



LETTER TO PRINCIPAL

Is the family physician the key to transforming Primary Care? An urgent perspective from the experience in the Dominican Republic

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Received: October 7, 2025

Accepted: October 8, 2025

Published: October 8, 2025

Citar como: Peña de Miliano YS. ¿Es el médico familiar la clave para transformar la Atención Primaria? Una mirada urgente desde la experiencia en República Dominicana. Rev Ciencias Médicas [Internet]. Año [citado: fecha de acceso]; 29(2025): e6917. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/6917>

Mr. Director:

Recently, in various academic forums and regional meetings on public health, the Primary Care model in the Dominican Republic has been discussed, highlighting the role of the Family Physician as a key component of the system. This reflection, motivated by persistent challenges in coverage, equity, and quality of services, leads us to ask: are we truly leveraging the potential of the Family Physician in our country?

Primary Care, conceived as the gateway to the health system, requires professionals with comprehensive training, problem-solving capacity, and community sensitivity. In the Dominican Republic, the Family Physician is trained precisely to respond to these needs. However, their effective integration into the system still faces structural, administrative, and cultural barriers.

Family Medicine is the clinical practice centered on the person, not on the disease or a part of their body. In the Dominican Republic, those who practice it are specialists who provide services to individuals both healthy and sick at all stages of life after completing three years of training with the requirements set by Medical Residencies through the Ministry of Public Health to be certified as a Family and Community Physician, equipped to diagnose, treat diseases, coordinate timely and effective care across all levels, empower families and communities for social well-being, promote family health, and work as a team.

The Family Physician is the most necessary human resource in the communities of our country and represents the key to establishing a constant and sustainable Primary Health Care system that ensures equity and good utilization of resources across the Service Network. We often see how hospitals and clinics remain overcrowded, complications from non-communicable chronic diseases are increasingly frequent, and our patients get lost in search of comprehensive health, while others fail to understand that they have a role in self-responsibility and that they also are part of the system.

Why do we not achieve the awareness we seek? Why do we not manage to evoke a sense of self-responsibility, while other diseases continue their course and gain ground? How do we achieve equity? How can I provide someone with what they need if I do not know what they lack? It poses a challenge for us as family physicians to be an essential part of a care system that does not function on solid foundations. We can indeed be that instrument that connects with the patient, guides the family, and does not neglect the community, but it is something that cannot be done separately; there must be an agreement between government and society that allows the Family Physician to develop the community competencies that ensure equity when group decisions are made.

Health is a fundamental right, which translates to no one should get sick or die just because they are poor or unable to access the health services they need. However, health is also influenced by other fundamental rights, such as access to safe drinking water and sanitation, nutritious food, decent housing, education, safe working conditions, and a clean environment, among other important factors that do not always depend on the patient. In favor of this model, it can be argued that the Family Physician possesses a holistic view of the patient, allowing for continuous care focused on the person and not merely on the disease. Additionally, their presence in vulnerable communities has proven to be a key factor in the prevention of chronic diseases, promoting healthy lifestyles, and early detection of pathologies.

Primary Care is a health strategy that can be implemented at any level of care, while the First Level of Care is represented by the so-called Primary Care Centers (PCN) available in our communities, where health conditions, patient follow-up, and their families should be recorded. From each Health Situation Analysis (ASIS), the family physician can intervene in the community and be the pathway to solving at least 70 % of the community problems that affect the health of its members, addressing social determinants with the state and necessary non-governmental institutions. There is a need to increase the participation of family physicians, ensuring they are not merely inserted as a human resource with knowledge for specialized consultation within a structure that lacks basic resources for promotion and prevention. Ultimately, we are the key element for the effective implementation, sustainability, and updating of a New Model of Health Care.

However, it is also necessary to recognize the challenges. The lack of institutional recognition, scarce investment in Primary Care infrastructure, and limited coordination between levels of care have hindered the impact these professionals could have. This is compounded by the migration of physicians toward more profitable specialties or to other countries, further weakening the system. Therefore, it is urgent to rethink the role of the Family Physician in the Dominican Republic. It is not enough to train competent professionals; it is essential that the system values them, integrates them, and provides adequate conditions for them to practice. Only then can we move towards a fairer, more efficient model of health that focuses on people.

With this letter, I wish to open a dialogue and share the Dominican experience with colleagues from Cuba and other countries facing similar challenges. Primary Care cannot continue to be the "poor relation" of the health system. It is time to place it at the center of debate and action!

Conflict of interests

The author declares that there is no conflict of interest.

Authors' contribution

The author was responsible for conceptualization, formal analysis, project administration, writing - original draft, writing, review, and editing.

Funding

The author did not receive funding for the development of this research.

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