

BRIEF COMMUNICATION

## **Primary Health Care in Hong Kong**

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**KEYWORDS** *Primary health care, community, health education, health promotion, participation, Hong Kong.*

Hong Kong's health care system should shift from its current focus on curative and hospital-based care to one that focuses on preventing diseases and promoting healthy lifestyles because of its aging population and the increasing ability to prevent chronic diseases (The Harvard Team, 1999). Nursing education has shifted from a hospital-based training to a university-based degree (Chan & Wong, 1999). The above reflected proactive health intervention and theoretical driven nursing knowledge should be supported.

The goal of this paper is to show how Primary Health Care (PHC) is carried out by focusing on: (1) the importance of PHC, (2) the common difficulties that students face when learning about PHC and (3) the need to adopt a PHC approach.

In order to compensate for the inadequacies of a medical model which is treatment-oriented in nature (Macdonald, 1993) a holistic view that encompasses broader environmental, sociocultural and behavioral determinants on health has been advocated (Eckersley *et al.*, 2001; WHO, 1978, 1998, 2000). One of the fundamental causes of poor health and social inequality (Harris *et al.*, 1999) has not been solved. Although Hong Kong is regarded as an international city it seems to be quite backward in terms of both conceptualization and implementation of PHC. Hong Kong cannot bear the costs of treating diseases. Within the realm of PHC, health promotion is one of the pivotal means to empower citizens to acquire optimal health and to prevent diseases (Hawe *et al.*, 1990). Various types of health promotion programs were launched after the SARS outbreak in 2003 but once the outbreak was over,

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the local health care direction seemed to return to its earlier pro-treatment orientation.

PHC is essential health care based on practical, scientifically sound and socially acceptable methods. Technology is made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford in the spirit of self-reliance and determination (WHO, 1978). It is argued that PHC can provide professionals with a comprehensive, socio-culturally sensitive means of dealing with both sick and healthy persons, equipping professionals with the personal skills to fight illness and prepare them to respond to future outbreaks of infectious diseases.

The present author has taught PHC in undergraduate and Master's programs since 2002 and introduced the principles, interventions and studies of PHC to about 300 students. Of these students, about 85% are female and 15% are male between the ages of 18 and 50 and approximately 70% of the students are in Master's programs. Sixty percent are registered nurses most of whom work in hospital settings such as medical, surgical, oncology and psychiatric units and operating theatres; only a few work in community settings such as community nursing services. About 10% of the Master's students are dental therapists, teachers or physiotherapists and about 30% are first-year undergraduate students studying social work or other social science subjects.

The common difficulties these students face when approaching the concepts and principles of PHC are that they have been trained primarily with the biomedical model. In Hong Kong, university nursing departments are part of the faculty of medicine and this shapes the students' knowledge of nursing and intervention, rooting it in assumptions that define health strictly as the absence of disease while neglecting the person in his/her context. They understand medical intervention and nursing procedures from a perspective of mind-body dualism, machine metaphor, reductionism, and specific etiology (Macdonald, 1993). This disease-focused, treatment-dominated approach to health and illness is deeply embedded in every student's frame of reference which makes it extremely difficult to introduce and convince students of the value of PHC.

The gap between theory and practice forms the second difficulty for these students because theories can only be implemented within a supportive work environment. However, curative health care is given much weight in the Hong Kong health care system, while health promotion and prevention, and even rehabilitation, are given a far lower priority (Gauld & Gould, 2002). Therefore, even if students begin to embrace the ideas of PHC and try to apply these ideas within their nursing practice, their motivation for doing so will not be nurtured. Furthermore, the stakeholders and people in charge of hospitals are mostly doctors with little or no training in PHC. These hurdles make it very difficult for front line nurses or middle management to incorporate the essence of PHC into their daily nursing practice.

According to the Ottawa Charter, government support of PHC has a tangible effect on promoting health (WHO, 1986). However, local government seems not to advocate the importance of PHC. In fact, both politicians and citizens tend to confuse primary medical care and PHC and consider clinics and general practitioners to be equal to PHC. The word “Primary” itself is problematic, as both the general public and students think it means low-level, inferior and non-scientific care. Some students have informed the author that if they told their colleagues they were studying PHC, they would receive negative feedback, and be advised to pursue training in a specialty instead, such as intensive care, respiratory, or maternity nursing. People with PHC training should actively participate in health care policy and act as agents for change, calling for the need to put PHC ideologies into practice by using the following suggestions: First, shift from a paradigm of cure to one of health promotion and prevention to achieve a proactive approach to health care. An example is the Centre for Health Education and Health Promotion at The Chinese University of Hong Kong which launched a Master’s Degree program in Health Science in 2006, with two potential areas of focus: Health Education and Health Promotion or PHC. Second, for the well-being of citizens, members of the nursing profession should equip themselves with a macro-level understanding of health and illness. Third, the importance of community involvement (McMurray, 2003) and community capacity building (Simpson *et al.*, 2003) should be stressed in future health programs.

Every health care provider can play a significant role in promoting and implementing PHC. It starts at the personal level by believing that each health professional can contribute by telling colleagues, friends, patients and the public that PHC can be perceived as a philosophy that includes a set of activities with several principles: encouraging community involvement (and the full participation of citizens), ensuring equitable resource allocation, fighting for social justice, making health services equally accessible, decentralizing health care resources, encouraging a grass roots approach to the formulation of health care plans, and promoting collaboration between multiple sectors (WHO, 1978) such as health, education, environmental protection, commercial fields, and non-governmental organizations as well.

Since the new chief executive was elected in 2005, the government has adopted a democratic and citizen-led approach to executing policy. An opportunity to advocate for the development and implementation of PHC may be at hand and this possibility should be explored. The author will provide all opportunity to enable students to integrate PHC into the medical model and find opportunities to bring PHC into the settings in which students practice, thereby improving the well-being of the community at large. The possibility of working with other countries and professions should be explored and it is hoped that this article can fuel the commitment to “Health for All”.

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