Dear Director

We have read carefully the article written by Dr. Tomasz Tomasik and published in Section Views and Reviews of your magazine, entitled ***"Back to red: allowing specialists to provide primary care would be a step backward for Poland"***. Regarding the content of the article we would like to comment several important features:

1. In the first paragraph of the article, Prof. Tomasik states that the recent decision by the Polish Parliament aimed at implementing the presence of specialists in primary care, is based on stereotypes and prejudice and not on evidence, but on the second paragraph of his article discredits this organization of the Primary Healthcare System for being developed in the context of a particular political model.

2. In the second paragraph he points out that this design is the actual model in Belarus and Russia, but forgets that the presence of Paediatricians in Primary Care is a reality in many European countries, including Spain, France. Germany, Italy. In all these countries pediatricians prove that they are able to provide patient and community centered care and to look after their patients not as small adults but as newborns, infants, children and adolescents.

3. The fourth paragraph states that pediatricians are not ready to give assistance for example to women. We agree. Certainly, that is the same problem the General Practitioners or Family Physicians (FP) face when they provide care for children.

4. We agree that training in primary care setting deserves a definite period during postgraduate period. It does not seem reasonable to choose first setting (primary care) over patient (child) to determine the optimal healthcare provider. Pediatricians do train in primary care in many different European Union countries.

5. The rest of the article makes different remarks about Poland, and not about children. Focusing on the patient, the results of the presence of Pediatricians in Primary Care (PCP) measured by child health indicators and by family satisfaction are excellent, and better than those of some wealthier European countries with a FP based model[1]. Infant

mortality from preventable diseases such as pneumonia and asthma, as well as the high death rate from some acute disorders such as meningococcal and respiratory diseases shows an ample scope for improvement in some western European countries where child care is held by FP[2].

6. Eleven European Union countries provide five or more years of training in pediatrics, including a three year common trunk, with training in primary and secondary care[3]. The European Confederation of Primary Care Pediatricians (ECPCP), that comprises more than 20.000 PCP from 22 societies from 16 European countries, aims to improve PCP training with the development of a common PCP curriculum.

7. Different studies and one systematic review[4,5] support that the paediatricians are the most adequate medical professionals in developed countries to provide health care to children in primary care, showing more resolution capacity on highly prevalent conditions of children and adolescents, better results on preventive activities and better immunization rates.

8. Finally in Prof. Tomasik´s article, we do not find any reference regarding the scientific evidence mentioned in the first paragraph.

We must emphasize that the integration of paediatricians in primary care teams in Poland should not be understood as a turn back of the clock, but as a significant step ahead and an opportunity to improve child and adolescent health. Actually, we think it is a substantial progress for children and their families. Polish parents will surely be pleased to have the chance to choose a paediatrician in primary care. Instead of one-size-fits-all, Polish children will undoubtedly benefit from the experience, dedication and knowledge of primary care paediatricians as providers and advocates for child health.

References

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