

## **EAPM Special Interest Group Primary Care 2024**

*Together with Bohdan Wasilewski, Christina van der Fels and others, we have been organising SIG meetings since the beginning of the EAPM in 2013. In 2023 we wanted to focus on symptoms and resilience in different patient groups.*

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Questions for the leader of the SIG „Primary Care“ Dr. Hans-Christian Deter, Berlin

### **Are you yourself a primary care doctor?**

I am not a primary care doctor, but I am doctor of General and internal medicine, trained at the university medical center in Heidelberg and with the specialty of Psychosomatic Medicine. I was part of the multicenter center of the German ministry of Health about psychosomatic basic care and got a grant about cost/benefit analyses in this field.

### **Did You have been at the WONCA, EGPRN or NAPCRG – conferences?**

No. We meet in Verona, Vienna and Lausanne at the last EAPM conference

### **What is the mission/vision and what are the goals of the SIG?**

Primary care is the basis of medical care, and I am convinced that here psychosomatic aspects are important. EAPM has mainly focused on Consultation Liaison Psychiatry. This is in my view only a part of Psychosomatic Medicine and our mission/vision is to broaden the view to primary care and all clinical specialties.

### **What did you reach after almost 10 years of SIG at EAPM?**

The group started with studies about depression in primary care patients presented by our Italian colleagues. Later I have presented our studies about psychosomatic basic care. Bohdan Wasilewski presented psychosomatic training activities in general practitioners in Poland and the Ukraine. The SIG primary care was a meeting point for all scientists from UK, Denmark, Germany, Netherlands, Italy, Poland, Hungary, Norway, US and others, who were interested in this field. It was a platform to discuss important questions between psychosomatic/psychiatric and GP's. In recent years there has been a split: Scientists, who were interested in somatoform disorders or MUS organized their own European somatoform network, which was very successful. And scientists interested in pain organized the EAPM-SIG "pain in primary care". In my view it is also a somewhat philosophical question: should we focus on one field in primary care, or it is possible to integrate the whole field including the patient-physician relationship?

### **What are the plans for the future?**

Our plans for the future maintain the breadth of the field and further work on the various aspects in primary care from a psychosomatic point of view. Here, own studies can be presented, new ones planned or carried out with participants from the SIG.

### **Is the SIG about primary care or about primary health care?**

About primary care

### **A focus on resilience in different patient groups doesn't sound very primary (health) care focused. Neither is a discussion about why symptoms remain and why they diminish.**

This is an interesting question that we can discuss at our SIG meetings, next in Munich. What are the causes of the symptoms? Physical, environmental, psychological? And what are the mechanisms to reduce the symptoms: effective treatment, time, change of environment, psychological influences (coping, denial, resilience)?

*I would like to discuss these aspects in a conversation with you and all interested participants of the conferences. Then we can decide whether a discussion over a longer period of time between us will help you or me to move forward and be helpful.*

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Questions for the Co-leader of the SIG „Primary Care“ Dr. Bohdan Wasilewski,  
Warszawa

**Are you a GP yourself?**

I am not a GP, but I have been the owner and regular collaborator of a primary care practice with over 6,000 patients since 1989. I was the chief specialist at the Center for the Organization of the Health Service, which is the conceptual and executive base of the Polish Ministry of Health, for many years I was an expert and advisor to the Polish Parliament. I am a psychiatrist and psychotherapist with basic education, treating patients in ongoing cooperation with primary care physicians.

**What is my view on the mission/vision of primary care and what are the goals of the SIG?**

Primary health care is the basis of the medical care system and the coordinator of multi-specialty treatment of chronic diseases. Because the psychosocial component of chronic diseases grows very quickly and in many cases becomes the dominant component, primary health care must be competent in the treatment and care also in this area. Highly unfavorable in all respects: the effectiveness of treatment, its safety and cost, is the situation of independent treatment of one patient by several or even a dozen patients, supplemented by uncontrolled intake of many Para drugs and supplements based on information from advertising or the Internet. The extended functions of the welfare state and subsidized health care result in the growing number of permanent residents of the "Health Service Archipelago", people whose main occupation is the treatment and prevention of a long list of diseases, and the basis of social and economic activity is the profession of "being sick". If the above is supplemented with the negative health consequences of the toxic impact of the industrial era on the human body and the environment of its existence, forcing the evolution of medicine from occasional intervention to constant monitoring of human life from conception to death, in a similar way as it happens in artificial breeding of plants or animals. The primary health care patient becomes more and more psychologically unstable, on the one hand, repressing the awareness of the diseases and death that awaits him, which is reinforced by the propaganda of the medical success of the industrial era, on the other hand, he is constantly fed with information about critical health risks, deviations and the need to consciously take risks related to treatment. health and life. In these challenges, he is increasingly lonely and overwhelmed by the enormity of specialist, incomprehensible information, mostly not finding a partner in the medical staff with whom he can share his problems, medication and depression. Professional medical staff, deprived of psychological support and often exploiting their health in a robbery manner and neglecting treatment, die earlier than their patients, are subject to occupational burnout and increased morbidity due to constant contact with infectious material and highly stressful work.

**What can SIG achieve in EAPM and what plans might it have for the future?**

If we manage to lead to a constructive discussion regarding the image of primary care in the near and distant future and its place in the healthcare system, instead of focusing on individual issues, our

work may be fruitful. This is not a discussion of health care organizers who can implement our findings, but a discussion of people competent in the field of psychosomatic medicine, because the main scope of primary health care problems, both from the side of patients and staff, concerns psychosomatic issues.