between patient and doctor. In general medical practice, true research can be done only if a balance can be struck between introvert, discipline-oriented study and extravert, practice-oriented and mission-oriented care and service. General practitioners in The Netherlands may consider themselves fortunate in the knowledge that the university institutes of general practitioners, the Association and the Netherlands

Institute of General Practitioners make their contributions as catalysts to the growth and enhanced profundity of general medical practice.

In conclusion

There can be little doubt that the advanced general medicine of The Netherlands is hardly known outside our country; numerous colleagues have had occasion to confirm this at international congresses. The editors do not cherish the illusion that a single issue of *huisarts en wetenschap* could change this.

What we can do is to show that, since 1957, a monthly journal has been published in The Netherlands which strikes a bridge between individual general practitioners, and between these practitioners and science. What we can do is to give our foreign colleagues an impression of the usual contents of this journal: articles (mostly written by general practitioners), extended education and training focused on day-to-day practice, news items from the Netherlands Institute of General Practitioners and the Netherlands Association of General Practitioners, and sections like Book Reviews, Reports and Literature. An additional factor in our decision to publish an issue in English was the consideration that a Dutchman – Arthur Hofmans – will be WONCA president in October 1980 and, with his committee, will contribute on an international level to the further development of general medicine over the next three years.

It was not easy to put our decision into effect, partly because the Central Committee of the Netherlands Association of General Practitioners wished to focus in particular on national developments in the near future; in this policy there was no room for investments in a „foreign venture”. Thanks to the support given by most of the university institutes of general practitioners and by two pharmaceutical firms – Hoffmann – La Roche and Roussel – the editors did succeed in executing their plans. We thank our sponsors most cordially for their assistance! We also owe a debt of gratitude to the authors, many of whom had to postpone the publication of their contribution until this issue.

The editors express the hope that the Dutch readers will appreciate this issue as much as the usual issues in their own language.

Finally, the editors wish the participants at the ninth WONCA congress a productive meeting: may it further friendships and the quality of general medicine. And may *huisarts en wetenschap* make a small contribution to this effect.

- Es, J. C. van. University developments in general practice. In: J. C. van Es (ed.). *General practice and university*. Bohn, Scheltema & Holkema/Nijhoff, Utrecht/The Hague, 1979.
- Huygen, F. J. A. De toekomst van de huisarts in Nederland (2). (1963) *huisarts en wetenschap* 6, 347-353.