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You'll end up as a general practitioner in Creuse"

*"I know, I know, I'm late"
Dr Jean-Pierre Werner,
to a packed auditorium in the film Médecin de campagne.*

In February 14, 2023, some celebrated love, others went on strike. This strike brought together unions including the Syndicat national des enseignants de médecine générale¹, learned societies through the Collège de la médecine générale², the Collège national des généralistes enseignants³ and even the Conseil national de l'Ordre des médecins. In union semantics, the terms "union sacrée" (sacred union) and "tous ensemble" (all together) are commonplace. The demands were as diverse as the famous "50 euros" of "Médecins pour demain" (Doctors for Tomorrow) and the desire to be able to train university internship supervisors. For once, the strike was perhaps not against something, but for something: the recognition of primary healthcare.

The scientific literature⁴ and healthcare users recognize the importance of primary healthcare in reducing mortality from cancer and cardiovascular disease, but not health authorities.

General medicine is the medical specialty that has lost the most active doctors between 2010 and 2022⁵. How does our Ministry of Health and Prevention respond to the complex issue of this demographic crisis and lack of recognition? With a simplistic response, appeasing the most populist of populists: obligations, permanent care, Saturdays, on-call duty, teleconsultation, quantified activity targets, and so on. At no point is there any question of safety or quality of care...

What does it take for health authorities to understand the role of primary care? The most utopian among us thought that the universalization of primary care - general medicine, advanced practice nurses, etc. - would change things. - would change things. If you add to this - admittedly laborious - universalization a ministry that is changing its name and making room for prevention, primary healthcare felt like it was growing wings. All those involved in primary health care - doctors, pharmacists, nurses - were in a position to reduce chronic cardiovascular and cancer diseases and their social gradients⁶. Fields of multidisciplinary research were opening up, and a different organization of the healthcare system, a different vision of health, was possible.

And what did the supervisory authorities do? Small, coercive and populist measures, incapable of responding to the real healthcare needs of the population and indicative at best of crass ignorance, at worst of a desire to favour large insurance groups. How can we change things? Probably by one day having a councillor or minister who is a primary healthcare player, but then we'd be joining the utopians...

Despite a lack of recognition, primary care practitioners continue to work with limited resources for many years, sometimes well after the age of 67, for want of a successor. Despite the lack of recognition, the most committed of these players, in learned societies, in unions and in training, have been fighting for many years to improve the quality and safety of care.

Why do they do it? Probably out of love for their profession. On February 14, among those involved in primary healthcare, in love and on strike, doctors spoke of how proud they were to be general practitioners, in Creuse or elsewhere.

Références

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