New Threats: Perspectives from the US and Israel BIOTERRORISM

FAMILY PHYSICIANS AT THE CROSSROAD OF HEALTH CARE...

Family Physicians at the Crossroads of Health Care and Bioterrorism

Warren Jones, M.D. President of the AAFP

Dr. Jones began his talk with a reference to the recent attacks in New York, Pennsylvania, and Washington. "In the last few months," he said, "our world has changed. The events of September 11 and the aftermath have affected us all. As our nation continues to grapple with this new reality, we have an enormous task before us – that of helping to heal those who are suffering either physically or psychologically from the trauma of the attacks."

Jones, who is at the helm of the 93,500member American Academy of Family Physicians (AAFP), announced that his organization has made "a bold commitment to do their part." He informed the audience that AAFP members are educating themselves and other health care professionals in order to calm patients' fears and serve where and when needed now and in the future.

For Family Physicians : An Opportunity - and a Responsibility - to Exercise Leadership

Jones noted that in the case of a nuclear, biological, or chemical attack, family physicians will be among the first to interact with patients physically or psychologically injured patients. "As such, the physician must be prepared to recognize, treat, and report such outbreaks," he said. According to Jones, patients are now more worried about terrorism, including bioterrorism, than ever before. He cited a recent poll which showed that more than half of those surve yed think a bioterrorist attack is "very likely" or "fairly likely" to happen. The poll also re vealed that:

• A full 35 percent of the American public are worried that they, a family member, or friend will be exposed to biotenorism.

• Family physicians in the U.S. are among the first professionals called upon to address these fears, since they conduct more than 200 million office visits a year - more than for any other single specialty.

• Ninety-one percent of Americans rely on their doctor for "the best advice regarding their health care."

• Doctors are more trusted to tell the truth than the president, police officers or business leaders. Commenting on this last point, Jones said, "This trust comes with a certain amount of responsibility to the patients and the communities. Family physicians must be prepared to do their part in dealing with bioterrorism and assist other health care providers to do the same." He added that in order to meet this responsibility, it is necessary to have access to credible information and reported that shortly after the first anthrax contaminations were



reported, family physicians experienced the frustration of lack of ready access to information.

The AAFP and Bioterrorism

Jones said that with these needs in mind, the academy has embarked on a significant education and outreach effort to ensure that health care professionals have instant access to information on potential bioterrorist weapons. "We must be in a position to trust that our public health system is capable of handling a biological, chemical or nuclear attack," he declared. "At present, it is not." To address this situation, Jones reiterated the commitment of the AAFP and its members to working with the appropriate organizations to make sure the system can prepare itself to detect a bioterro rist incident, to contain its effects, and to treat its victims.

He referred to the potential of the legislative process to effect change and mentioned the Frist-Karnedy Bioterrorism Pre paredness Act as an example of a current proposal that advocates steps to ensure that our public health system can respond a p propriately to a bioterrorist event through effective mechanisms of detection, reporting, and response. The legislation emphasizes the importance of an integrated state and local public health infrastru c-

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ture, which will support the individual family physicians who serve as the bridge between personal and community health care needs and who are called upon to provide reliable information, advice, and care to patients. The proposed legislation also pinpoints several areas of federal coord in ation, funding, and regulation that will help the nation reduce the threat of bioterrorism. It bolsters the role of the CDC in improving the federal laboratory capacity and s u rveillance systems, which provide the tools for early warning and quick response. And it expands the nation's stockpile of vaccines, making us more prepared for the unthinkable. Finally, it supports the FDA's food-inspection system.

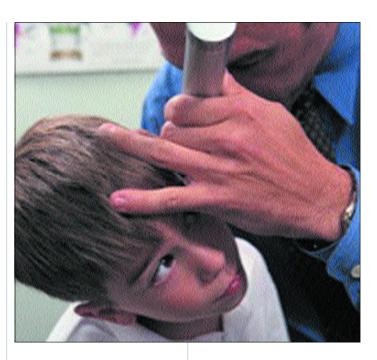
In the meantime, for its part in preparing family physicians, other health care p roviders, and the public, the AAFP has established a comprehensive bioterrorism online resource, at www.aafp.org/btre sponse, a site designed to provide the most up-to-date clinical and public health information on how to:

- recognize terrorist threats and events;
- help patients recognize these threats without overreacting;
- treat patients appropriately; and know what, when, and where to report.

The AAFP also provides on the internet, clinical information and patient information, resources, information on continuing medical education and links to related articles. It gives contact information for state public health agencies and FBI field offices, so that physicians will be able to easily contact their own state leaders and become involved, as appropriate, in their own communities.

The following websites will give more background :

www.aafp.org/btresponse/index.xml www.statepublichealth.org/directory.php



Jones then outlined some of the other actions the AAFP has taken which include:

• Wo rking to ensure that the number of family physicians is adequate to serve our nation's population in both times of peace and war.

· Lobbying for continued funding of the Health Professions Programs (Sec. 747 of Title VII of the Public Health Service Act), which provide federal funds to train family physicians. Jones explained that these are the only programs at the federal level specifically designed to support training in family medicine, and they encourage promising medical students to choose family medicine as a specialty and to serve in rural and underserved communities across America. He cited research by the Robert Graham Center for Policy Studies in Family Practice and Primary Care, which shows that funds granted to medical schools in support of family medicine have a significant impact

on medical students' choices both to practice in family medicine and to practice in underserved rural or urban settings.

In addition, Jones explained, more than a third of all 3,078 counties in the United States depend on family physicians to a void designation as "primary care health professions shortage areas." That is the official government terminology to label counties in which the ratio of primary care physicians to county residents falls below a standard of one to 3,500. There are more than 40 million Americans living in these counties - a daunting number of people to be served by just one primary care doctor in the best of circumstances. And in a time of crisis, one can only imagine the deva station and human suffering that will prevail. "It has been shown," he concluded, "that if family physicians we re removed f rom our health care system, the number of shortage areas would nearly double."

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The Family Physician on the Front Lines

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Family physicians are the doctors Americans turn to first. There is no one better prepared or in a better position to respond, treat, and report a bioterrorist event than today's family physician.

Two million office visits are made to family physicians each year - more than to any other specialty.

The family physician is trained to treat all people regardless of age or gender and can deal with problems of all body systems. Since people of all ages are seen, the family doctor is in the best position to notice a trend that might signal bioterrorism.

Many bioterrorist agents cause symptoms that first appear to be common conditions, like a cold or the flu, and patients turn to their family physician for treatment in these cases.

Their unique training coupled with commitment to continuing medical education, build the strongest skills in diagnosing and treating the full range of problems patients bring to doctors - including those that might be the result of bioterrorism.

Prevention and detection, the hallmarks of family medicine, are what would keep a bioterrorist attack contained.

In Summary

To summarize, the AAFP is committed to providing their services in the ways most beneficial to patients, the public health, and our nation. The Academy of Family Physicians has established a comprehensive Web site to bring information on bioterrorism to its members and other health care professionals. The organization is working with others to ensure a strong public health infrastructure and will continue to educate and inform AAFP members on bioterrorism issues.

Our public health infrastructure was caught off guard by the tragic events of September 11 and the subsequent threats of anthrax contamination. The health care community is learning more every day about detection, t reatment, and reporting of biological threats. The AAFP will continue to provide a central repository for that information – available to the medical community and the public alike.

Family physicians are charged with protecting the public health and they have a responsibility to provide their patients with the best care possible. As an organization, the AAFP is committed to providing the means necessary to meet those responsibilities.

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