2025, Volume 57, Issue 5, 321-322, e-ISSN 1938-3800

Family Medicine

EDITORIAL

Family Medicine for a Changing World

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HOW TO CITE: Haq C, Johnston EM. Family Medicine for a Changing World. *Fam Med.* 2025;57(5):321-322.
doi: 10.22454/FamMed.2025.361452

PUBLISHED: 1 May 2025

> "*All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people, since the attainment of health by people in any one country directly concerns and benefits every other country.*" [1]

Welcome to this special global health issue of *Family Medicine*. This issue attracted submissions from around the world, reflecting enriching, enduring collaborations and partnerships between family physicians and colleagues near and far.

Health and diseases have always been global, strongly influenced by human migration and environmental conditions, and unconstrained by national borders. The HIV and COVID-19 pandemics demonstrated how quickly diseases can spread in the modern era.

Traditional healing practices evolved slowly and spread locally. As social primates, humans were more likely to survive and thrive in groups with members who cared for one another, especially the young, sick, and vulnerable. Traditional healers passed knowledge and practices through apprenticeships, often cloaked in secrecy.

Over the last century, the scientific method, public health, and evidence-based medicine led to an explosion of biomedical advances, rapid population growth, and a near doubling of life expectancy worldwide. The World Health Organization (WHO), established by member nations as a branch of the United Nations in 1948, articulated the aspirational vision to promote health for all the people of the world by sharing advances and fostering international collaborations.

Prior to World War II, most physicians were generalists. Rapid technological advances led to medical subspecialization and relative shortages of generalists. The benefits of modern medicine, available in large cities or for the wealthy, were not accessible for people living on low incomes and/or in rural areas. Starting in the 1950s, a few countries developed programs to bring the benefits of scientific medicine to more people, and to expand specialty training for general practitioners.

The WHO sponsored the first international conference on primary health care with 188 member nations in Alma Ata, the former Soviet Union, in 1978. *The Declaration of Alma Ata* identified health as an important worldwide social goal, essential for economic and political development. It defined primary health care as the most cost-effective way to deliver essential health services.[1]

Family medicine, known as "general practice" in some countries, emerged as a specialty to provide high-quality, comprehensive primary care for patients of all ages during this period.[2] Starting in North America and Europe, the specialty spread throughout the world. It requires postgraduate training and lifelong continuing education to ensure physicians maintain proficiency.

Family medicine employs the biopsychosocial approach to care, treating patients holistically in the context of their family and community. While many health problems are universal, family medicine training and practice is tailored to fit local

needs, demographics, and the epidemiology of diseases in communities that will be served.

Family medicine's emergence has not been a given, nor has it always been easy. In this issue we offer perspectives on the challenges and strategies used to develop family medicine as a specialty in settings as diverse as Nepal, Zambia, the West Bank, Somaliland, and Kyrgyzstan.[3–7] Mash et al share the approaches they have used to advocate for family medicine to governmental leaders and other stakeholders across many countries in Africa where large-scale, recent data on the discipline's effectiveness do not yet exist.[8] Though these articles reflect the unique characteristics of practice in each setting described, there are aspects of each story that may apply across borders and regions to the educational programs and areas of practice for each of you as readers.

We offer this special issue at a time when the United States' federal government is withdrawing from global engagements, including our membership in the WHO, and defaulting on its international commitments to humanitarian aid and international partnership. Particularly in the setting of these events, it is crucial to realize how much family medicine physicians and educators have to *gain* from engaging with global colleagues, and how much more we can all achieve when we approach the pressing problems we face, from climate change to novel infectious diseases, from a position of humility, and with collaborative approaches.[9,10]

In his essay, "To Be Wronged as a Knower," Dr Seye Abimbola shares a story of US researchers going to Nigeria to study whether a model of group prenatal care which emerged in the United States in the 1990s would work effectively in low- and middle-income countries.[11] In fact, Nigeria has already utilized group antenatal care for generations, even as the United States was discovering it for the first time and perceiving it as a novel approach. How many more solutions are there which the United States has yet to "discover" from the rest of the world? Ongoing engagement, partnership, and commitment to mutual development allows us to learn approaches and practices that can improve family medicine education, training, and clinical care the world over.[12] Intentional, thoughtful collaboration with counterparts in a variety of settings paves the path to mutual benefits, justice, and equity.

Primary health care and family medicine remain vital priorities as we face the intersecting challenges of political and economic instability, migration, and climate changes. Recognizing our interdependence and responsibility to others and future generations, the concept of "one health" represents sustainable health as a state of equilibrium between people, animals, and the environment. May the vision of promoting health for all continue to serve as an inspiration for family medicine and global collaborations.

Finally, this special issue would not have been possible without the tireless support of a dedicated group of peer reviewers with expertise in global health. These reviewers contributed their feedback (in some cases, through multiple reviews) over a condensed period of time, in order to ensure the success of this issue. We thank all of them for their support: Sommer Aldulaimi, Innis Bardella, Fadya El Rayess, Ann Evensen, John Frey, Jeff Hall, Mpundu Makasa, Daniel Ostegaard, David Ponka, Perry Pugno, Ramakrishna Prasad, Shailey Prasad, Katherine Rouleau, Joseph Scherger, Daria Szwarko, Alyssa Vecchio, William Ventres, Klaus von Pressentin, and Cal Wilson.

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