

January 2024 Volume 103 e4505 DOI: https://doi.org/10.5281/zenodo.10467290

PUBLISHER

Family Medicine in Guantánamo: history, achievements and challenges

Medicina Familiar en Guantánamo: historia, logros y desafíos

Medicina de Família em Guantánamo: história, conquistas e desafios

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Received: 26-12-2023 Accepted: 05-01-2024 Published: 14-01-2024

How to cite this article:

Jiménez de Castro Morgado MI, de la Cruz Carmenaty Y, Sánchez Figueredo AM. **Family Medicine in Guantánamo: history, achievements and challenges**. Rev Inf Cient [Internet]. 2024[cited Access date]; 103:e4505. Available in: http://www.revinfcientifica.sld.cu/index.php/ric/article/view/4505

The Family Doctor and Nurse Program emerged as an idea of Fidel Castro Ruz in 1983. This program meant a superior stage in health care in Cuba due to its clinical, epidemiological and social approach, which integrates biological, clinical and social sciences in the same specialty.

Due to the wide availability of human resources in Primary Health Care (PHC), it was possible to extend this model to the entire geography of the country. Thousands of clinics were built to provide comprehensive medical care to the entire population.^(1,2)

In Guantánamo, this program, also known as the 120 Family Doctor Plan, began in the current "Asdrúbal López Vázquez" University Polyclinic, located in the southern area of the city on November 14, 1984, (3,4) with 7 urban family doctor's offices (CMF) and 1 in the rural area of Los Manguitos, Caujerí, in the municipality of San Antonio del Sur. Subsequently, it was extended to all urban and rural areas of the province, with clinics equipped for the development of the actions of the specialty, which in turn served as housing for paramedics and nurses. (4)





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Among the founders of the basic teams were the doctors who graduated in 1984, accompanied by their nurses: Dr. Juana Bigñote Rojas and Elisa Rodríguez Moya (CMF 1), Dr. María Inés Jiménez de Castro Morgado and Miriam Magdariaga Martínez (CMF2), Dr. Nitza Bárbara Simón Chibas and Heriberta Frómeta Pozo (CMF3), Alina Rosa Pardo Durand and Juana Elsa Lores Traba (CMF4), Dr. Ana Leonor Morgado Rodríguez and Ángela PonsSOA (CMF5), Dr. Roberto Antonio Lafita Frómeta and Martha Llosa Leyva (CMF6), Dr. Tamara Díaz Sánchez† and Melba Gayle† (CMF7), and Dr. Ángel Luis Pérez Laborí with Arelis Mullet Pineda in the rural area.

Instruction and supervision in the urban area was in charge of the first Basic Working Group (GBT), composed of experienced professors, such as: Dr. Rubén Pascual Momblanc Iranzo† (Gynecobstetrics), Dr. Raúl Vence Masón† (Internal Medicine), Dr. Irene Alicia Calderón Reinoso (Pediatrics), and the supervisor in Nursing María Teresa Martín Pérez, under the direction of Dr. Ángela Cala Bayeux and the head nurse Rosa María López Hernández. Other indispensable professionals for the development of the program due to the functions they performed were: Caridad Frómeta (Social Assistance), Idalmis Calviño (Pharmacy), Marilin Carrión (Psychology), Lilian Piñeiro García (Psychometry), Dagmara Obret (Physiotherapy) and María del Rosario Parra Castellanos (Library).

Currently, the province has 1982 family physicians in 599 medical offices, 582 in the community, 14 in schools, 2 in universities and 1 in a work center, which guarantees coverage with equity to 100% of the inhabitants. This program has facilitated the improvement generated in PHC and responds to the need to improve the quality of life of society.

One of the fundamental ideas of this program was to turn general medicine into a specialty. Thus, in October 1985, the specialty of General Comprehensive Medicine (MGI) was started. The polyclinic-hospital interrelation was implemented with the vision of strengthening the training of this specialist and the quality of the care process; the residents performed medical shifts in the basic specialties of the provincial hospitals and, in turn, the specialists of the second level of care attended interconsultations at the polyclinic, which strengthened the teaching staff in PHC.

In 2022, 1114 physicians are in residency training, in 22 polyclinics and 582 clinics. The practice of this specialty is based on the basic principles of Cuban public health. A total of 3,984,954 medical consultations were performed, of which 1,975,638 field consultations with 52,613 home admissions.⁽⁵⁾

The study plan of the specialty guarantees from the professional training, that the physician becomes a specialist in General Comprehensive Medicine with high technical scientific knowledge and high ethical and human values; it is characterized by providing care to the individual immersed in his social environment, where the family is also the object of work and occupies a transcendental position.

As a current paradigm, it carries out actions of promotion, prevention, cure and rehabilitation and solves the health problems of the individual, the family, the community and the environment and increases the degree of satisfaction of the population. Intersectorality and community participation become strategic pillars of the specialist's actions in the current context.





The achievements of this model are demonstrated in the indicators of the national programs that are executed at this level of care, the level of satisfaction of the population, the fulfillment of the consultation indicators, the commitment of the community in the identification and solution of problems, the existing infrastructure, the leadership of the basic team, as well as the increase in the resolutivity of the polyclinic with new diagnostic and treatment services.

In the province, the number of medical offices is increased, the program is updated in the 10 municipalities, and 100 % of the GBTs are completed with the new concept of the Family Medicine Program.

Forty years after its inception, it is now facing new challenges and challenges for its improvement, imposed by social and technological development and the growing demands of the population at a difficult time given the prevailing conditions in the world and in Cuba. This implies strengthening the first level of care with the continuous improvement of the quality of services, including good practices and technological advances, in addition to improving the satisfaction of the population and its providers, providing maximum attention to the aging population, terminal diseases and the main causes of morbidity and mortality in the country and the province, as well as diseases caused by climate change and the use of Natural and Traditional Medicine.

The greatest challenge is to integrate all the processes and programs at the level of the medical office, where with tutorial teaching and systematic supervision of the GBT teachers, better health indicators are achieved, all teaching-care and research opportunities are taken advantage of from the medical office, and they are trained as better human beings and professionals from research and innovation and with community participation.

The premise will be to carry out a process of renovation of the model, while maintaining and strengthening the foundational ideas of the program and accompanying the construction of the new Cuban economic-social model, where committed young professionals see their personal and professional life project in Cuba.

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Conflict of interest:

The authors declare that there are no conflicts of interest

Financing:

The authors did not receive funding for the development of this article.



