




## Regarding the 40th anniversary of the Family Doctor and Nurse Program in Cuba

### A propósito del 40 aniversario del Programa del Médico y la Enfermera de la Familia en Cuba

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Family medicine has been defined as the clinical specialty that arises as a direct heir to classic general medicine. It is revealed as a longitudinal specialty, contrasting the linear concept of other specialties. The historical background that gave rise to the specialty goes back to the family doctor, to the Hippocratic rounds, to the family doctor who existed before 1930 who treated the entire family with its members of all ages, who was considered a counselor of the family, a community leader, a researcher and epidemiologist for the experience acquired.<sup>(1)</sup>

For these reasons, in 1969 the World Health Organization, with the premise of the focus of care that the population should have based on a biopsychosocial model, encouraged that in different countries of the world (United States in 1969, Canada in 1966 and Mexico in 1971) the specialty of Family Medicine was established. Mexico was a pioneer in Latin America.<sup>(1)</sup>

It was not until 1978, at the International Conference on Primary Health Care, held in Kazakhstan in Alma Ata that a more comprehensive, integrated and broad conception of health was established, and the concept of Primary Health Care (PHC) and Integral Health Care was established.<sup>(2)</sup> At this conference an urgent and effective call was made for a national and international action with the purpose of developing and implementing primary health care throughout the world and, particularly, in developing countries.<sup>(3)</sup>

As a way to solve the problems in PHC of super-specialization, the fragmentation of medical care, the lack of comprehensive and proactive care for the individual, the family and the community, in which a biological approach to care predominated, among other difficulties; the government of Cuba implemented the Family Medicine model in the country as the only way to face the situation described above and achieve health for all in the PHC.<sup>(4)</sup>

Thus, on January 4, 1984, based on the conceptions of Commander in Chief Fidel Castro Ruz, the Cuban model of Family Medicine, also called 120 Family Doctor Plan, Family Doctor or Community Doctor, began at the Lawton Polyclinic, in 10 de Octubre, in Havana, with ten duos of doctors and nurses who constituted the first ten basic health teams that worked in the family medical offices.

In this way, positive changes were produced in the form, content and practice of medical care, with the establishment of changes in PHC that have had a favorable impact on the results of the National Health System (NHS).<sup>(4, 5)</sup> The Lawton Polyclinic experience quickly spread to the rest of the Cuban territory and, before the end of the first year of the program, 237 family doctors were already working.

The above ideas mean that Fidel's conception of a different doctor and a new specialist in order to achieve new levels of health and greater satisfaction in the population materializes in the family doctor, who is the guarantor of health of individuals, families and the environment, always trying to preserve it from bureaucratic schemes, to keep it in direct contact with its population and to maintain its full dedication to work. From the aforementioned elements, work programs were developed for the family doctor, the polyclinic and the hospital, which were integrated into a single program; actions that responded to the ideas that drive this model of care.<sup>(5)</sup>

In the province of Guantánamo, the program began in the municipality of the same name, in the Captain Asdrúbal López Vázquez health area and in San Antonio del Sur, in the year 1984. In this way, the Doctor and Nurse Program of the Family marked the emergence and beginning of Comprehensive General Medicine as a specialty in 1985.<sup>(6)</sup> A year later, in 1986, the Family Doctor and Nurse Program was extended to all the municipalities of Guantánamo territory, with the holding of an event chaired by the Commander in Chief himself in the mountains of Cajobabo, municipality of Imías.

As part of the results of the Family Doctor and Nurse Program and the development of the Comprehensive General Medicine specialty in Guantánamo, it is cited the existence, of 1,989 specialists, with 340 of them in internationalist mission at the end of September 2023; in addition to having 1,114 residents in training, all immersed in different actions to contribute to the improvement of the program together with the community and the different social sectors.<sup>(7)</sup>

Today, close to 40 years since the creation and implementation of his program, the concepts and founding principles, legacy of thought, dedication and devotion to the health of the people of the Cuban revolutionary leader, are maintained.<sup>(8)</sup> There is no doubt that this important program has been based on promoting health, preventing diseases and other damages, ensuring timely diagnosis and comprehensive outpatient medical care, among other actions such as: community-based rehabilitation, positive modifications in environmental sanitation and changes in the social integration of the family and the community, through close social participation.<sup>(9)</sup>



These actions have made the Family Doctor and Nurse Program the very essence of the NHS, but there is awareness that certain practices must be carried out to deal with complex issues that still persist, such as: low birth rate, population aging, rise of non-communicable and communicable diseases, among others.<sup>(9)</sup> Practices that, according to the authors' criteria, have to be extended to the Maternal and Child Care Program, to the transition to higher teaching categories, second-degree specialty and doctorate, as well as lay the foundations for transformations in technological research and innovation.

In this sense, the [XIX Provincial Conference on Family Medicine](#), held in a hybrid form from May 15 to June 30, 2023 in Guantánamo, was one of the spaces where the results of dissimilar research carried out in the PHC in interrelation with the secondary level. The above constituted one of the examples of the actions that have been implemented by the Family Doctor and Nurse Program to solve different health problems at the individual, family and community level.

The authors congratulate those who in one way or another have contributed to the achievements that the Family Doctor and Nurse Program has exhibited in Cuba and Guantánamo, in its 40 years. In particular, to those family doctors and nurses who worked from different positions in the confrontation with arboviruses, ebola, cholera, COVID-19 and many other health problems and disasters where samples of humanism and solidarity, sensitivity and altruism were imbued.

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