

**NETHERLANDS
INSTITUTE FOR
GENERAL PRACTICE**

**SUMMARY REPORT
1968/1969**

Πάντα ῥεῖ — *Panta rhei* — everything flows, all things change continuously. This Heraclitic principle, which is considered to have been equally applicable to medical science, is now even more valid than ever before. One of the most striking features of our time is that in knowledge and accomplishments, in relationships and structures, in conceptions and ideas, often in spite of the appearance to the contrary, changes are being accomplished at a very rapid pace.

Also in the field of general practice developments are found, which a few years ago would have been considered to be impossible. General practice is beginning to get a place in the curricula of the University Departments of Medicine. At almost all universities professors have been appointed, who are responsible for the development and training in general practice. Another, perhaps not less revolutionary development is found in the field of the organisation of general practice. To insiders perhaps slowly, but as a matter of fact surprisingly rapidly, group practices and even health centres are effected nowadays as new forms of health care.

The Institute had during all of its five years' existence an important part in this development. It may be well to seize this moment in order to dwell once more on the question of how the Institute tried to contribute to this task — the development and promotion of general practice up till now. The rapid development, on the other hand, compels us to cast a look towards future and to look into the consequences thereof for the Institute. For example the fact that university institutes for general practice are being realized.

Summary of activities

The way in which the Institute tried to contribute to the development of general practice may perhaps be shown best by giving a summary of the activities during the last two years.

In the first place we have to state that much was talked and written about general practice, but that it is still difficult to define the general practitioner's contribution to health care as such. Nevertheless this is absolutely necessary, in the first place in order to enable us to give the distinctive aspects of general practice a place in the education and training of medical students and future general practitioners. Also for the communication with others and for the realization of forms of co-operation with outside groups and individuals, this determination of its distinctive position is necessary. And in the third place for the further development and scientific study of general practice a certain basic understanding is required; and this certainly is not the case yet. In this context we should not forget that general practice — at any rate so

far — is being practised in solo practice form and that a scientific tradition has not yet been formed. We should also bear in mind the scope of the field covered by the general practitioner — from heart-attack to foot-wart, from an educational problem to the patient suffering from chronic rheumatism or from cancer.

Consequently, the field of general practice had to be mapped out and part of the scientific research was directed to that end. The „Intermitterend Morbiditeitsonderzoek” (IMO) (intermittent morbidity study) was executed in close co-operation with the Commission on Scientific Research of the Dutch College of General Practitioners. It was brought to a successful conclusion in the years under review. The results were laid down in a thesis (A. P. Oliemans, Morbiditeit in de huisartspraktijk, 1969, diss. Utrecht). As a result of this research-work and of this thesis many interesting data became available, because up till then the frequency with which diseases and affections occur in the practice population of the general practitioners had been studied insufficiently.

It should be pointed out that this investigation — and the same applies to other activities of the Institute — was made possible only by the enthusiasm of the general practitioners by keeping the records of the required data. As many as 52 Dutch family doctors recorded every quarter the details of every patient-contact during one week, thus collecting a wealth of information.

Two other investigations aim at enlarging the information collected by the „IMO” and at putting forward other aspects of morbidity patterns in general practice and of practice organization. To a considerable extent these two investigations are still of a recording nature. In three doctor's practices, at Lelystad, Stolwijk and Utrecht-Overvecht, all contacts with patients are being laid down as to a great number of data with regard to diagnosis and diagnostic and therapeutic procedures connected with it. This investigation enables us, therefore, to get a clearer perception of what is going on in these fields of general practice. The recording of these data was started on 1st January 1969 and is being continued in 1970. In the years to come the data will be worked out further.

Moreover, in 1968 and 1969 preparations were made to arrive at a system of so-called gauging-stations. As from the 1st January 1970 in very close co-operation with the Chief Inspector of Health and subsidized by the Prevention Fund, well over fifty general practitioners, scattered all over Holland, are recording a number of data. Contrary to the „IMO” these data pertain to the counting of a selected number of illnesses or situations for which there is a special interest, while further a follow-up investigation will be made

covering a restricted number of diseases, which may take three to five years.

All the above research projects are focused on morbidity patterns in general practice and on practice organization. It was attempted also through other means to get a clearer perception of the general practitioner's task and function and of the way in which he performs this task. In this context we could think of problems such as: How does the general practitioner's diagnosis develop? How does this process develop as time goes on? Which part of it can be performed by the doctor himself, which part with the assistance of others (specialist, laboratory)? Similar problems present themselves with regard to treatment. What does the family doctor's treatment consist of? Own share, specialist's share or share of other workers in the health field? Still more interesting are problems on the interaction between morbidity, diagnosis and therapy, but as a matter of course those investigations grow proportionally more complex.

These problems about the family doctor's task and function have also been taken in hand. An experimental study was done on the prescribing patterns of the general practitioner, whereas therapy in a more general sense is being studied in a working committee. The latter method of working turns out to be very fertile in disclosing the special aspects of the general practitioner's approach and the way the course of a disease is interwoven with it. In this context a study on referrals in general practice should be mentioned as well, putting forward one aspect of the division of work with the specialist; the same holds for a study, with the code-name „Longamo", enabling us to follow over a period of time two complaints the family doctor often meets with. Furthermore a group of workers of the Institute started on the task of analysing the whole complex structure of morbidity, diagnosis and therapy in general practice. A number of divergent conditions is taken as a model for a „scheme of procedures".

The particulars set out so far mainly bear upon the mapping out and the analysing of general practice, but the Institute also tries to promote adequate medical care in the context of general practice by other means. We have in mind the activities aimed at the offering of better „tools" to the general practitioner, better methods of diagnosis and treatment. An important example of such a „tool" is the anamnestic questionnaire which has been constructed. It covers the actual complaints, the medical history and the family-anamnesis.

Another „tool" on which we are still working, is a laboratory-handbook, which aims at making the complex and rapidly developing field of laboratory-

examinations more easily accessible to the general practitioner. Two investigations should be mentioned here as well, because they may contribute to the general practitioner's diagnostic arsenal. One of them was directed towards the aged patient, and mainly towards the identification of those who are especially in need of the general practitioner's care. The other investigation covered the important field of nutrition. The issue was: in which way can the family doctor come quickly to a clear recognition of his patient's food consumption and nutritional condition?

Proceeding on the assumption that early diagnosis has a considerable significance especially for the family doctor, who in this respect has a great responsibility, two other activities were developed. In the first place much energy was devoted to the realization of the possibility for the general practitioner to apply cervical cytology in his practice. After close consultation between the Institute, the Ministry of Public Health and some departments of the State University at Utrecht, a plan for a cytologic laboratory was worked out. In co-operation with this laboratory the application of this method can now be introduced and developed in the family doctor's practice.

In addition to this consultations should be mentioned which aim at offering to the general practitioner electrocardiographic facilities. The field of coronary heart disease within the framework of medicine becomes of such a considerable importance, and the key-position therein occupied by the general practitioner is so prominent, that much work is being done to give him also in this respect the adequate „tools”, in point of case: electrocardiographic facilities. In this context we could think of several solutions. A project which has been undertaken — the realization of which, however, will take many years — is to provide for all general practitioners direct access by means of telephone to the assessment by a computer of cardiograms. The physician is then in a position to get an immediate verbal judgment during his telephone-call and the following day, as a documentation, he receives a written confirmation. For general practitioners who want to extend their possibilities for early diagnosis of heart disease now, e.c.g.-courses were held. Over 100 g.p.'s have attended these courses and the interest for them does not seem to be on the wane. Furthermore the Institute is involved in a project on early diagnosis, in which, besides the e.c.g., anamnesis, physical examination and biochemical determinations will be used for screening a group of men aged 40 years in respect to early signs of running the risk of coronary heart disease.

From the general practitioner's „tools” to the method of practising: „il n'y a qu'un pas”. Just as everything is being done to keep the diagnosis and

therapy up to date, the g.p.'s method of practising in a general sense is receiving constant attention.

What will be the consequences of the rapid developments in society to the general practitioner and of the developments in the field of health care? The general practitioner is already doing his work in inter-play with many others. On the front line of health care are found, among others, the district-nurses and social-workers; on the second line the significance of the hospitals is steadily increasing. The problems of communication within and between these two lines will require a lot of study and practical development in the near future. In this respect the Institute will have to co-operate with professional organizations, government, hospital-organizations and so on. These problems are touching everyone and are exceeding the capacities of any individual group.

Developments within the first echelon, in which the Institute is involved, are a.o. experiments in the field of co-operation with other disciplines and the forming of group practices. From the beginning the Institute has advocated experiments with group practices, because we were of the opinion that this form of practising might create favourable conditions for co-operation, with others as well. It is gratifying that we have now entered the stage of practical realization. In many towns in this country group practices have been or are being formed, to which in many cases the Institute was able to contribute. The Institute itself is involved in the establishment of a group practice at Utrecht-Overvecht, a new-built district of Utrecht.

Among the experiments in co-operation the project at Assen should be mentioned, about which a report („Samen Zorgen") has been published. It bears upon the co-operation of general practitioners with district-nurses. A possible contribution to the co-operation with social work was made by the organization of a post-graduate course for medical social workers, organized by a steering-committee of which the Institute, among other organizations, is a member.

We have now come to the subjects of continuing education and of the information service, two activities in which the Institute has been engaged from the beginning. It turns out that the information service meets a long-felt need. Both general practitioners already in practice and those who plan to settle as general practitioners apply to the service for information about building and rebuilding, financial- and patient-recording, organization of practice, instruments etc. In the course of time much experience was collected, which is still being kept up to date. We are happy that in Dr. De Widt (economist) we have found a worthy successor of the interior designer

Mrs. Oswald-Gerritsen, as manager of the information department.

As for continuing education the still existing interest in the orientation course for prospective general practitioners should be mentioned in the first place. In addition the Institute has organized various other courses which seemed to meet a need. More and more, however, we are aiming at developing especially those activities that either are important for the promotion of continuing education in general or which can be undertaken by a national institute on behalf of all general practitioners. In respect of continuing education in general we occupy ourselves, for instance, with the problem: which forms and methods might be most adequate for the general practitioner.

Among the activities which can be undertaken by a national institute on behalf of the entire community of general practitioners, the phonodidactic service and the courses for continuing education by means of television broadcasts can be mentioned. The recording tapes of the phonodidactic service are in great demand. With the Belgian general practitioners co-operation in this field is being developed.

Round about the publication of this report the first television-broadcasts directed towards the continuing education for general practitioners will probably have taken place. As was to be anticipated, this event causes a good bit of stir. To judge from the experiences in other countries, however, we may anticipate that this form of continuing education will certainly take root and will occupy an important place.

As the last, but certainly not the least important subject engaging the attention of the Institute, the (post-)university training for general practitioners should be mentioned. At the time when no choice had been made between university or post-university training for general practitioners, a plan was made which had the second possibility as point of departure. This plan was in so far superseded that meanwhile the choice was made to establish a seventh year in the medical curriculum of the universities in which the specific training for general practice will take place. In Utrecht this training will be given for the first time in 1971; at other universities three years later, but the preparations for this test of strength are in full motion.

The above mentioned development certainly promoted the establishment of university-institutes for general practice — at Utrecht and elsewhere. In future these institutes will take over part of the task that the Netherlands Institute for General Practice has undertaken during the past period.

Present development

Consequently, in future there will be more points of concentration for the development and promotion of general practice. It may be anticipated that a certain number of the established general practitioners will turn to the university-institute in their region. A number of them will also have to play a part in the training.

What will be the task of a national institute in this connection? It is important to put this question now in view of the part which the Institute may play as a national institute in future. The university-institutes will in the first place be engaged in education and training, but also in scientific research and perhaps in continuing education. One may affirm that the taking over of a number of tasks, which came about by means of activities carried out by and in co-operation with the Institute, will create room for an intensifying of those tasks, which particularly belong to the affairs of a national institute.

The subsequent further development of health care in co-operation with others seems to be a main job in this connection. The government, medical professional organizations as well as organizations such as the Cross-organizations, which in future will be working together in every-day work, will continue to need one central discussion partner. The Institute will have to go on contributing to the promotion and, if possible, to the evaluation of forms of co-operation and of group practices. The basis of all these activities will have to remain the study of general practice in its proper sense.

Those activities that may be developed by a central institute on behalf of all general practitioners or on behalf of the university institutes for general practice, have already been mentioned. As examples may be noted the television-broadcasts and the development of the phonodidactic service. In this connection the introduction of a documentation-system of literature on aspects of general practice and of general practice in general, and of a system for registration of general practitioners should be mentioned as well. The information service has proved already to meet a long-felt need.

If we look at the actual changes, it may be well to look back to the period when the Institute was founded. The Institute could be brought about, because from several sides interest was demonstrated. In the first place the idea of establishing an institute for general practice arose in the circle of the Dutch College of General Practitioners (N.H.G.). Since the moment of its foundation this scientific society of general practitioners had assumed ever increasing proportions. It turned out that for many jobs — continuing education, scientific research a.s.o. — an institute staffed with full-time staffmembers and with administrative personnel was indispensable as a complement to all the

work being done by the general practitioners in their leisure-hours, in the setting of working-committees and commissions.

In the past the intertwinement of the Dutch College of General Practitioners and the Netherlands Institute for General Practice was quite intimate. The Collegeboard, being at the same time the board of the Foundation for the Promotion of General Practice (Stichting tot Bevordering van de Huisarts-geneeskunde), helped the Institute to come to maturity. To many people, both general practitioners and others, the College and the Institute are still more or less identical.

Nevertheless there are others, who equally well contributed to the Institute, be it from quite a different starting point. Governmental departments are interested in the Institute and support its development as a result of their interest in the course of events in the first echelon. A well-functioning first echelon, in which the general practitioner holds an important position, is the best guarantee both for a good — an integrated — care of the patient, and against a waste of money. The experience in other countries shows us the importance of bringing about a health care, in which the general practitioner continues to keep his position.

A third patron saint in the stage of formation of the Institute was the medical faculty of the University of Utrecht. Its interest was directed towards general practice in general but also towards the contribution which general practice might give to the medical curriculum. Of late the undersigned, at first as an extraordinary and at present as a full professor has had to spend an increasing part of his time on starting developing and executing teaching activities. Now that the specific training of the general practitioner in the seventh academic year is drawing nearer, this task certainly will assume considerably larger proportions.

Παντα ῥεει — *Panta rhei* — everything is on the move, is what we wrote in the beginning of this summary report. The wave of „elan” and of re-orientation among general practitioners, which started in the College and continued among others in the Institute, has now got into a far broader bed. Tasks and executive structures will have to be adjusted to the changed circumstances. It has already been decided to make a clearer distinction between the Netherlands Institute and the Institute for General Practice of the University of Utrecht, with regard to a better furtherance of the tasks of each of these two institutes. The Netherlands Institute might then get a clearer image as a national institute with a task in regard to all general practitioners and to all institutes for general practice.

Many things still lie hidden in the future. Should the structure of the Board of the Institute also be adjusted to the present developments? So far the tasks of the Institute were carried out by a small number of persons. Both staff members and administrative personnel gave their energy fully. Some of them will fulfill a task within the National Institute, others within the University Institute. It is to be hoped that before long a structure will have been created again, enabling everyone, in his own place, to contribute to the non-changing objective: the promotion of general practice.

Utrecht, January 1970
Mariahoek 4

Prof. Dr. J. C. van Es

STAFF AND ADVISERS of the N.H.I.

Scientific staff *

Prof. Dr. J. C. van Es, director **
W. Brouwer, M. D., adjunct director **
J. M. Deveer, general practitioner
W. Ekker, M. D., M.P.H., medical statistician
Miss J. L. Groeneveld, specialist internal medicine **
J. Koopman, general practitioner **
I. Ph. L. Koperberg, general practitioner **
P. Lens, general practitioner, television presentator
H. R. Pijlman, sociologist
F. de Waard, M. D., epidemiologist ***
Dr. R. A. de Widt, economist
Miss H. I. Wijsenbeek, social-psychologist

Administrative staff *

Mrs. M. J. Zweers-Westenberg, administrative secretary **
Miss I. Koers, secretary
J. Louw, administrator
Miss M. R. E. den Blik, tel. operator-receptionist
Miss M. M. C. de Boer, assistant inform. department
Miss M. Ch. Dorjee, administrative assistant
B. Faber, reproduction department
Miss S. M. A. Götz, secretary
Miss A. E. Grobbelaar, punch codifying clerk
Miss H. van Weerden, secretary
Miss M. W. de Wijze, administrative assistant
Mrs. L. J. M. Nodelijk-Lantinga, administrative assistant **
Mrs. M. J. C. van Hilten-Bergman, cleaning woman
Miss J. C. van Kesteren, cleaning woman
Mrs. J. W. Nieuwenhuis-Okhuysen, cleaning woman

Vacancies: secretary and administrative assistant

* as per December 31, 1969

** also connected to the Institute for General Practice of the University of Utrecht

*** connected to the Institute of Social Medicine of the University of Utrecht

**Staff of the group practice
Utrecht - Overvecht ***

H. J. J. van der Heyden, general practitioner
Miss E. Huigen, general practitioner
J. Koopman, part-time general practitioner
I. Ph. L. Koperberg, part-time general practitioner
Mrs. M. J. Gerards-van de Wijst, receptionist
Mrs. J. de Leest-Zimberling, receptionist
Miss J. J. L. M. Nijst, receptionist
Mrs. A. Jansen-Diemen, cleaning woman

Advisers Information Department *

K. G. H. H. Doyle, technical and medical efficiency
Mrs. M. A. A. Oswald-Gerritsen, interior-designer
C. de Wit, architect
R. S. ten Cate, M. D., general practitioner
G. van Brakel, general practitioner

* as per December 31, 1969

FINANCES.

The aid of the Ministry of Social Affairs and Public Health amounted in 1968 to approximately *f* 453.000,— * compared with *f* 412.000,— in 1967.

In addition was available:

— contributions from the Netherlands College of General Practitioners	<i>f</i> 10.000,—
— voluntary contributions from members of the Netherlands College of GP's	<i>f</i> 25.800,—
— gifts by the pharmaceutical industries	<i>f</i> 16.300,—
— aid of the Ministry of Social Affairs and Public Health	<i>f</i> 453.000,—
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In total available in 1968	<i>f</i> 505.100,—
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In 1969 the aid of the Ministry of Social Affairs and Public Health is estimated to *f* 551.000,—

In addition the following contributions may be estimated:

— Netherlands College of General Practitioners	<i>f</i> 1.000,—
— voluntary contributions from members of the Netherlands College of GP's	<i>f</i> 25.000,—
— National Postgraduate Training Committee	<i>f</i> 15.000,—
— National Organisation against Rheumatism for the phonodidactical service	<i>f</i> 9.900,—
— Asthma Fund for postgraduate course	<i>f</i> 1.200,—
— Teleac Council for postgraduate course by television	<i>f</i> 3.800,—
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In total available in 1969	<i>f</i> 606.900,—
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We express our gratitude for all aid and support.

* H.fl. 100,— \$ 27.40

H.fl. 100,— £ 11.6.1

