



## FRONTLINE AND FORGOTTEN: INVESTIGATING THE ROLE AND RECOGNITION OF FAMILY MEDICINE IN PAKISTAN'S HEALTHCARE SYSTEM

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### ABSTRACT

**Background:** Family medicine plays a major role in primary healthcare worldwide, yet its presence in Pakistan's healthcare remains sub optimal and undervalued. This study explores the perspectives of healthcare professionals working in different environments on the challenges, perceptions, and structural barriers that affect the development and recognition of family medicine in Pakistan.

**Methods:** A qualitative phenomenological design was employed, utilizing semi-structured interviews with 30 participants, including family physicians, educators, and health policy stakeholders. Participants were selected through purposive sampling, each with at least 3–5 years of post-graduation experience. The interviews focused on key domains such as the perceived role of family medicine, professional recognition, education and training gaps, system-level integration, and public understanding.

**Results:** Among participants, 83.33% acknowledged the critical role of family medicine, but only 66.67% believed it received sufficient recognition from policymakers. A majority (83.33%) reported limited emphasis on family medicine within medical curricula, and 73.33% noted that patients tend to prefer specialists. Additionally, 60% of respondents expressed dissatisfaction with how family medicine is integrated with other specialties. There was strong agreement (83.33%) on the urgent need to strengthen primary care and increase policy-level support.

**Conclusion:** Despite its potential to improve health access and continuity of care, family medicine in Pakistan remains marginalized. Strengthening its role will require curricular reforms, public education efforts, and strategic policy action. Lessons from international health systems highlight the importance of integration and institutional support for family medicine to enhance healthcare delivery in Pakistan.

**Keywords:** Family medicine, Pakistan, primary healthcare, qualitative research, medical education, health system integration, policy support

### INTRODUCTION

Family medicine is widely recognized as the foundation of primary healthcare, offering continuous, comprehensive, and patient-centered care that addresses the broad health needs of individuals and

communities<sup>1</sup>. It emphasizes preventive care, early detection, and management of chronic diseases, ensuring a holistic approach to healthcare that fosters long-term relationships between patients and physicians<sup>2</sup>. Despite its significant contribution to overall health outcomes and its essential role in healthcare systems globally, family medicine continues to be underappreciated and inadequately supported in numerous countries, including Pakistan<sup>3</sup>.

In Pakistan, family medicine faces substantial recognition and integration challenges within the existing healthcare infrastructure<sup>4</sup>. The medical education system frequently places limited emphasis on family medicine, resulting in a shortage of adequately trained family physicians<sup>5</sup>. Consequently, patients and policymakers often undervalue the comprehensive nature and potential impact of family medical practitioners, instead favoring specialist-focused care, which may not always address patients' holistic needs effectively<sup>6</sup>.

This research aims to explore and critically evaluate the role, challenges, and perceptions surrounding family medicine in Pakistan. It seeks to identify key barriers hindering the effective practice and recognition of family medicine, including gaps in training and medical education curricula, systemic integration issues, and public misconceptions. Furthermore, this study offers actionable recommendations intended to elevate the status of family medicine, enhance public and professional understanding, and foster policy changes to strengthen its role within Pakistan's healthcare landscape.

## METHODOLOGY

This qualitative study involved semi-structured interviews with 30 professionals, including family physicians, medical doctors, health policymakers, healthcare administrators, and medical educators practicing in various healthcare settings across Pakistan. Participants were selected using purposive sampling based on their professional experience in family medicine, primary care, or related administrative roles, ensuring a minimum of 3–5 years of post-graduation clinical exposure<sup>7</sup>.

The interviews were conducted to capture lived experiences and perceptions regarding the role, recognition, and systemic integration of family medicine in Pakistan. Key thematic areas explored during the interviews included role perception, professional recognition, training and curriculum development, public awareness, inter-specialty coordination, and future recommendations.

### Research Design

- **Approach:** Qualitative
- **Methodology:** Phenomenological – to explore lived experiences of family physicians
- **Data Collection Tool:** Semi-structured interviews
- **Participants:** Family physicians, medical doctors, health policymakers, healthcare administrators, medical educators
- **Sample Size:** 30
- **Sampling Method:** Purposive sampling

**Research Questionnaire:** Investigating the Role and Recognition of Family Medicine in Pakistan's Healthcare System

### Section A: Participant Background

1. **Gender:** \_\_\_\_\_
2. **Current Designation and Workplace:** \_\_\_\_\_
3. **Years of Clinical Experience:** \_\_\_\_\_
4. **Educational Qualifications** (e.g., MBBS, MCPS, FCPS etc): \_\_\_\_\_

### Section B: Core Interview Questions

#### 1. Role Perception

- How do you define the role of family physicians within Pakistan's healthcare system?
- In your view, what is the significance of family medicine in delivering comprehensive healthcare?

## 2. Recognition and Professional Standing

- Do you believe family physicians receive adequate recognition from patients, peers, and policymakers?

## 3. Challenges in Practice

- What are the primary challenges you feel are encountered by family physicians?
- Are there specific policy or institutional barriers that hinder your professional growth or recognition?

## 4. Training and Educational Preparedness

- How effectively do medical schools in Pakistan prepare students for a career in family medicine?
- Should family medicine receive more emphasis in the medical curriculum? Please elaborate.

## 5. Integration within the Healthcare System

- To what extent are family medicine services integrated into the broader healthcare infrastructure?
- Are you actively involved in referral networks, primary care collaborations, or patient follow-up mechanisms?

## 6. Public Awareness and Perception

- How informed is the public about the services and scope of family medicine?
- How do patients typically respond to care provided by family physicians?

## 7. Outlook and Recommendations

- What changes are necessary to enhance the recognition and effectiveness of family medicine in Pakistan?
- What policy reforms or structural adjustments would you recommend strengthening this field?

## RESULTS

The qualitative findings from interviews with 30 participants revealed consistent trends across five key themes:

1. Role perception and recognition
2. Educational training and curricular gaps
3. Public and patient perception
4. System integration and inter-specialty collaboration
5. Primary care reforms and future directions

### Quantitative Summary (Frequencies & Percentages):

- 83.33% recognized the importance of family medicine
- 66.67% reported lack of recognition from policymakers
- 83.33% believed family medicine is underrepresented in medical curricula
- 73.33% said patients prefer specialists over family physicians
- 60% expressed dissatisfaction with system integration
- 83.33% emphasized need for primary care reforms and government support

These figures formed the basis for statistical cross-tabulation and further analysis.

	Statement	Frequency	Percentage	Table
0	Physicians recognize the role of family medicine	25	83.33%	Role Perception and Importance
1	Physicians feel family medicine is important	25	83.33%	Role Perception and Importance
2	Lack of recognition by policymakers	20	66.67%	Role Perception and Importance
0	Family medicine is included in medical school curricula	5	16.67%	Training and Curriculum
1	Family medicine is not emphasized in the curriculum	25	83.33%	Training and Curriculum
0	Patients prefer to see specialists over family physicians	22	73.33%	Public and Patient Perception
1	Patients are unaware of family medicine's role	15	50.0%	Public and Patient Perception

0	Most physicians are not satisfied with the integration of family medicine	18	60.0%	System Integration and Challenges
1	Fear of losing patients to specialists is a concern	18	60.0%	System Integration and Challenges
0	Primary care needs significant improvements at grassroots levels	25	83.33%	Primary Care Improvements
1	More recognition and support from the government and policymakers is needed	25	83.33%	Primary Care Improvements

## Chi-Square Test Analysis

### Test Conducted:

### Role Importance vs. Policymaker Recognition

Chi-square value	p-value
1.42	0.233

## Interpretation

The chi-square value of **1.42** and the p-value of **0.233** indicate no statistically significant association ( $p > 0.05$ ) between physicians recognizing the importance of family medicine and the recognition provided by policymakers. This suggests that despite physicians strongly acknowledging the importance of family medicine, it does not statistically correlate with the perceived recognition or support from policymakers in the current sample. The descriptive statistics clearly highlight areas needing attention: curriculum enhancement, public education, systemic integration, and stronger policy support. The chi-square test further emphasizes that despite awareness among healthcare providers, this alone is insufficient to influence policy-level recognition significantly, underlining the necessity for targeted advocacy and structured policy interventions.

## Descriptive Analysis of Results

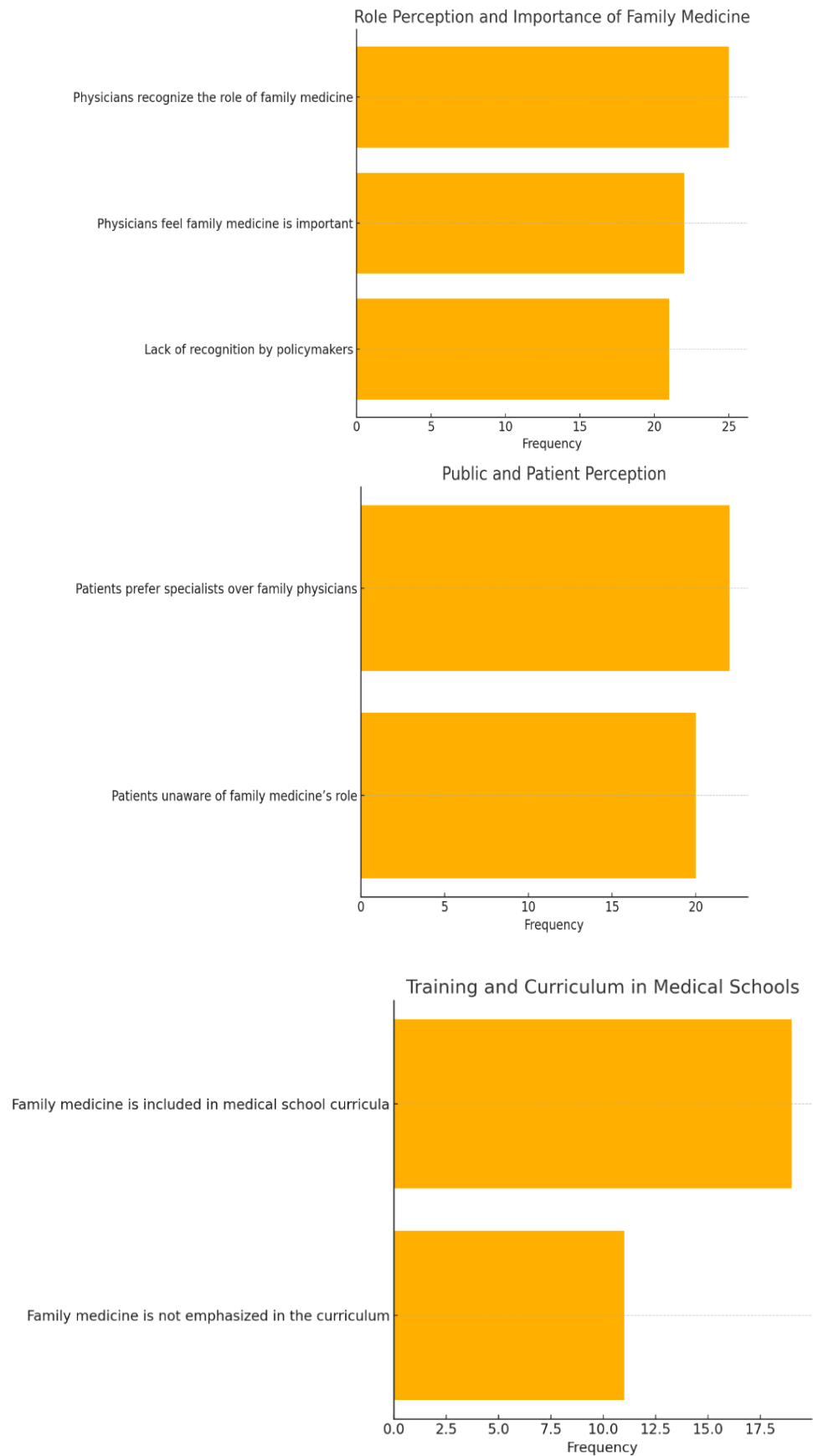
Most participants (83.33%) emphasized that family medicine is a key component of Pakistan's healthcare framework. Despite this consensus among clinicians, only 66.67% felt that this importance is reflected in national health policy, revealing a disconnect between clinical realities and policymaker priorities<sup>9</sup>. Most respondents (83.33%) indicated that undergraduate medical education in Pakistan lacks sufficient emphasis on family medicine. Just 16.67% reported receiving substantial exposure to the field during their training years<sup>10</sup>. This lack of academic focus was frequently identified as a factor contributing to both the specialty's undervaluation and the shortage of trained practitioners<sup>11</sup>.

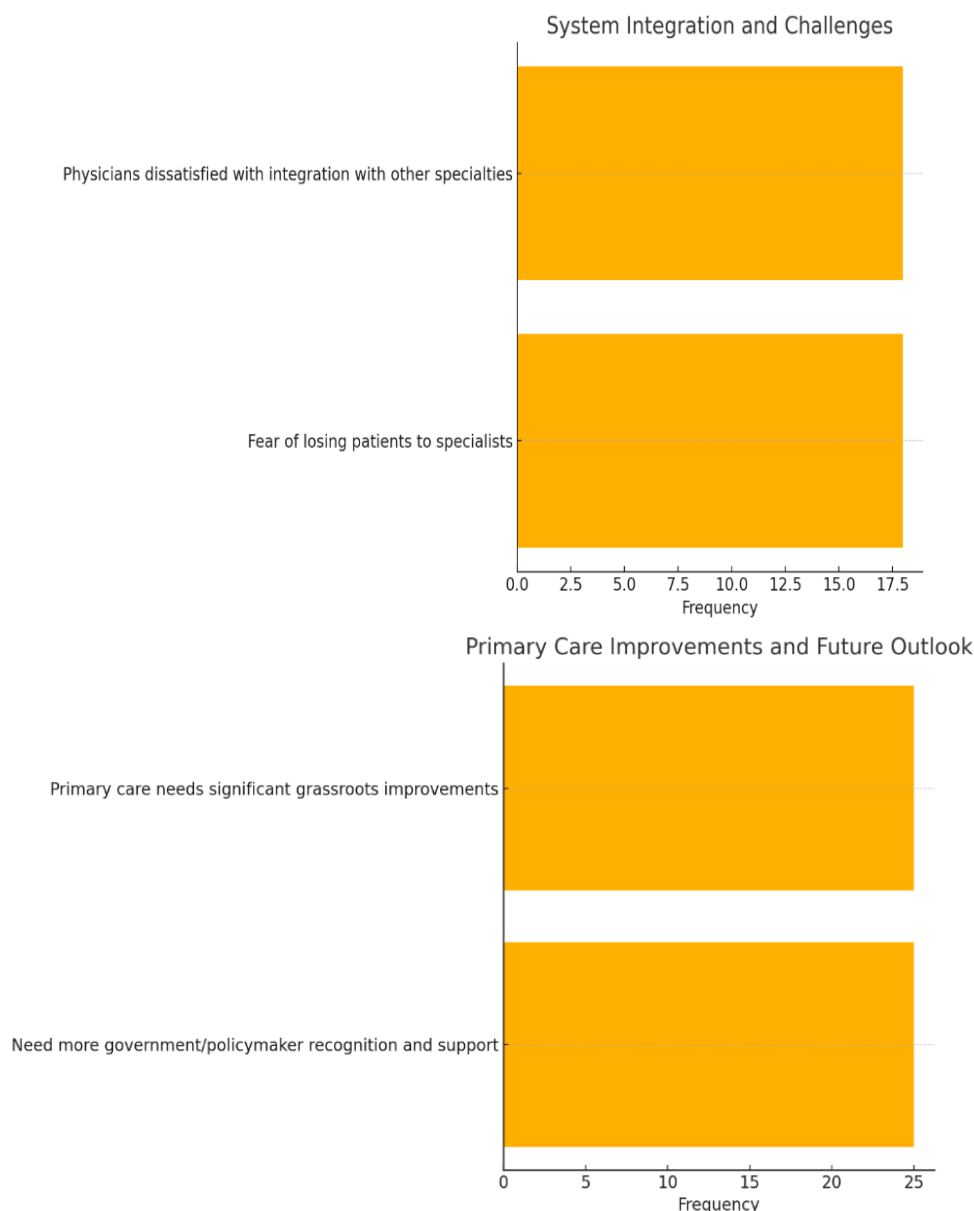
A significant portion of the sample (73.33%) observed that patients typically opt for specialist consultations, even in cases that could be managed at the primary care level. Additionally, half of the participants noted that many patients are unaware of the distinct role and benefits of family medicine compared to general or internal medicine<sup>12</sup>.

Sixty percent (60%) of those interviewed expressed dissatisfaction with how family medicine interfaces with other specialties. Concerns were raised about the lack of coordinated referral systems and institutional mechanisms, which lead to competition with specialists and a fragmented approach to patient care<sup>13</sup>. A strong majority (83.33%) advocated for significant investments in primary care infrastructure, particularly at the community level.

Participants emphasized the necessity for dedicated policy reforms, improved referral pathways, and formal recognition of family physicians in health governance structures<sup>14</sup>.

Figures and Visuals





## DISCUSSION

This study highlights that a significant proportion of family physicians in Pakistan view their specialty as essential to the healthcare system, with 83.33% affirming its foundational role. Despite this internal consensus, only 66.67% of participants felt that policymakers adequately recognize or support family medicine. This disparity may reflect longstanding structural preferences within the health system that prioritize specialist services, particularly in urban areas where tertiary care institutions dominate<sup>4</sup>. A key challenge identified was the limited inclusion of family medicine in medical education. Most participants (83.33%) reported that the discipline receives minimal emphasis during undergraduate training, with only 16.67% recalling meaningful academic exposure<sup>10</sup>. These gaps contribute to a workforce deficit and perpetuate a perception of family medicine as a less competitive or prestigious career path<sup>11</sup>.

Public attitudes further compound the issue. Approximately 73.33% of physicians observed that patients prefer to consult specialists, even for basic health concerns, often due to limited understanding of the capabilities and scope of family physicians<sup>12</sup>. This undercuts the primary care gatekeeping model and contributes to overcrowded specialist clinics and inefficient care delivery. Structural fragmentation was also a recurring theme. Sixty percent of respondents expressed dissatisfaction with how family medicine is integrated within healthcare institutions, citing weak

referral systems and inter-specialty rivalry<sup>13</sup>. These systemic inefficiencies hinder the role of family physicians in delivering coordinated, patient-centered care.

Nonetheless, the outlook among practitioners is hopeful. A majority (83.33%) called for comprehensive reforms—including grassroots-level investment and policy-driven support—to strengthen the specialty's role. Respondents consistently emphasized that family medicine can flourish with the right institutional frameworks and government commitment<sup>14</sup>.

## **Comparative Overview: Pakistan vs. USA, UK, and Europe**

### ***United States***

In the U.S., family medicine is a mature specialty supported by national organizations such as the American Academy of Family Physicians (AAFP), which represents over 130,000 practitioners<sup>1</sup>. Family physicians serve as the first point of contact in the healthcare system, addressing a broad spectrum of medical needs<sup>2</sup>. Their training includes a standardized three-year residency following medical school<sup>3</sup>. Family medicine is well-integrated into national insurance systems, enhancing its accessibility and sustainability<sup>3</sup>.

Models like the Patient-Centered Medical Home (PCMH) have further advanced the role of family physicians by promoting continuity, teamwork, and integrated care delivery<sup>4</sup>. In contrast, Pakistan lacks institutionalized frameworks for such coordinated primary care.

### ***United Kingdom***

In the UK, family physicians referred to as General Practitioners (GPs) play a central role in the National Health Service (NHS)<sup>5</sup>. GPs manage a wide range of services, including preventive and chronic care, and collaborate closely with allied health professionals<sup>6</sup>. A well-structured referral system ensures that patients access secondary care through primary channels, preventing unnecessary specialist consultations<sup>6</sup>. Unlike in Pakistan, GPs are not forced to compete for patient volumes due to systemic safeguards that promote collaborative care.

### ***Europe***

Family medicine holds differing levels of prominence across European countries. In nations like Germany and Sweden, primary care is well-structured, and general practitioners act as the primary entry point into the healthcare system<sup>8</sup>. Efforts by the European Union have further supported the development of family medicine by promoting initiatives focused on improving training, service accessibility, and coordinated care delivery<sup>9</sup>. Conversely, in countries such as France and Italy, healthcare systems still heavily favor specialist services, and the integration of family medicine remains limited<sup>9</sup>. Pakistan shares similarities with these less-integrated models but also faces deeper challenges related to healthcare infrastructure and physician training capacity.

While in Pakistan, many physicians felt their work was underappreciated by health authorities, leading to exclusion from high-level planning and underinvestment in the specialty<sup>10</sup>. The absence of structured training and rotations in family medicine within most Pakistani medical colleges diminishes interest and competence in the field<sup>11</sup>. A widespread belief that specialists provide superior care leads patients to bypass primary care entirely, undermining the role of family physicians<sup>12</sup>. Weak or absent referral protocols and poor collaboration with specialists create fragmented service delivery and erode continuity of care<sup>13</sup>.

Based on the study, several recommendations are proposed that could contribute to improvement in the health systems. National health policies should explicitly recognize and fund family medicine. Government support is essential for integrating the specialty into long-term healthcare strategies<sup>14</sup>. Family medicine should be embedded as a core component of undergraduate and postgraduate training. Structured clinical exposure and mentorship are key to attracting talent to the field<sup>15</sup>. Campaigns led by the Ministry of Health and professional bodies should promote understanding of family medicine's role. Emphasizing its scope and cost-effectiveness can help shift public attitudes<sup>16</sup>.

Health systems should establish formal referral networks and team-based care models. This would reduce duplication, enhance care continuity, and strengthen inter-specialty collaboration<sup>17</sup>.

## CONCLUSION

Family medicine remains a vital yet underprioritized part of Pakistan's healthcare system. Although practitioners widely recognize its value in providing preventive, comprehensive, and accessible care, they face limited support from policymakers and institutional stakeholders<sup>4, 10</sup>. The specialty continues to be marginalized due to insufficient representation in medical education, low public awareness, and weak system-level integration<sup>11, 12, 13</sup>.

Insights from established healthcare models in the United States, United Kingdom, and various European nations reveal that structural reforms are essential for family medicine to thrive in Pakistan. These international examples show that with appropriate training frameworks, robust policy backing, and well-integrated care pathways, family medicine can lead to better patient outcomes and greater system efficiency<sup>1, 5, 8</sup>.

Advancing the role of family medicine in Pakistan will require a coordinated approach. Key priorities include implementing evidence-informed health policies, updating academic curricula, improving collaboration between specialties, and fostering sustained community awareness<sup>14–17</sup>. Together, these reforms can position family physicians at the heart of a more equitable and effective healthcare system—moving Pakistan closer to achieving the goals of universal health coverage.

## Author Contributions

- (1)TH contributed to the study conception, designed the research framework, and conducted in-depth interviews with participants. He also provided critical revision of the manuscript.
- (2)SA was responsible for the qualitative data analysis and development of visual summaries along with contributions to the drafting and refinement of the discussion and results sections.
- (3)HJ provided oversight throughout the research process, contributed to literature review, and facilitated access to institutional data sources.

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