

Family Practice — World Perspective

Family Medicine In Korea

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More than a century ago Western medicine was introduced to Korea by American medical missionaries, who founded the Yonsei University School of Medicine. Designed to promote public and individual health through active teaching, research, and practice, this institution has served to disseminate Western medicine throughout the country.

Until the early 1950s medical education emphasized holistic and humanistic care. As a result, 90 percent of the practicing physicians were generalists. Since the early 1950s, however, the rapidly changing scope of medical information, a rising public demand for a more sophisticated medical model, and increasing specialization and fragmentation have caused medical practice to become dehumanized. Patients ceased to think of physicians as counselors or intimate friends, and physicians became more interested in the disease process and curative knowledge.

By the late 1970s the generalist physicians who provided continuous and comprehensive medical care contributed greatly not only to the national health promotion but also to the development of medical care in Korea. As a response to the undesirable and dehumanizing medical practice in Korea, in 1981 Yonsei University School of Medicine established the Department of Family Medicine to address the public's need for generalist care. Through its efforts the focus of medical care has moved toward continuous, comprehensive family care and away from the fragmentation that grew from specialization. During the last 12 years the Department of Family Medicine has become the premier training center for young, enthusiastic physicians deeply concerned about holistic and personal medical care.

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The Korean Academy of Family Medicine

In January 1980 the Korean Academy of Family Medicine (KAFM) came into being and subsequently began publishing periodicals that played a great role in disseminating family medicine throughout Korea. Provincial headquarters were established to promote regional development of the specialty. On 18 May 1983 the KAFM was accepted as a regular member of The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), and on 27 February 1985, by presidential decree, family medicine was legitimized as the 23rd medical specialty. Family medicine became a regular member of the Korean Medical Association and was recognized as an academic and scientific discipline in July 1990.

Academic Family Medicine

In 1979 the first lecture on family medicine was given to 2nd-year medical students during a regular community medicine class. A nationwide introduction to family medicine through ordinary mass communications, medical journals, and gazettes helped the public to understand the mission of family medicine. When the first Korean Department of Family Medicine was established at Yonsei University in 1981, it was designed to achieve several specific goals: (1) to train general physicians who could function within the Korean national health care system, (2) to promote the quality of physicians through regular, periodic graduate medical education, and (3) to encourage physicians to be leaders in primary care.

Family Medicine Residency Program

The first 3 family practice residents were selected to train at the Seoul University Hospital in February 1979. The family practice residency program of the Department of Family Medicine at Yonsei University began in March 1982. Currently there are 318 family practice residents at 37 different teaching hospitals. We have 15 university training centers and 22 community training

hospitals. Unfortunately, only a few universities have separate family medicine departments; instead, many family medicine departments are attached either to departments of internal medicine or departments of preventive medicine.

Family Medicine Residency Curriculum

The family medicine curriculum in Korea is oriented toward and designed to promote high-quality primary care. Our curriculum consists of training in family medicine, internal medicine, pediatrics, general surgery, obstetrics and gynecology, dermatology, and psychiatry. In addition, the residents are exposed to otolaryngology, ophthalmology, neurology, orthopedic surgery, urology, rehabilitation medicine, dental science, and Oriental medicine. Nonobligatory training is encouraged, and third-year residents participate actively in their areas of interest. Finally, to gain experience in research, the residents are expected to produce at least two articles related to primary care.

Board Certification

On 7 August 1986 the first examination for board certification in family medicine produced 839 successful candidates. The current total number of board-certified family physicians is 2286 (Table 1). In Table 2 are listed the various settings in which these physicians practice.

Korean Society of Teachers of Family Medicine

The Korean Society of Teachers of Family Medicine was established in February 1992. Its mission has been to (1) seek standardized academic family medicine, (2) promote teaching methods, (3) develop research-oriented family medicine, and (4) develop international collegiality. The

Table 1. Number of Board-Certified Family Physicians in Korea.

| Date of Examination | Number |
|---------------------|--------|
| 1986 | 839 |
| 1987 | 434 |
| 1988 | 819 |
| 1989 | 47 |
| 1990 | 51 |
| 1991 | 96 |
| Total | 2286 |

Table 2. Various Settings of Practicing Family Physicians in Korea.

| Setting | Number |
|---|--------|
| Private practice | 2055 |
| Public health office or post | 22 |
| Training hospital (among them 53 teaching faculty) | 209 |
| Total | 2286 |

first commitment from the society was to organize an international forum on family medicine, and 10 leaders of family medicine from the Asia-Pacific region were invited to participate.

Present and Future of Family Medicine in Korea Problems and Obstacles of the Ongoing Health Care System

The medical insurance program, which benefited only a portion of the population, extended its coverage nationwide in July 1989. The government took on the responsibility of distributing medical resources in the expectation that a more even distribution of health manpower would provide improved medical services and be cost effective. Nevertheless, the people of Korea preferred the general hospitals and tertiary health care centers rather than the local clinics, because of the unbalanced distribution of primary care and consulting physicians.

In terms of the generalist-specialist mix, Korea has more nonprimary-care physicians (71 percent) than Canada (50 percent) or the United States. The insufficient number of primary care physicians has led other specialists to practice primary care. Consequently, most practicing nonprimary-care physicians do not practice in their specialty; they provide generalist care. The result is a tragic and costly waste of specialized manpower.

The Korean government had originally planned to increase by 50 percent the number of family physicians and general practitioners by the end of 1991, but this process has been delayed. To provide high-quality medical service, however, it is necessary that the nonprimary-care specialists establish and maintain a suitable health care delivery system accountable to government supervision. We must have adequately and appropriately trained primary-care physicians who are capable of providing continuous, comprehensive family care.

It is essential that the training institutions and the university-affiliated hospitals implement the family practice residency programs and that the government provide full support, including financial aid, for these programs. It is also important that the legislature include family medicine in the national examination for the licensing of physicians.

Family Practice Residency Programs

The residency program consists of a 3-year course after an obligatory 1-year rotation internship. Family medicine and internal medicine skills are taught at the university hospitals, and the surgical skills are taught at the peripheral sister hospitals, where more practical experiences are provided. Senior residents can choose to study a practical discipline that interests them. Those residents who would like to teach family medicine are required to take an additional 2 years of fellowship training during which they are taught administrative skills and teaching and research methods.

The most important goal of the family practice residency program is to instill a humanistic approach to medical care. A recent approach by our department was to become involved with an international medical mission to Nepal early last year, which should reinforce the importance of humanism in medical care, the essence of family medicine.

Lifelong Graduate Medical Education

To ensure a high quality of medical care in family practice, primary care physicians need a continu-

ous learning program often described as graduate medical education. Each family physician should be recertified every 6 years, a process that promises a high quality of care not only for the patients but also for the physicians themselves. Primary care graduate medical education must be designed to address the needs of the general population.

Currently, Korean family medicine does not require recertification or have a formal continuing education program. The Korean Medical Association had implemented a remedial education program for private practitioners, and starting in 1979 family physicians have addressed family medicine graduate medical education. Organized family medicine graduate medical education continued actively and successfully until 1988, when an interim measure for acquiring specialty training in family practice came to an end. Since then, graduate medical education in family practice has existed in name only. It is necessary to overcome this dormancy and recreate a learning environment by mounting an ongoing recertification program.

Conclusion

A conjoint effort by the public and the government and other specialties is needed to understand the importance of primary care and the potential of family medicine. Family physicians must show courage and determination and devote themselves toward achieving a well-designed health care system in Korea.