
What will general practice be like in the future?

EDITORIAL

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Making predictions is difficult, especially about the future. But how do we want general practice/family medicine to develop?

Will doctors and patients continue to meet mainly in person? Probably, but hardly to the same extent as today. In an editorial in the *New England Journal of Medicine* from January last year [\(1\)](#), it is claimed that personal contact between (general) medical practitioners and patients will always play a key role in healthcare services, and that many patients will prefer to meet their doctor in person. However, it is postulated that such personal contact will be the second, third or even last choice for meeting patients' needs, for example for treatment of infections, checks of blood pressure or follow-up of diabetes. This presupposes the availability of systems for providing high-quality healthcare services without any personal attendance. The technology already exists, and organisation, funding and safety systems will inevitably follow. But then there are all the other factors, where algorithm-based medicine and artificial intelligence fall short: multi-morbid patients, those who suffer from illness anxiety, have problems in the workplace or multiple and complex symptoms [\(2\)](#). When a considerable proportion of future doctor-patient contacts are of a non-personal nature, perhaps doctors will be able to devote more time to the tasks that 'only a doctor can do'[\(1\)](#)?

Will the continuous doctor-patient relationship persist? Continuity in the doctor-patient relationship is a matter of life and death, according to the authors of a recently published review article (3). They show that this is true: increased continuity is associated with lower mortality across all healthcare services and countries studied. In general practice, continuity is associated with greater patient satisfaction, fewer hospital admissions, increased adherence to medication and improved health promotion (3). Over time, doctors accumulate knowledge about their patients – knowledge which is used to good advantage in subsequent consultations to the extent that it affects hard outcomes. Medical progress in pharmacotherapy and technology over the last couple of centuries has in no way reduced the importance of the personal and continuous doctor-patient relationship. Future generations in this country deserve their own regular GP!

Will the GP's remit be as extensive and will the GP be a solo player to the same extent as now? Hardly. Future doctors will probably shake their heads in disbelief at how their predecessors were singlehandedly responsible for all curative and preventive patient contacts, all specialist services, all cooperation with the Norwegian Labour and Welfare Administration (NAV) and municipal agencies and all documentation and administration, as well as on-call duty while operating a practice with the responsibilities of an employer (4). In addition, they had to compile and finance their own specialisation training, and many worked for years without managing to specialise.

This is not sustainable in the long term. Perhaps social benefits and certification of sickness absence will be matters dealt with by patients, employers and NAV in cooperation? The GPs of the future ought to have fewer mercantile responsibilities. Wherever the GP feels a need to involve other health professionals, these should be easily accessible at the doctor's office. We will then see closer collaboration with geriatric and psychiatric nurses, midwives, social workers and psychologists, to mention but a few. Participation in research linked to general practice and supervision of students and specialty registrars ought to be a natural part of day-to-day work (5, 6).

Will general practice/family medicine continue to be a discipline that attracts young doctors and provides them with a rewarding career (7)? We certainly hope so! However, for general practice and the list system to continue to exist, politicians need to recognise in time that it is actually a societal responsibility to train the doctors that society needs, including GPs. In the future we will have specialty registrars in general practice (in the ALIS programme) all over the country, not only in the western part (8). Moreover, there are streamlined specialisation programmes that bring new, skilled doctors into the discipline. There is still time. So let us safeguard the general practice of the future by exploiting new opportunities, while preserving the unique core values of the discipline.

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