



■ Editorial

# Supply of Primary Care Physicians: A Key Strategy to Reduce Population Mortality

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Primary care is a key component of an effective and efficient national healthcare system. Primary care contributes to the health of the population by ensuring accessibility to necessary services, promoting preventive care, early management of chronic diseases, and reducing unnecessary specialty care. To provide primary care to the entire population, it is crucial to have a sufficient number of primary care physicians. It is well documented that the greater supply of primary care physicians improves health outcomes including total and cause-specific mortality rate, lowers costs of healthcare services, and reduces health inequities.<sup>1)</sup> Basu et al.<sup>2)</sup> showed that in the United States, an increase of 10 primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy, while an increase of 10 specialists per 100,000 population was associated with a 19.2-day increase.

Compared with other developed countries, Korea has a less robust primary care system and a lower ratio of primary care physicians to specialists. Korean patients can generally access any healthcare provider, including primary care clinics and specialty clinics in communities and hospitals, without a referral letter.<sup>3)</sup> They are more likely to perceive the quality of hospital-based care to be better than that of clinic-based care and favor specialty care over primary care, even for mild to moderate illnesses.<sup>4)</sup> The preference for specialty care among Korean patients can lead even primary care physicians, such as family medicine doctors or general internists, to focus more on specialized areas such as weight management or skincare. In Korea, where specialty care is dominant, the relationship

between the primary care physician supply and health outcomes may be weaker compared to countries with stronger primary care systems. However, there is limited evidence regarding the impact of the supply of primary care physicians on health outcomes in South Korea.

In the present issue, Koh et al.<sup>5)</sup> presented that a higher density of primary care physicians was associated with lower all-cause mortality rates and lower mortality rates due to cardiovascular diseases, respiratory tract diseases, and traffic accidents. In their study, an increase of a primary care physicians per 100,000 people was associated with a 0.11% decrease in all-cause mortality, whereas the density of specialists in primary care facilities was not significantly associated with all-cause mortality. Specialists working in primary care settings contribute to improving access to specialized care, which may be beneficial. However, because specialists typically focus on specific areas of medicine, they may have limitations in improving long-term health outcomes. In another article published in the present issue, Kang and Sung<sup>6)</sup> showed that having a regular doctor as usual source of care was associated with better medication adherence among Korean patients with hypertension. This finding supports the contribution of primary care physicians in providing comprehensive and longitudinal care for managing chronic diseases and improving health outcomes.

Recently, the Korean government announced a package of essential healthcare policies, including expanding the admission quota for medical schools by 2,000, from 3,058 to 5,058.<sup>7)</sup> However, Korean doctors strongly opposed the government's healthcare reform policies. In particular, most trainee doctors

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have resigned in protest. A detailed plan to strengthen primary care and increase the supply of primary care physicians is not included in the Korean government's policies. Although the Korean government frequently uses the term "essential healthcare," the concept of essential healthcare is obscure.<sup>8)</sup> Presumably, essential healthcare in the Korean government's policies focuses on emergency medical care and critical care needed in life-threatening situations, rather than primary care proven to improve long-term health outcomes. The lack of strong primary care is a widely acknowledged weakness of the Korean healthcare system, and the number of primary care physicians is significantly insufficient, particularly in deprived areas. It is crucial to note that the supply of primary care physicians is a key strategy for reducing mortality. If the Korean government wishes to reform its healthcare system, it should also focus on strengthening primary care and increasing the number of primary care physicians. Finally, I would like to point out that simply increasing the overall number of doctors cannot be a sufficient solution to the shortage of primary care physicians.

### CONFLICT OF INTEREST

Young Gyu Cho has been an associate editor of the Korean Journal of Family Medicine but had no role in the decision to publish this review. Except for that, no other potential conflict of interest relevant to this article was reported.

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