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Discussion on ‘Da, Xiao, Zhong, Man’ Disease Definitions and the ‘4 Shan’ Positioning of General Practitioners (Postprint)

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Date: 2024-09-09T00:00:00+00:00

Abstract

With the deepening reform of China’s medical system, particularly the advancement of the tiered diagnosis and treatment system, the role of general practitioners in the primary healthcare system has become increasingly prominent. General practitioners serve not only as the first line of defense for residents’ health, but also as key implementers of prevention, diagnosis, treatment, and health education for common diseases. The state has established a clinical positioning for general practitioners: “skilled in treating minor illnesses, skilled in recognizing major illnesses, skilled in referring severe illnesses, and skilled in managing chronic illnesses.” This article explores the important functions and challenges of general practitioners in the era of new healthcare reform by analyzing the classification of “minor, major, severe, and chronic” diseases and the “four skills” positioning of general practitioners. The author argues that although the tiered diagnosis and treatment system aims to optimize the allocation of medical resources, it still faces practical challenges such as the ambiguity in classifying “minor, major, severe, and chronic” diseases and the uneven distribution of primary healthcare resources. General practitioners play a crucial role in this system, requiring comprehensive clinical diagnosis and treatment capabilities and the need to jointly establish clinical judgment and treatment standards with specialists. To address these challenges and fully leverage the role of general practitioners in the modern medical system, urgent reforms and optimization of general practice education and practice are needed, along with strengthening the role positioning of general practitioners, to ensure the realization of a fair and sustainable health security system while improving the quality and efficiency of medical services.

Full Text

Preamble

“Major, Minor, Severe, Chronic” Disease Definitions and the “Four Virtues” Positioning of General Practitioners

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Abstract

With the deepening reform of China’s healthcare system, particularly the advancement of the tiered diagnosis and treatment system, the role of general practitioners in the primary healthcare system has become increasingly significant. General practitioners serve not only as the first line of defense for residents’ health but also as key executors of disease prevention, diagnosis, treatment, and health education. The state has proposed a clinical positioning for general practitioners: “adept at treating minor illnesses, identifying major illnesses, referring severe illnesses, and managing chronic illnesses.” This article analyzes the classification of “major, minor, severe, chronic” diseases and the “Four Virtues” positioning of general practitioners, exploring their crucial functions and challenges in the era of healthcare reform. The authors argue that although the tiered diagnosis and treatment system aims to optimize medical resource allocation, it still faces challenges such as ambiguity in disease classification and uneven distribution of primary healthcare resources. General practitioners play a vital role in this system and must possess comprehensive clinical capabilities while collaborating with specialists to establish clinical judgment and treatment standards. To address these challenges and fully leverage the role of general practitioners in the modern healthcare system, urgent reforms and optimizations in general practice education and practice are needed, alongside strengthening the role positioning of general practitioners. This will ensure improved quality and efficiency of medical services while achieving a fair and sustainable health security system.

Keywords: General Practice; General Practitioners; Hierarchical Healthcare; Medical System Reform; Disease Classification; Medical Resource Optimization

1 The Significance of the “Four Virtues” Disease Management Principles for General Practitioners

To understand the importance of the “Four Virtues” principles for general practitioners, we must first recognize the unique position of general practice in the modern healthcare system. As the first point of contact for residents’ health management, general practitioners bear comprehensive responsibilities for disease prevention, diagnosis, treatment, and health education. Disease occurrence and development constitute a dynamic process in which general practitioners play a critical role, encompassing not only early disease identification and intervention but also continuous management and patient education to promote optimal health outcomes. Each disease has specific resource requirements and potential clinical outcomes, which determine the diversity of treatment strategies. Some diseases can be cured, while others become chronic; some require only simple medical resources, while others demand complex facilities and specialized technical support; some pose no threat to life or risk of disability once effectively controlled, while others may become life-threatening or cause disability. In this context, general practitioners must possess the flexibility to respond to various clinical situations, whether pursuing cure or controlling long-term disease impact.

The “Four Virtues” principle—“adept at treating minor illnesses, identifying major illnesses, referring acute illnesses, and managing chronic illnesses”—encapsulates several key principles for primary general practice services. First, “adept at treating minor illnesses” means promptly and effectively managing common symptoms, frequent diseases, and minor injuries to prevent their progression to more serious conditions. In addressing these minor health issues, general practitioners must focus not only on symptom treatment but also on disease prevention and health education to help patients understand how to avoid recurrence. Second, “adept at identifying major illnesses” refers to accurately recognizing diseases with significant patient impact, high resource demands, and substantial costs to ensure timely referral to appropriate healthcare facilities for effective treatment. Third, “adept at referring severe illnesses” means that when facing life-threatening or disabling conditions, general practitioners should facilitate rapid transfer to suitable facilities for specialized care while ensuring safety during transport. Throughout this process, they must maintain close communication with patients, families, and receiving hospitals to ensure accurate information transfer and continuity of care. Fourth, “adept at managing chronic illnesses” involves providing continuous, comprehensive management aligned with specialist principles to improve patients’ quality of life.

When classifying these four disease categories—chronic, severe, major, and minor—we must consider not only clinical characteristics, required medical resources, and potential outcomes but also provide appropriate care recommendations. Among these, “chronic” and “severe” diseases are relatively straightforward to understand. “Chronic diseases” refer to long-standing, slowly progres-

sive conditions, particularly the ten chronic diseases defined by basic medical insurance, including diabetes, hypertension, coronary heart disease, prostate disease in the elderly, cancer, chronic respiratory diseases, and mental illness. “Severe diseases” are those that directly endanger life or cause disability, with various assessment methods and scoring systems commonly established across different specialties, emergency medicine, and critical care medicine. However, the definitions of “major” and “minor” diseases lack clear medical consensus and are difficult to find in literature and academic sources. This ambiguity leads to differing interpretations across populations, posing challenges for planning and delivering primary healthcare services that require flexible judgment and adaptation to ensure appropriate and effective patient care.

2 Defining “Major Diseases” and “Minor Diseases”

Significant regional disparities in healthcare development levels across China profoundly affect the configuration and capabilities of primary healthcare institutions. Some well-resourced primary healthcare facilities can provide a broader scope of disease diagnosis and treatment, resulting in a narrower definition of “major diseases” and reduced referral rates to higher-level hospitals. Conversely, many primary healthcare institutions with scarce resources have limited service capabilities, struggling to manage even some “minor diseases.” This demonstrates that medical equipment and pharmaceutical resource allocation play crucial roles in establishing tiered diagnosis and treatment standards for major and minor diseases.

2.1.1 Disease Severity and Progression Rate

From the perspective of life threat, “major diseases” typically refer to conditions with serious health consequences that may endanger life, such as cancer and heart disease. These conditions may require immediate or long-term treatment, even lifelong management, to sustain life. To effectively treat such serious diseases, general practitioners need high vigilance and professional judgment to promptly identify and guide patients to appropriate care. “Minor diseases” are generally understood as mild conditions that can recover through simple management or even without intervention, rarely endangering life if no complications arise, such as common colds and tension headaches, which typically resolve in a short period. From a progression standpoint, “major diseases” often advance rapidly, causing serious health problems within a short timeframe, while “minor diseases” usually progress slowly with symptoms controllable in the short term.

2.1.2 Disease Course and Complications

The course of “major diseases” is typically more prolonged, requiring months or even longer treatment periods to achieve recovery. “Minor diseases” usually involve brief symptoms that resolve after a short recovery period. Additionally, “major diseases” often have higher recurrence rates and complication risks requir-

ing long-term observation and management, whereas “minor diseases” generally have lower recurrence and complication rates.

2.1.4 Disease Management Approaches

“Major diseases” often require long-term, comprehensive, even lifelong medical management, including regular examinations, assessments, medication, and lifestyle adjustments. “Minor diseases” typically involve simpler management requiring only short-term basic medical treatment and appropriate care. From a patient education perspective, “major diseases” usually demand that patients and families engage in long-term disease management, necessitating extensive medical knowledge acquisition, while “minor diseases” require minimal education.

2.1.5 Disease Prognosis and Outcomes

The prognosis of “major diseases” is often uncertain, potentially causing long-term or lifelong health impacts with constant life-threatening risks. “Minor diseases” generally have favorable prognoses with complete recovery expected. “Major diseases” frequently leave physical disabilities or functional impairments, or require long-term medication to control the condition, whereas “minor diseases” typically do not leave lasting health effects after cure. In terms of impact on daily life and work capacity, “major diseases” usually significantly affect patients’ routines and ability to work, potentially requiring extended rest and treatment, while “minor diseases” cause only temporary discomfort with quick return to normal functioning. In general practice, accurate assessment of disease prognosis is essential to provide patients with optimal treatment plans and life guidance.

2.2.1 Medical Costs

Treatment for “major diseases” typically generates high medical expenses that may constitute a significant financial burden for most people. “Minor diseases” involve relatively low treatment costs that are easily affordable for ordinary families. In this regard, general practitioners can effectively reduce unnecessary medical expenses through timely diagnosis and reasonable treatment, thereby playing a key role in controlling the economic burden caused by “major diseases.”

2.2.2 Medical Equipment

The diagnosis and treatment of “major diseases” usually require specialized, complex, and expensive medical equipment such as MRI, CT, and PET scans. “Minor diseases” typically need only basic equipment like sphygmomanometers and thermometers. For patients requiring surgery, specialized platforms such as operating rooms and catheterization laboratories are also necessary. When deciding on equipment use, general practitioners must comprehensively consider disease severity and equipment necessity to achieve optimal resource allocation.

2.2.3 Medical Pharmaceuticals

Treatment for “major diseases” often requires certain specialized and professional medications, whereas “minor diseases” typically need only basic drugs or even no pharmaceutical intervention, showing lower drug dependency. General practitioners play a crucial role in pharmaceutical selection, ensuring effective treatment while reducing unnecessary medication to avoid overtreatment.

2.2.4 Medical Team

“Major diseases” may require multidisciplinary professional teams for diagnosis and management. For example, severe valvular heart disease may necessitate collaborative involvement from cardiology, cardiac surgery, anesthesiology, pharmacy, nutrition, and rehabilitation therapy. “Minor diseases” such as colds or mild rashes may require only diagnosis and treatment from a general practitioner or a single department. In such multidisciplinary teams, general practitioners often serve as coordinators, ensuring effective communication and collaboration among specialties to provide comprehensive and coherent patient care.

These various aspects may overlap, but collectively they indicate that “major diseases” are those with long courses, high risk levels, substantial resource requirements, and poor outcomes, while “minor diseases” have short courses, require fewer medical resources, and have favorable outcomes.

3 Unresolved Issues in Disease Classification

When examining the role of general practice in the modern healthcare system, we must first clarify the specific meanings and challenges of the “Four Virtues diseases.” Due to the ambiguity in their definitions and standards, these concepts currently only describe general disease characteristics, which often overlap in actual clinical practice. This ambiguity challenges the precision of general practice services and reflects potential limitations in disease management and prevention. Therefore, general practitioners require comprehensive clinical capabilities and shared clinical judgment and treatment standards with specialists from general hospitals to ensure effective and systematic patient care. To address these issues, the role of general practitioners needs redefinition and strengthening. First, under the premise of the “Four Virtues general practitioner positioning,” the primary task within the general practice framework is to concretize the definitions of “major, minor, severe, and chronic” beyond abstract conceptual levels to enable practical clinical application. Second, we need systematic research on the tasks and resource allocation of primary healthcare services. Furthermore, general practice education and continuing education programs should be adjusted accordingly to implement these new definitions and standards. Finally, we must systematically clarify the positioning of general practice and healthcare service capability requirements (competency needs) under primary healthcare tasks and configurations, and improve the essential competencies required for

general practitioners according to relevant job responsibilities, providing targeted training. Only by addressing these issues can general practice establish itself as an independent medical discipline, enabling general practitioners to find their academic development direction and allowing primary healthcare to become a recognized component of the medical service system, serving as the gatekeeper for health and medical security.

This article has explored the importance of general practitioners in China's healthcare reform, particularly their central role in implementing the tiered diagnosis and treatment system and managing various diseases. The "Four Virtues" positioning of general practitioners in managing "major, minor, severe, and chronic" diseases aims to improve healthcare efficiency and quality, optimize resource allocation, reduce medical burden, and enhance patient satisfaction. However, practical challenges such as ambiguous disease classification, uneven medical resource distribution, and limitations in general practice education and practice require serious consideration. To fully leverage the role of general practitioners, we must clarify and concretize disease classifications, strengthen clinical and interdisciplinary collaboration capabilities, and correspondingly adjust the general practice education system. These measures represent not only requirements for individual professional development but also crucial guarantees for optimizing the entire healthcare system and promoting public health and wellbeing. Through these efforts, we can expect general practice to play a more significant role in China's healthcare system, laying a solid foundation for achieving more efficient and equitable medical services.

Author Contributions: Li Min was responsible for conceptualization, design, data collection, and manuscript drafting. Wang Zhong was responsible for revision, quality control, and overall supervision.

Conflict of Interest: The authors declare no conflict of interest.

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Received Date: 2024-02-01

Revised Date: 2024-08-30

Editor: Wang Shiyue

Note: Figure translations are in progress. See original paper for figures.

Source: ChinaXiv — Machine translation. Verify with original.