

Letter to the Editor

Response to the Letter to the Editor

Ehsan Bahramali, MD¹; Negar Firouzabadi, PhD²¹Noncommunicable Diseases Research Center, Fasa University of Medical Sciences, Fasa, Iran²Department of Pharmacology & Toxicology, School of Pharmacy, Shiraz University of Medical Sciences, Shiraz, Iran

Reply,

We would like to thank Dr. Kamran Bagheri Lankarani, for his commentary on the article “Challenges of Family Physician Program in Urban Areas: A Qualitative Research”, published in the Archives of Iranian Medicine in July 2017.¹ Dr. Lankarani's point is that the research didn't include all the stakeholders, and the derived settlements may compromise other conclusive factors.

In response to Dr. Lankarani, we point out that our research was conducted in the first years of the implementation of the urban family physician program (FFP) in Fars province as a pilot location in Iran. The prime paradigm shift initially involved physicians and specialists where the FFP guidelines called for an altered professional behavior and the urgency became how to make these groups more disposed to the outlines of the program. The key to a successful implementation of the program was the participation of this population. We clearly stated the importance of these special stakeholders in the urban FFP in the introduction section of the article and embraced other stakeholders such as general population, insurance companies and non-physician health providers in another research.² In Fasa, Fars province, the rate of inclination among general practitioners and specialists was 100 percent with the salient advocacy of the authorities. As a result, we enrolled selected high-volume physicians and specialists in both private and university sectors to investigate their attitude toward the program, in an early stage when major confounding factors like a relish for financial gain did not exist at the time of the program initiation. This makes our study unique mentioning that the program directors themselves hadn't any idea about the reactions of the main program operatives because they didn't consult with them. Thus our report could provide substantial evidence for policy makers in this regard.

Medical specialists in the private sector have long been the most powerful executives in healthcare provision in cities. Noncompliance by them with the preventive services provided through the FFP could potentially obstruct the program and lead to the failure of the program to attain its major goals, which has been the case scenario in the real world practice of urban FFP in Iran. For risk analysis, physicians and specialists were not consulted in advance, and this became the earliest challenge which could hinder the program. Dr. Lankarani

believes that the egoistic manner in this group impaired the rightful goals of the FFP but he forgets to mention the predicament the authorities impose on physicians by putting forward the dubious choice of taking what is offered or nothing at all. Nevertheless, we have also captured physicians' egoistic manner as a subcategory under the poor infrastructure in the article which seems to cover Dr. Lankarani's point.

The other point mentioned by Dr. Lankarani was the necessity of educating physicians by providing sufficient guidelines for them. As we have studied through physicians' perspective, this annotation in our article clearly delineated what is proposed by Dr. Lankarani: “our physicians haven't been trained as family physicians and they need many in-service training programs”. Therefore, except for other stakeholders' perspective, which is dealt with in a complementary article,² we comprehended Dr. Lankarani's points and would like to thank him again for commenting on our article.

Finally, urban FFP in Iran, in the way it was defined and implemented as a huge health system program, lacked many of the quality measures mandatory for such financially demanding health plan which turned out to be one of the greatest, if not the greatest, challenges of the ministry of health. Literature with ample research conducted recently on the FFP in Iran will hopefully help policy makers to fix this program.

Authors' Contribution

EB has written the initial draft and revised it critically. NF helped in comprehending the ideas, edited the draft and revised the manuscript for final approval.

Conflict of Interest Disclosures

The authors have no conflicts of interest.

Ethical Statement

Not applicable.

References

1. Sabet Sarvestani R, Najafi Kalyani M, Alizadeh F, Askari A, Ronaghy H, Bahramali E. Challenges of family physician program in urban areas: a qualitative research. Arch Iran Med. 2017;20(7):446-51.
2. Jafarzadeh S, Mobasheri F, Bahramali E. Caregivers awareness about the rules of family physician program in Fasa in the year 2014. J Fasa Univ Med Sci. 2016;6(3):326-33.

Received: April 11, 2018, Accepted: May 26, 2018, ePublished: October 1, 2018

Cite this article as: Bahramali E, Firouzabadi N. Response to the letter to the editor. Arch Iran Med. 2018;21(10):489.

 © 2018 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.