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# Attitudes towards family physicians and primary health care among urban adults in South India

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## ABSTRACT

### Introduction

As the healthcare delivery system changes rapidly, it is critical to identify a complete, evidence-based role for family physicians. The family doctor with his/her reassuring demeanor, willingness to go beyond the line to care for the family, is becoming an endangered entity in the age of specialists and super specialists. Therefore, this study's rationale is to understand the common man's perception about the family doctor. We believe that this study will open up horizons in enhancing the quality of primary healthcare in India, emphasising the need for patient-centred approaches in primary healthcare.

### Methods

A cross-sectional survey of 219 persons was done to measure perceptions regarding family physicians and primary care in an urban setting. Domains on various facets of patient doctor relationship, role of family physicians in present day, and basic care were included in the questionnaire. SPSS version 17.0 was used to analyze the data, and a P value less than 0.05 was considered statistically significant.

### Results

The majority of the participants value the premise of a family doctor in providing individualised and comprehensive patient care. The study reveals different association variables such as age, sex, education and marital status, and place of residence which were found to be significant in some cases and to be insignificant in some cases when interviewed in association with family physicians.

### Conclusion:

The study has shown that the common man would like to go back to the tradition of having a family doctor who would be able to provide more individualized and tailor made health care suited to their specific needs.It establishes that primary care should be very patient centered, instead of specialty care that is more disease centered. Recognition of family medicine as a distinct entity , integration into current medical curricula and better financial incentives for the practicing family physicians will enable to resurrect the 'Family Doctor', which is the need of the hour.


**Key-words**: Health care, family physician, primary care, urban areas, pandemic, decision making.

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## INTRODUCTION

A family doctor would be the first point of contact for an individual with health concerns and someone who would cater to the needs of all individuals in the family regardless of age or sex. Until a few decades ago, the majority of Indian families, especially in the suburbs, enjoyed access to a trusted family physician. It would be the family doctor who would cater to the needs of a family as a whole, from giving antenatal advice for the first pregnancy, to the advice for seasonal flu to the family members, the opinion for the diarrhea in toddlers to the persistent constipation issues of elderly in the house. The medical advice would initially be sought and discussed with their trusted family doctor and as per the doctor's expertise, he would treat the minor ailments and refer whenever specialist care was needed. It is the common observation of various health experts and professionals that the family physician is becoming an endangered entity in this age of specialists and super specialists. The health experts as well as the common man seek the resurrection of the family doctor [1]. Family doctors as educators and role models are the cornerstone of a good primary care setup. Their influence on the community in providing comprehensive, cost effective care is unparalleled and is a requisite for a good primary health care system [2]. Family doctors are trusted first-contact physicians who can manage most health problems directly [3]. Because they provide continuous care, they know patients' medical, social, and family histories in depth, enabling focused history-taking and early detection of subtle health changes. With this holistic knowledge, they can judge when specialist or higher-level care is needed and refer patients appropriately. Together, these roles make family doctors natural leaders in health systems and key partners in public health [4].

With this background, we decided to conduct a study to understand the common man's perception towards family doctors and their need in the current era of globalization. For any policy to successfully change the dimension of primary care, it is important to be aware of the common man's opinion regarding the same. Few Indian studies have explored, from the patient's point of view, how family physicians influence their day-to-day lives and healthcare experiences. Our study sought to examine, across multiple domains, how typical urban Indians perceive and relate to the family doctor. We believe that more studies like ours will open up horizons in enhancing the quality of primary healthcare in India.

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### Material and Methods

A cross-sectional study was done among Indian adults residing in an urban area like Chennai, to analyse their perceptions toward the concept of family doctors and primary care. In this study, a sample size of 219 was calculated.

### Inclusion criteria

Adults aged above 30 years living in Chennai with access to the internet through computer, laptop or mobile phone, with an email ID or social media access and who can speak, read and write in the English language were included in the study.

### Exclusion criteria

Adults below the age of 30 yrs were excluded, mainly as youngsters were likely to be changing residence due to higher studies or jobs often and also were unlikely to have a contact with a family physician due to different health seeking patterns.

DEFINITIONS : • FAMILY DOCTOR : A doctor who has been treating a particular family for more than ten years irrespective of their speciality. • Note : We do not refer to the physicians who specialise in family medicine, as is the case in countries like the US. We have defined the term in a more blanket manner more suited to the culture of India.

• OTHER DOCTORS : A doctor who may be a general practitioner , specialist or a super specialist who is associated with the patient for a very short duration, particularly for acute illnesses.

This descriptive research utilized a self-administered questionnaire. Simple random sampling was employed, and an online form (Google Form) was created, including: a Consent form detailing the study, Demographic information without personal identifiers and a Likert scale statements on perceptions of family

doctors and specialists.A Likert scale is a commonly used rating scale in questionnaires that measures the extent of a respondent's agreement, disagreement, or attitude toward a statement. In our study, the Likert scale is relevant because it allowed us to quantitatively capture patients' perceptions and attitudes towards family doctors. By using graded response options, we could measure the strength of opinion and compare perceptions across different domains (e.g., accessibility, trust, continuity of care). The questionnaire was distributed via a link, and responses were analyzed using MS Excel 2003 and SPSS (Version 16.0). Proportions were calculated for Likert scale responses, with positive stem questions scored 1–5 and negative stem questions 0–5. A pilot study with 20 participants confirmed response consistency. Statistical analyses included independent sample t-tests and chi-square tests, with a significance level of P≤0.05. Institutional Ethics Committee permission ( IEC/2020/2/07) was obtained to carry out the study, and informed consent was collected from all participants.

**Results**

The study included 219 participants, with the largest age group being 51-60 years (28.3%) ( Figure 1A ). The sample was predominantly male (63.5%) and highly educated (48.4% postgraduates, 46.6% graduates) ( Figure 1B and Figure 1C). Most participants were married (76.7%) and lived in cities (89.5%)( Fig 1D and 1E). A large majority (76.3%) had health insurance( fig 1A). Most participants (79%) had been ill in the past three months, and most of those (84.8%) sought treatment. A significant percentage (79%) found it difficult to find a doctor(Fig 2B,C,D). Almost all (97.3%) considered a family doctor the ideal first point of contact (Fig 2E). Most participants agreed that family doctors should be the first point of contact (54.8% strongly agree, 33.3% agree) ( fig 3A). Many felt family doctors should be located close to their residence (23.7% strongly agree, 39.3% agree) ( fig 3B). Participants generally agreed that family doctors are responsive to messages (40.6% strongly agree, 42.5% agree) and easy to communicate with (44.7% strongly agree, 46.1% agree) ( fig 3C,D,E).

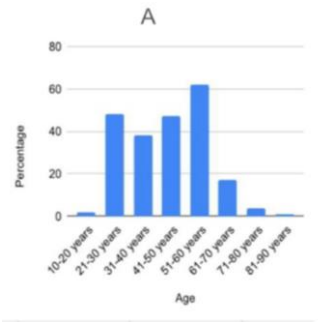


*Figure 3: 1(A) Age of the participants*

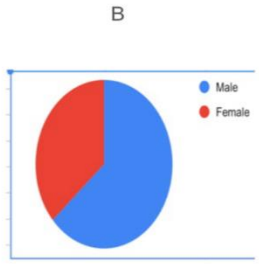


*Figure 1: 1(B) Sex of the participants*

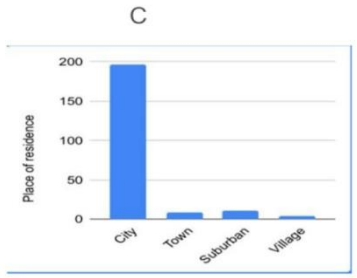


*Figure 2: 1(C) Residence of the participants*

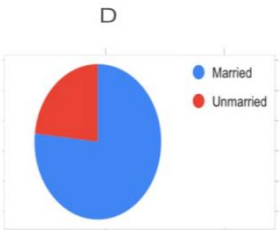


*Figure 5: 1(D) Marital status of participants*

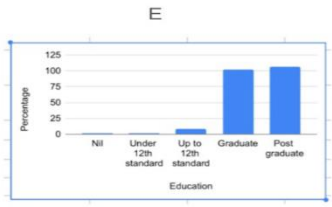


*Figure 4: 1(E) Education of participants*



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Most participants (42.9% strongly agree, 49.8% agree) believe family doctors offer clearer health information than the internet (table 1 ). A majority agree that family doctors promote healthy lifestyles (32% strongly agree, 52.1% agree) and should be the first point of contact in emergencies (35.2% strongly agree, 47% agree).Participants also feel family doctors can reduce self-medication (32% strongly agree, 45.2% agree) and may reduce overall healthcare costs (39.7% agree, 19.2% strongly agree). A significant number believe family doctors spend quality time with patients (55.7% agree, 26% strongly agree) and provide trust and security (37.4% strongly agree, 56.6% agree).Many feel more family doctors are needed compared to specialists (30.1% strongly agree, 41.6% agree).Most disagree with frequently changing doctors, suggesting a preference for having a consistent family doctor (31.5% strongly disagree, 51.6% disagree).Most would consult specialists only after a family doctor's suggestion (29.7% strongly agree, 51.1% agree)( table 1).

**TABLE 1: Participant opinion to questions on primary care**

| | |
|---|---|
| **A family doctor will provide better clarity on any health related doubts rather than depending on the internet and other sources. Eg: vaccination campaigns-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 4(1.8) |
| Neutral | 10(4.6) |
| Agree | 109(49.8) |
| Strongly agree | 94(42.9) |
| **Family doctors are more suited for imparting healthy life style choices such as diet, exercising, blood sugar control etc.-no(%)** | |
| Strongly disagree | 1(0.5) |
| Disagree | 5(2.3) |
| Neutral | 29(13.2) |
| Agree | 114(52.1) |
| Strongly agree | 70(32) |
| **In case of a medical emergency, a family doctor will be the first point of contact-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 5(2.3) |
| Neutral | 32(14.6) |
| Agree | 103(47) |
| Strongly agree | 77(35.2) |
| **Self-medication and over the counter purchase of drugs are likely to reduce if there are more family doctors-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 18(8.2) |
| Neutral | 30(13.7) |
| Agree | 99(45.2) |
| Strongly agree | 70(32) |
| **Having a family doctor will reduce the overall cost of healthcare-no(%)** | |
| Strongly disagree | 4(1.8) |
| Disagree | 29(13.2) |

| | |
|---|---|
| Neutral | 57(26) |
| Agree | 87(39.7) |
| Strongly agree | 42(19.2) |
| **A family doctor is more likely to spend quality time with me for my healthcare concerns-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 3(1.4) |
| Neutral | 35(16) |
| Agree | 122(55.7) |
| Strongly agree | 57(26) |
| **There is trust and security with a family doctor-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 0(0) |
| Neutral | 11(5) |
| Agree | 124(56.6) |
| Strongly agree | 82(37.4) |
| **There is a need for more family doctors than targeted specialist care-no(%)** | |
| Strongly disagree | 5(2.3) |
| Disagree | 17(7.8) |
| Neutral | 40(18.3) |
| Agree | 91(41.6) |
| Strongly agree | 66(30.1) |
| **In the battle against the COVID 19 pandemic, did having a family doctor will help in reducing misinformation and chaos-no(%)** | |
| Strongly disagree | 2(0.9) |
| Disagree | 6(2.7) |
| Neutral | 17(7.8) |
| Agree | 96(43.8) |
| Strongly agree | 98(44.7) |
| **A family doctor will be able to fully address all my healthcare needs, from minor aliments to medical emergencies-no(%)** | |
| Strongly disagree | 1(0.5) |
| Disagree | 10(4.6) |
| Neutral | 24(11) |
| Agree | 105(47.9) |
| Strongly agree | 79(36.1) |

Participants felt family doctors would reduce COVID-19 misinformation (43.8% agreed, 44.7% strongly agreed) and could fully address health needs (47.9% agreed, 36.1% strongly agreed). As seen from table 2, Marital status significantly correlated with most questions about family doctors, except ease of communication. Age significantly correlated with family doctor proximity, response to messages, and advice-seeking. Marital status was significantly associated with family doctors being the first point of contact, reducing over-the-counter purchases, lowering healthcare costs, and the need for more family doctors. Age was significantly associated with family doctors spending quality time, reducing over-

the-counter drug purchases, and the need for more family doctors.( table 2).

**Table 2: p values for analysis done for various questions against the demographic variables. P value less than 0.05 is considered significant.**

| Questions asked | Age | Sex | Education | Marital status | Place of residence |
|---|---|---|---|---|---|
| A family doctor will provide better clarity on any health related doubts rather than depending on the internet and other sources. Eg: vaccination campaigns | **0.037** | 0.528 | 0.787 | 0.352 | 0.857 |
| Family doctors are more suited for imparting healthy lifestyle choices such as diet, exercising, blood sugar control etc. | 0.319 | 0.319 | 0.953 | 0.138 | 0.455 |
| In case of a medical emergency, a family doctor will be the first point of contact | 0.292 | 0.462 | 0.934 | **0.063** | 0.863 |
| Self-medication and over the counter purchase of drugs are likely to reduce if there are more family doctors | 0.069 | 0.223 | 0.824 | **0.019** | 0.084 |
| Having a family doctor will reduce the overall cost of healthcare | 0.164 | 0.922 | 0.888 | 0.008 | 0.296 |

| | | | | | |
|---|---|---|---|---|---|
| A family doctor is more likely to spend quality time with me for my healthcare concerns | **0.03** | 0.679 | 0.382 | 0.46 | 0.415 |
| There is trust and security with a family doctor | 0.371 | 0.559 | 0.727 | 0.703 | 0.075 |
| There is a need for more family doctors than targeted specialist care | **0.041** | 0.41 | 0.97 | **0.009** | 0.72 |
| In the ongoing battle against the COVID 19 pandemic, having a family doctor will help in reducing misinformation and chaos | 0.755 | 0.65 | 0.854 | 0.547 | 0.209 |
| A family doctor will be able to fully address all my healthcare needs, from minor ailments to medical emergencies | 0.975 | 0.435 | 0.986 | 0.517 | 0.692 |

## DISCUSSION

The majority of research participants value the primary premise of a family physician, which is to connect with patients and create a good rapport with them. This was also seen in previous study done by Gold et al, where family physicians were communicated as the first contact person during illness[5]. The findings of our study reinforce the central role of family physicians in building strong doctor-patient relationships, which are highly valued by patients and are foundational to effective primary care[6]. Our results align with previous research showing that attributes such as continuity, accessibility, and comprehensiveness—core principles of family medicine—are associated with greater patient satisfaction, improved health outcomes, and cost-effectiveness[7]. Our study reveals a significant association of variables such as age, sex, education, marital status, and place of residence with the domain of perception regarding primary health care and need for a family physician. The significant associations we observed between patient demographics (age, marital status, residence) and their engagement with family physicians echo findings from other studies, which highlight how these factors influence the likelihood of seeking family practice services and the quality of care experienced[8,9]. In a previous study by Wang et al , it was observed that age, gender, education, self-reported health status and the number of chronic diseases were found to be associated with class membership of family physicians[10]. However, in a few previous studies ,like those done by Janati et al , it was stated that family physicians were not contacted due to some limitations[11].

**Family Medicine & Primary Care** :

This study was conducted as an initiative to understand the standpoint of the common man with respect to changing facets of primary care. It has been established through numerous studies that good primary care has been associated with diagnostic accuracy, a reduction in avoidable hospitalisations and better health outcomes[10]. The erosion of the traditional "family doctor" model has broader implications for public health. Fragmented care can lead to gaps in treatment, delayed diagnoses of chronic conditions, and increased healthcare costs.This adds to the health disparities in an economically developing country like India[12]. Moreover, the decline of strong doctor-patient relationships may negatively impact patient adherence to treatment plans and overall health outcomes.

**COVID-19 and Primary care** :

It was the family doctors who attended to the concerns of covid 19 patients in home isolation , provided counselling and mental support and helped in combating misinformation during the pandemic . Studies have consistently shown that patients value the personal connection and trust built with family physicians, who often serve as the first point of contact and guide for healthcare decisions, especially during crises like the COVID-19 pandemic[1,5].

**Preventive versus acute care: redefining the role of family physicians**

Evidence from India highlights a mismatch between communities' expectations of comprehensive, preventive, and continuous care and a system dominated by acute, specialist-led, hospital-based services [13]. Internal medicine training, particularly in tertiary centres, is geared toward complex acute illness and inpatient management, whereas family physicians are defined as specialists in person-centred, comprehensive, continuous primary care, integrating biomedical, behavioural, and social sciences [14].

Participants in Indian studies often emphasise the value of having a single trusted physician overseeing both acute episodes and long-term health planning for families, reflecting strong preferences for continuity and relational care [15]. These findings underline the need to explicitly strengthen the preventive, anticipatory, and longitudinal functions of family medicine, rather than limiting family

physicians to a narrow "referral gateway" role [16].

**Family Medicine: Indian and Global Paradigms**

International training models highlight how a clearly defined, specialized pathway in family medicine underpins the strength of primary care systems. Globally, family medicine is recognized as essential for achieving universal health coverage and reducing avoidable hospitalizations[8,17].

In the United Kingdom, for example, general practice is a structured, competitive specialty with defined curriculum, supervised training, and strong professional identity, distinct from hospital-based internal medicine. In the United States, family medicine is similarly recognized as a board-certified specialty with its own residency programs and accrediting bodies[18,19]. These models contrast with the traditional Indian trajectory, where "general practice" or "MBBS doctor" has often been a default option rather than a deliberately chosen, structured career path. In contrast to the clearly defined, prestigious family medicine / GP pathways in developed countries, Indian family physicians frequently report poor recognition, identity crisis, and limited academic space[20] . Our findings, together with the international evidence, suggest that India would benefit from adopting a more formalised, UK-like GP/family medicine training pathway, elevating family medicine from a residual option to a respected, specialised career choice[21].

**Structural and Economic Challenges to Family Medicine in Primary Health Care**

Training programs, such as postgraduate degrees in family medicine, have been shown to enhance clinical skills, patient-centeredness, and career satisfaction among primary care doctors[22]. However, academic contributions from family medicine departments to healthcare reform and payment models remain limited compared to other specialties.In India, despite a historical familiarity with family medicine, the specialty faces challenges including low awareness among medical students, a growing preference for high earning super-specialties, and systemic issues like insurance schemes that prioritize secondary and tertiary care[23]. Even with increasing demand for more primary care physicians, studies have now established that family medicine as a field and even as a specialty is gradually declining [24]. Participants' narratives in our study indirectly reflected this reality, often describing primary care as overstretched and understaffed.

To attract and retain high-calibre graduates in family medicine, **structural and economic reforms** are essential. These include:

- First, there is a need to re-emphasize primary care and family medicine within the undergraduate and postgraduate medical curricula by NMC( National Medical Commission), embedding competencies related to continuity, communication, community orientation, and preventive care [25].
- Need for clear, standardised pay scales and stable career ladders for family physicians in public and private sectors;
- Creation of dedicated government posts for family physicians in PHCs(Primary Health Centres), CHCs( Community Health Centres), district hospitals, and academic institutions.This will not only minimize the need for frequent referrals to specialists and decrease the load on tertiary care but also provide continuous healthcare for the individuals and families.
- Financial and non-financial incentives for rural and underserved postings; and recognition of family medicine as a core specialty to reduce the perception of it as a fallback option [16].
- Investment in primary healthcare infrastructure—both physical and digital—must be scaled up to provide family physicians with adequate resources, team support, and technologies such as telemedicine and electronic health records.

- Health-financing and insurance schemes should be redesigned to incentivize registration with family physicians. Blended payment models, and continuity-based quality metrics should be implemented for incentives, rather than rewarding only high-end procedures and hospital admissions.
- Lastly, public awareness campaigns should be conducted to educate communities about the benefits of having a designated family physician and the value of long-term doctor–patient relationships.

Such measures are viewed as essential to position family medicine as a prestigious, viable pathway comparable to other specialties and to make community practice more sustainable.

**Conclusion**

This study finds numerous barriers to merging primary care settings and analyses current patient attitudes towards family physicians. This study is a small reminder to bring back the concept of family medicine and integrate its core concepts of establishing a good, stable and effective doctor-patient relationship.The limitation of our study is that it has assessed the opinion of people living in urban areas only. Moving on, the scope of this study should be expanded to rural areas, where the demand-supply mismatch is even more astute and how a family doctor can positively minimize the gap. Our findings strongly support framing family medicine not merely as a sub-branch of Internal medicine or a default option for those outside specialist tracks, but as a major, independent medical stream in India. Regulatory and policy-making bodies—including the National Medical Commission, Ministry of Health and Family Welfare, and state health authorities—should formally recognise and strengthen family medicine departments, mandate training posts in teaching hospitals and community health centres, and integrate family physicians into health-system planning at all levels. To conclude, by aligning training pathways, providing lucrative economic incentives, and rewiring current policy frameworks keeping in mind the central role of family physicians, India can move closer to a resilient, equitable, and prevention-oriented health system.

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