Health Promotion in General Practice

Country Report - Greece

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General characteristics of the health care system relevant for developing POHP in Greece

General overview ocer the Health Care System

Health care in Greece is developed by the National Health Care System (NHCS). NHCS was established in our country in 1984. It has been slightly modified ever since, a couple of times.

NHCS is state-run; financed by the National Budget as well as by social security services, mainly state-owned and has a rather complex intra-structure made up of rural medical practices, small provincial Hospitals, to capital Hospitals. Often subject to delays for bureaucratic reasons, NHCS is practically dependant on government’s policy, which restricts its evolution and development.

Still underdeveloped, with great potential, NHCS provides basic, good quality health care services to any inhabitant of Greece, including emigrants the homeless, those ones without social security and various minorities.

On the other hand, Private Health Care Practice (PHCP) is almost freely practiced, quite well-developed and expanding. PHCP ranges from office practice to complete Health institutions-Hospitals, offering far better accommodation facilities in addition to a larger cost for the patient. State social security does not cover such expenses in general.

The public in general, has confidence in the NHCS, even though it has been accused of corruption. On the other hand, PHCP is quite satisfactory and sufficient, but is rather expensive for the average person.

Specific situation of General Practice/Community Pharmacy in Greece

The prevailing form of practice organisation of GP/CP in Greece

General Practice in Greece exists in a rather infantile stage, very under-developed so far. Held by 950 (already qualified) GP’s, only available yet, the National Specialists(doctors)Training system offers the country not more than 100 GP’s annually (this is an indication of this kind of doctors shortage).

GP’s mainly offer their services through the NHCS in provinces and small towns during office hours. Extremely few are employed in big cities, even fewer practice in private.

Community pharmacy is basically in the form of private independent pharmacies. No chain pharmacy or state-run ones could be found. Pharmacies follow the working hours of other commercial stores.

No pharmacy license has been given since 1998, the total number of which is exact and precise. Restrictions exist, i.e. there must be at least/a minimum of 50 metres between pharmacies.
The main characteristics of the professional role of the GP in Greece

GP’s mainly attend to the population of their (rather small) district. They are community-oriented, encounter health problems as first contact, follow chronic medical situations of their district and prescribe medication.

Preventive medicine is not widely practiced by GP’s, since people still have not adopted such behaviors, especially in agricultural and suburban areas, where GP’s mainly practice their profession.

A pharmacist’s role in the community is rather personal. The vast majority of their clients are steady, (they work or live nearby) and used to visiting their pharmacist before or without seeking medical attention. Pharmacists quite often give medication, even antibiotics to people by themselves without any prescription, since regulations controlling prescriptions are not applied.

The relative importance of POHP in the current professional practice of GP/CP in Greece

Relevance in professional practice

The Part of POHP of the professional role of GP/CP in Greece

GP’s have only been in the field of practice for a short period of time, therefore, the public hasn’t got enough confidence in them and the services they can offer; yet. As a result, it is difficult for GP’s to play an integral part in any aspect of health practice in Greece for the time being.

On the other hand, GP’s mainly practice medicine in areas where people are reluctant or ignorant on issues such as preventive medicine (for example, the majority of women living in rural areas do not perform mammographies or PAP tests of any kind). It is something of an illusion to talk about POHP or GP’s in Greece for the time being. Projects, occasional ones, and in very limited areas, are just exceptions to the rule. Pharmacists though, have got a very close affinity with the public, which is more personal, neighbourhood-based. More examples of POHP among pharmacists could be found, but- only as examples of personal contributions of the pharmacist himself/herself to the public. These do not rely on any kind of scientific data, management, organization etc. (Public state instructions are absent.)

POHP as an area of no concern in Greece

POHP is not an area of concern for the majority of health professionals (GP’s or CP’s) nor one they wish to involve themselves in. There is no back up of any kind, nor any programme conducted by the Ministry of Health, Local Authorities or Professional Organizations. A few University Professors or Health Centre doctors, working mostly on their own, or their institutions initiatives, have directed some efforts, based on low-scale projects.
The level of knowledge and skills concerning POHP available among GP/CP in Greece

The knowledge and skills of GP’s and CP’s in the area of POHP is extremely low. They might have heard or attended an elective session on POHP when in University. There are neither any post-graduate programmes nor any large-scale efforts on POHP in which any GP or CP could become involved or could motivate them.

Even more disappointing is the fact that the majority of GP’s are young, open-minded, enthusiastic and willing to work, but the system doesn’t take advantage of all these positive characteristics at all.

Systematic knowledge and skills level of POHP in Greece

As far as we know, such knowledge doesn’t exist at all, nor does any form of survey that has been conducted so far.

The nature and form of training and education resources with respect to POHP

The only available knowledge and training on POHP is offered to undergraduate students, be it as part of any mandatory courses or some elective courses, the it is the Medical students and not the Pharmacy ones who hear about POHP. There doesn’t seem to be any courses of continuing Professional Education available that focus on POHP, yet.

Curricula and CPE programs that may include any skills relevant to POHP

The only available data is rather scarce, unorganised and not directed by any central organization (such as the Ministry of Health). Only some separate scientific works have taken place in the Internet or Medline. There are few GP’s or Pharmacists who are involved in acquiring such knowledge.

The structural and cultural preconditions for POHP in GP/CP in Greece

The Ministry of Health and the Local Provincial Regions Health Administrations should have been the most important institutional partners of CP/GP in POHP; (Theoretically, and depending on the structure of the National Health Care System). These are all bureaucratic dinosaurs, addicted to short-term political party policies, therefore such a thing does not take place at all. As a result, the majority of initiatives are supported by the local authorities, universities and professional associations or arise from the visions, courage and efforts of extremely few inspired persons.
The role of the relevant professional associations with respect to the development of POHP in Greece

Professional Organizations assume that professional development can be achieved by transforming the NHCS into a modern, fund-preserving, citizen-oriented and healthy organization that truly serves the need for public health and not the needs of the government. POHP is relatively understood by professional organizations and is accordingly promoted whenever the opportunity arises (as for example, through conferences).

Organizations, in general, can only advise up to a certain level. Terms of policies are strictly directed by regions authorities, which in turn, are blindly led by government policy.

When it comes to decision-making, professional associations unfortunately have little say.

POHP in the professional media in Greece

The total extent is rather small, which reflects the small-scale efforts that take place officially with respect to POHP

Initiatives or campaigns in the area of POHP in GP/CP

None of which we are aware.

Professional development programs running on Health Promotion in Greece

Unfortunately, even if there where any, there is no organization at all for collecting feedback, studying the data and issuing the results. As a matter of fact, it is quite difficult to get information on such matters.

The role of Health Policy with respect to the development of POHP in GP/CP in Greece

For national-scale practices, we can only count on the Ministry of Health and its agencies. The fact is, that incurable bureaucracy exists as well, so only a few or no initiatives like these occur at all. The financing of such national-scale practices is almost 100% state-budget based, so in turn, is a political decision after all. Regionally though, you can either depend on universities or municipalities to witness such programs to develop and operate. A rather small number of people are reached by these programmes, since funding is quite difficult, even though lots of sponsoring is gathered from private companies.

As far as we can see, Health Policy in Greece struggles to keep the NHCS alive and active. Unfortunately, no programming or reasonable management has occurred. POHP has been, in theory, a priority as with so many other aspects of health care, but so little has been achieved so far. Currently, vast reform of the Health System
by the Ministry of Health is under way. Lots of things need to be changed in order to have issues such as POHP high up on the agenda.

The most relevant legal regulations and organizational framework in Greece influencing the development of POHP in Greece

As a matter of fact, everything is directed and organized by the Ministry of Health, but so little has actually been done so far. To be honest, the reform of the NHCS should include matters such as POHP, as GP’s are to have a decisive key role in the NHCS. According to the new status, primary health shall be performed in general by G.P.’s, having a gradually wider, more respected and appreciated role within the M.D. community. In the trust of the new form of the NHCS, and through the acceptance of GPs, there shall be a vast potential for POHP by GP’s.

Recent or ongoing national initiatives, campaigns with respect to POHP by GP/CP

Refer to the suggested bibliography, at the end of this document, attached with the abstract sent.

Financial incentives for POHP in GP and CP been developing in Greece

On a national scale, financing such efforts goes through the budget of the Health Ministry, which for the time being doesn’t encourage POHP a lot.

Other actors been important to the development of POHP in Greece

As a matter of fact, some NGOS (Non-Governmental Organizations) (i.e. M.S.F = Medecines Sans Frontieres) develop POHP in small groups, which are otherwise practically excluded from the NHCS (i.e. emigrants). Private business, on the other hand, plays its own part by financing such low-scale initiatives.

Systematic knowledge available on patients/users.

As POHP is so underdeveloped, feedback is even less available. The only data that could be gained is extremely scarce.

Material available exploring GP/CP perception of the expectation of the patients/users.

Unfortunately, there isn’t that much to be aware of.
Specific aspects of development of POHP in GP/CP in Greece well developed or other instructive and thus relevant for transfer to other EU member states

To be honest, we could focus on the well-established relationship between the pharmacist and the public. Having been developed over time, all messages do have an impact. A very well organized system is needed to back up such an initiative if it is to go on a national scale.

On the other hand, as a primary role, the reorganization-reformation of the NHCS is being conducted in order to give GP’s a leading role. It’s a fact that they will be the frontline of the system, the first contact of the public and the NHCS, so these are the ones to practice POHP more than anyone else in the NHCS.

Some comments on the low-scale projects

The real meaning is found in the INTERNET sites mentioned in the ABSTRACT and in the SUGGESTED BIBLIOGRAPHY especially No 1,4,7,8,10,and 11 quotations). Carried out in local health centres and mainly in cooperation with medical schools of local Universities or Technological Institutions, on topics of child health, prescribing, nutrition, mental health, home care, accidents etc. Results of these studies carried out are enthusiastic as patterns for others HEALTH UNITS and ESPECIALLY for our MINISTRY OF HEALTH.

Some comments on the planning of the new personal doctor initiative

Reorganization of the whole system towards a modern P.H.C. based on retrained primary-care doctors, after a unification of various kinds of the insurance funds doctors (mainly specialists) on a regional basis, and to offer a set of primary health care services to a list of persons. There is the possibility of working solo or in group practices or in health centres, mainly in urban areas. This is a part of a reformation proposal made by the Ministry of Health.

But for the time being, GP’s work in the public sector (mainly health centres and public insurance funds as public servants) and in the private sector, in solo practice with contracts of insurance health funds or companies. In fact there is no gate-keeping from GP’s.

about the training in General Practice medicine

Current training takes place over 4 years, divided into various specialist areas without a concrete central trunk or liaison between training parties. Part of the new Proposal is a totally new 4 years training program in all aspects of P.H.C and based on the new BIOPSYCHOSOCIAL MODEL OF HEALTH AND DISEASE.
About my experience of the participation in the ‘Europe against Cancer’ campaign

Especially from the participation in the initiative of teaching cancer care for GP’s, and in cooperation with the Panhellenic Medical Association and other medical societies, we tried to sensitise primary-care doctors to the main topics of cancer care, and especially palliative care to community-basis networks, i.e health centres. Articles from us and others colleagues stressed the above-mentioned topic, such as in the magazine of Hellenic Cancer Society in 1997-1998 ([www.addgr.com/org/hc](http://www.addgr.com/org/hc)), and the role of the GP. Our ultimate purpose was to influence in some way the Ministry of Health, albeit with limited success, because of the prevalent mentality of doctors and of people in general is to think OF CURE AND NOT OF CARE (including prevention).

Nevertheless, we hope, although in a controlled way, for a change in our health politics and policies, beginning from the state and from our specialists colleagues, who are the majority of doctors in my country, in order to be of greater benefit for our people.

Some Suggested Bibliography

Planning a worksite health promotion program: health profile of a population of Greek sailors(letter)
Promotion of children’s early psychosocial development through primary health care services. (Tsiantis J, Paediatr Perinat Epidemiol, 1996 Jul).

National programs and policies promoting better nutrition, fitness and sports for all in Greece. (Matalas AL, World Rev Nutr Diet, 1997).

Health and nutrition education in elementary schools: changes in health knowledge, nutrient intakes and physical activity over a six year period. (Manios Y, Public Health Nutr, 1999 Sep).

Prescription of medications by primary care physicians in the light of asthma guidelines. (Gourgoulakis KI, Respiration, 1998).

