

## Postprint: Main Content and Significance of WONCA Europe's 2023 Revision of the General Practice/Family Medicine Definition

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### Abstract

WONCA Europe released a new edition of the *Definition of General Practice/Family Medicine in Europe* in 2023 to meet the demands of global health challenges and healthcare system transformation. This revision emphasizes the importance of “One Health,” “Planetary Health,” and “Sustainability” in the field of general practice/family medicine, marking a paradigm shift from the traditional “individual-family-community” model to “global ecosystem health.” This article aims to present the revision background, main content, significance, and impact of the 2023 *Definition of General Practice/Family Medicine in Europe*, with content covering the service system characteristics, professional scope, core competencies of general practitioners/family doctors, basic application features, and implementation cornerstones of general practice/family medicine. Understanding the aforementioned content holds important enlightening and guiding value for the development of general practice in China.

### Full Text

#### The 2023 WONCA Europe Revised Definition of General Practice/Family Medicine: Main Contents and Implications

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## Abstract

WONCA Europe released an updated version of the European Definition of General Practice/Family Medicine in 2023, addressing global health challenges and the imperative to transform healthcare systems. This revision underscores the importance of “One Health,” “Planetary Health,” and “Sustainability” within the domain of general practice/family medicine, signifying a paradigm shift from the traditional “individual-family-community” model to a “global ecosystem health” framework.

This paper aims to elucidate the background, main content, significance, and impact of the 2023 revision of the European Definition of General Practice/Family Medicine, which primarily explores the characteristics of the discipline of general practice/family medicine service system, the scope of specialization in general practice/family medicine, the core competencies of general practitioners/family doctors, the essential application features, and the implementation bedrock of general practice/family medicine. Understanding these aspects possesses crucial enlightenment and guiding value for the development of general practice in China.

**Keywords:** General practice/family medicine; Definition; WONCA Europe; One health; Planetary health; Sustainability

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## 1. Revision Background

In 2023, WONCA Europe revised the European Definition of General Practice/Family Medicine to highlight the relevance of “One Health,” “Planetary Health,” and “Sustainability” to the discipline, and to reflect the urgency for action among all those working in general practice/family medicine, their leaders, and representatives. This represents a critical step in preparing for humanity’s future.

“One Health” is a comprehensive, unified approach aimed at sustainably balancing and optimizing the health of people, animals, and ecosystems [?]. It emphasizes that human, animal, and broader ecosystem health are intimately connected and interdependent, maintaining a relatively stable dynamic equilibrium over time. When the environment is affected by anthropogenic factors such as land-use changes, biodiversity loss, climate change, and environmental pollution, these changes in turn threaten human health. Health systems face numerous threats to human health—including antimicrobial resistance, zoonotic diseases, vector-borne diseases, food safety, and foodborne illnesses—and the COVID-19 pandemic has made the close connections between human, animal, and ecosystem health increasingly apparent. Addressing these issues from a single perspective of humans, animals, or the environment is insufficient; interdisciplinary collaboration and the One Health concept are needed for assessment and problem-solving.

Under the One Health concept, general practitioners must not only focus on individual patient health but also understand and respond to how environmental factors and animal health affect human health. They should possess an interdisciplinary perspective and actively engage in health education, cross-disciplinary collaboration, disease prevention, and responses to global health challenges. This integrated health management approach can effectively improve overall health levels, reduce disease incidence, and enhance human well-being.

“Planetary Health” is defined as the health of human populations and the natural systems upon which they depend—such as water, air, and soil—and which also affect plant life, food, and energy systems [?]. This concept highlights the profound impact of global environmental changes on human health, particularly how environmental factors like climate change, pollution, and overexploitation of natural resources affect all aspects of human life, thereby influencing physical, mental, and overall health.

“Sustainability” refers to providing long-term, sustainable healthcare in general practice. It requires meeting current healthcare needs while supporting future health systems, ensuring that medical services can persist and develop within resource constraints. Earth’s natural systems form the foundation of sustainable development goals [?], encompassing not only rational resource utilization and environmental protection but also economic sustainability and health equity. Humans share various resources and are interdependent regarding environmental factors. In recent years, awareness has grown that providing medical services to patients—such as prescribing medications, conducting tests, and referring patients to other institutions—consumes resources and generates pollution and waste. Healthcare and related activities consume enormous quantities of everything from raw materials (energy, water, fuel) to processed products (food). Therefore, humans should be concerned about the resources consumed, pollution generated, and waste produced by these activities.

While Earth provides resources for modern living environments, people must consider how to protect Earth from destruction and how to prevent ecological

deterioration as human resource consumption continues to rise. General practice/family medicine can play an active role in healthcare sustainability and addressing climate and natural environment changes. As frontline community healthcare workers and primary care providers, general practitioners need to become environmental health advocates, promoting and actively implementing measures to address global and local ecological and public health issues, encouraging public participation, and driving activities that protect individuals from adverse effects of these changes [?].

The 2023 edition of the WONCA Europe Tree added a foundational layer at the bottom: “One Health,” “Planetary Health,” and “Sustainability” [Figure 1: see original paper], compared to the 2011 version. The 2023 European Definition of General Practice/Family Medicine is comprehensive and rich, addressing many core concepts of the discipline, particularly refining the description of core competencies and characteristics of family doctors/general practitioners. This paper introduces the main contents and implications of the 2023 definition to inspire Chinese colleagues to further consider and research general practice discipline construction and practice.

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## 2. System Characteristics and Professional Scope of General Practice/Family Medicine

General practice/family medicine is an academic and scientific discipline with its own educational content, research scope, evidence base, and clinical practice, representing a clinical specialty oriented toward primary care.

### 2.1 Service System Characteristics of General Practice/Family Medicine

The leaves of the WONCA Europe Tree represent 12 service characteristics of general practice/family medicine:

**(1) First-contact care:** General practice typically provides first-contact services for patients within the entire healthcare system, except in special circumstances such as severe trauma. General practitioners should provide open and accessible consultation pathways to all residents regardless of age, gender, or other characteristics, addressing their various health problems. General practice is a fundamental primary resource covering a broad range of activities determined by patient needs. This perspective shapes many aspects of the discipline and provides opportunities for its application in solving individual and community problems.

**(2) Coordinating care:** By coordinating medical services with other health professionals in primary care and managing interfaces with other specialties when necessary, general practitioners serve as patient advocates, enabling efficient utilization of healthcare resources. This coordinating function is key to maximizing cost-effectiveness of quality primary care, ensuring patients find the most appropriate healthcare personnel for their specific health problems. The

synergy of different healthcare providers, rational distribution of information, and treatment arrangements all depend on the existence of a coordinating unit. In a well-structured healthcare system, general practice can serve as a critical “coordinator.” Teamwork with all medical personnel around patient needs helps improve healthcare quality. By managing interfaces with other specialties, general practice can provide service guarantees for patients who truly need more advanced medical services. A key role of general practice is providing advocacy services that protect patients from potential harm caused by unnecessary screening, testing, and treatment, while guiding them through the complexities of the healthcare system. Advocacy represents the social responsibility of general practitioners within the healthcare system—supporting and safeguarding the interests of patients and communities through active participation in public health and policy improvement. All general practitioners should actively play this advocacy role, which extends beyond meticulous patient care in medical practice to include promoting healthcare system reform and advancing societal and population health through policy advocacy. Simultaneously, the discipline recognizes its responsibility to monitor and systematically evaluate the quality and safety of medical services provided by general practitioners, and to take action to improve service quality.

**(3) Person-centered orientation:** General practice/family medicine is oriented to the individual, his/her family, and their community, forming a “person-centred” concept. It focuses on people and the health problems they encounter in their living environment, rather than on pathology detached from individuals or mere “cases.” This process begins with the patient; understanding how patients perceive and cope with their illness is as important as treating the disease itself. The common foundation is the patient as a whole, including their beliefs, fears, expectations, and needs.

**(4) Promoting patient empowerment:** General practice/family medicine occupies a strategic position in promoting patients’ self-health management capabilities. Through long-term care, multidisciplinary diagnosis and treatment, unique consultation processes, close trust relationships, and person-centered concepts, patients’ self-health management abilities are imperceptibly enhanced during continuous education, enabling them to play a more active role in treatment and health decision-making.

**(5) Unique consultation process:** General practice possesses a unique consultation process that, through effective doctor-patient communication over time, can build a special relationship. Each contact between a patient and their general practitioner adds to their continuously enriched medical experience, and each individual consultation can reference previously accumulated experiences shared by both parties. The value of this intimate doctor-patient relationship depends largely on the general practitioner’s communication skills, and the relationship itself has therapeutic qualities.

**(6) Longitudinal continuity of care:** General practice assumes responsibility for providing long-term, continuous medical care according to patient needs.

The general practice model must maintain continuity from birth (sometimes even earlier) until death (sometimes even after death). By tracking patients throughout their lives, continuity of care is ensured. Medical records serve as powerful proof of this continuity, representing objective documentation of the consultation process but only part of the shared doctor-patient experience. General practitioners provide medical care throughout patients' lives, accompanying them through multiple disease stages. They also bear the important responsibility of ensuring 24-hour healthcare availability, and when unable to provide services themselves, must properly arrange and coordinate relevant medical care.

**(7) Decision-making based on incidence and prevalence:** General practice employs a specific decision-making process based on the incidence and prevalence of diseases within the community. The manifestation of diseases faced by family doctors in communities differs completely from that in secondary and tertiary medical institutions. Disease prevalence and incidence in communities differ from hospital settings, and without pre-screening, serious diseases appear less frequently in general practice. This requires a probability-based decision-making process that must be advanced according to in-depth understanding of individual patients and their communities. The positive or negative predictive values of clinical signs or diagnostic tests differ in importance between general practice/family medicine and hospital settings. General practitioners often need to first determine that a patient is not ill before reassuring those who are overly anxious about disease.

**(8) Managing acute and chronic problems:** General practice must simultaneously handle acute and chronic health problems of individual patients. General practitioners must address all healthcare problems of individual patients, not limited to handling a single presenting condition but needing to manage multiple health issues simultaneously. Patients often present with multiple symptoms, and the number of symptoms increases with age. When addressing multiple needs simultaneously, it becomes necessary to stratify these problems, fully considering the respective priorities of patients and doctors.

**(9) Early undifferentiated stages:** General practice deals with health problems at early, undifferentiated stages that may require timely intervention. Patients often seek care when symptoms first appear, making accurate diagnosis difficult at this early stage. This manifestation means doctors must make important decisions for patients based on limited information, with uncertain predictive value of clinical examinations and tests. Although typical signs of specific diseases are well known, these do not apply to early stages when signs are often non-specific and common across many diseases. In such situations, risk management becomes a key characteristic of the discipline. After excluding the possibility of immediate severe consequences, the usual decision may be to wait for further disease progression before re-evaluation. Consultation outcomes often remain at the level of one or several symptoms, sometimes allowing speculation about a disease but rarely yielding a complete diagnosis.

**(10) Wellbeing enhancement:** Through appropriate and effective interven-

tions, general practice enhances the health and wellbeing of patients and their ecosystems. Wellbeing is a multidimensional health concept that means not merely the absence of disease but encompasses physical, psychological, social, spiritual, and environmental health states. General practitioners should focus on all these dimensions rather than solely on solving physiological diseases, promoting overall patient wellbeing through comprehensive care. Interventions must be appropriate, effective, and evidence-based whenever possible. Unnecessary interventions not only harm patients but also waste precious healthcare resources. Interventions must consider not only individual health and wellbeing but also the health and wellbeing of all components in the patient's ecosystem—both biotic (animals and plants) and abiotic (climate, air, water, soil, food, etc.).

**(11) Community and environmental health responsibility:** General practice/family medicine bears specific responsibility for the health of the community and environment. The discipline recognizes that when addressing healthcare-related issues, it is responsible not only to individual patients but also to the broader community. This concept encompasses the overall health of people, animals, and the environment—the One Health concept. In some cases, this concept may create contradictions or even conflicts of interest that must be properly managed.

**(12) Multidimensional health approach:** General practice addresses health problems from physical, psychological, social, cultural, environmental, and existential dimensions. The existential dimension focuses on understanding the patient as a whole, extending beyond mere physical health to emphasize care for the patient's life meaning, life goals, values, and quality of life. In general practice, doctors should not only focus on disease treatment but also on how patients understand and experience their own lives, helping them cope with psychological, emotional, social, and spiritual challenges related to disease. The discipline must simultaneously recognize all these dimensions and give each appropriate attention. Disease behavior and patterns differ when involving multiple aspects of these dimensions, and many interventions are inappropriate because they fail to address the root causes of patients' problems, leading to numerous difficulties.

**2.2 Professional Scope of General Practice/Family Medicine** General practitioners/family doctors are specialist physicians trained in general practice. As “gatekeepers” of residents' health, their primary responsibility is to provide continuous, comprehensive care to every resident with health needs, regardless of age, gender, or disease status. General practitioners/family doctors always view each resident from a holistic perspective that includes family, community, cultural background, and living environment, fully respecting residents' autonomous decision-making rights.

They also need to focus on community and environmental characteristics where residents live, uphold the bio-psycho-social-cultural-existential concept, deeply understand residents' inner worlds, establish solid trust relationships, and

provide health services. Simultaneously, general practitioners/family doctors should recognize their unique position as role models for residents in advocating sustainable lifestyles, seeking balance between individual health and ecological health through promoting individual health, disease prevention, treatment, palliative care, and improving residents' self-health management capabilities, thereby fulfilling their responsibility to promote harmonious development of ecosystems composed of humans, animals, and the natural environment.

Based on patients' health needs and community resource conditions, general practitioners/family doctors directly provide support to patients or coordinate other services, and when necessary, assist patients in accessing various needed services. They must continuously maintain and improve their professional skills and competencies to ensure the effectiveness and safety of medical services. Like other professional healthcare workers, general practitioners/family doctors bear professional responsibilities and need to continuously monitor, maintain, and improve the clinical quality of medical services provided, as well as service systems and institutional management, to effectively ensure patient safety and improve patient satisfaction.

The above definition of the general practitioner/family doctor role integrates the aforementioned discipline characteristics into actual work scenarios for practicing physicians, representing an ideal professional state pursued by all general practitioners/family doctors. This definition incorporates the discipline's characteristics into the practical work context of licensed physicians. While some elements are not unique to general practitioners/family doctors but apply to the entire medical profession, general practice/family medicine is the only specialty capable of implementing all these characteristics. For example, maintaining professional skills is a common responsibility, but for general practitioners/family doctors who often work alone, this may present greater challenges.

**2.3 Core Competencies of General Practitioners/Family Doctors** The branches of the WONCA Europe Tree represent six core competencies of general practitioners/family doctors. "Core" refers to elements essential to the discipline that remain essentially the same regardless of the healthcare system in which they are applied. The 12 service system characteristics that define general practice/family medicine relate to 12 competencies that each general practitioner/family doctor should master, which can be summarized into six core competencies.

**(1) Primary care management capability**, including: managing patient first contacts and handling various unscreened problems; covering patients' comprehensive health status; coordinating medical services among other primary care professionals and specialists; mastering effective and appropriate healthcare delivery methods and health service utilization; monitoring, evaluating, and improving healthcare quality and safety; providing appropriate services for patients within the healthcare system; serving as patient advocates.

(2) **Person-centered care capability**, including: adopting a person-centered approach to address patient and environmental issues; establishing effective doctor-patient relationships through and for general practice consultations while respecting patient autonomy; communicating, setting priorities, and collaborating; promoting patient empowerment for self-management and prevention, including supporting behavioral changes for healthy lifestyles; providing longitudinal continuity of care according to patients' ongoing and coordinated healthcare management needs to minimize duplication and waste of medical resources.

(3) **Clinical problem-solving skills**, including: linking specific decision-making processes to disease incidence and prevalence in the community; selectively collecting and interpreting information from history-taking, physical examination, and investigations, and collaborating with patients to apply it to appropriate treatment plans; employing appropriate working principles such as stepwise examination, using time as a tool, and tolerating uncertainty; performing emergency interventions when necessary; managing conditions that may present early with atypical symptoms; effectively utilizing diagnostic and therapeutic measures.

(4) **Comprehensive service capability**, including: simultaneously managing multiple symptoms and conditions, including acute and chronic health problems in individuals; enhancing health and wellbeing through appropriate application of health promotion and disease prevention strategies; managing and coordinating health promotion, prevention, treatment, care, symptom relief, and rehabilitation; collaborating with patients, other professionals, public health personnel, and policymakers to enhance human capacity to address challenges of planetary health, One Health, and sustainable development.

(5) **Community-oriented service capability**, including: balancing individual patients' health needs and their communities' health needs with available resources; integrating patients' and their communities' health needs with planetary health needs; selecting an ecologically responsible practice location with low energy consumption or even energy neutrality; choosing a specialized medical practice model with minimal pollution.

(6) **Holistic service provision capability**, including: applying the biopsychosocial medical model while incorporating cultural, existential, and environmental dimensions; participating in communicating to society the co-benefits for patient health and planetary health, particularly regarding medical resource consumption; making rational choices when prescribing or deprescribing, or when selecting diagnostic tests, screening, and preventive activities.

#### 2.4 Basic Application Features of General Practice/Family Medicine

The trunk of the WONCA Europe Tree represents the basic functions of general practice/family medicine: clinical tasks, communication with patients, and general practice management. When applying these competencies to teaching,

learning, and practice of general practice/family medicine, three additional basic features must be considered: contextual, attitudinal, and scientific. The roots of the WONCA Europe Tree represent these three basic application features, which relate to physicians' qualities and determine their ability to apply core competencies to real-life situations in actual work environments. In general practice, these features may have greater impact due to the close relationship between family doctors and their service objects, but they are relevant to all doctors, not unique to general practitioners.

**(1) Contextual factors:** Understanding the physician's own background and work environment, including working conditions, community, culture, and financial and regulatory frameworks. Specifically: understanding how the local community (including socioeconomic factors, geography, and culture) affects the workplace and patient care; knowing how overall workload affects care received by individual patients and the available facilities (staff, equipment) for providing that care; understanding the financial and legal framework of healthcare at the practice level; recognizing how physicians' personal living and working environments affect the care they provide.

**(2) Attitudinal factors:** Based on physicians' professional competence, values, emotions, and professional ethics. Specifically: being aware of one's own capabilities and values, and able to identify ethical issues in clinical practice (prevention/diagnosis/treatment/lifestyle factors); possessing self-awareness that one's attitudes and emotions are important factors affecting practice style; articulating and clarifying personal professional ethics; recognizing the mutual influence between work and private life, and striving to achieve good balance.

**(3) Scientific factors:** Adopting a critical, research-based approach to practice and maintaining this approach through continuous learning and quality improvement. Specifically: being familiar with general principles, methods, concepts, and basic statistical knowledge (incidence, prevalence, predictive values) of scientific research; comprehensively mastering scientific background knowledge of pathology, symptoms and diagnosis, treatment and prognosis, epidemiology, decision theory, hypothesis formation and problem-solving theory, and preventive healthcare; being able to critically acquire, read, and evaluate medical literature; conducting and maintaining continuing education and quality improvement work.

## 2.5 Implementation Bedrock of General Practice/Family Medicine

The bottom of the WONCA Europe Tree represents the implementation bedrock of general practice/family medicine: "One Health," "Planetary Health," and "Sustainability." The six core competencies and 12 characteristics of general practice/family medicine already encompass the concepts of One Health, Planetary Health, and Sustainability, just as they are interpreted as bedrocks rooted in the science, attitudes, and context explained in the discipline's definition. However, it is necessary to elaborate on how core competencies and characteristics affect environmental health, focusing on and improving quality elements of medical

services related to different communities and backgrounds. The implementation bedrock means that general practitioners/family doctors need to work closely with patients to develop new methods required by the discipline, integrating with other health sector actors, policymakers, and other parties to help solve common global environmental problems.

The interrelationships among core competencies, basic application features, and implementation bedrock reflect the characteristics of this discipline and highlight its complexity. It is this complex interrelationship that should guide and be reflected in the development of teaching, research, and quality improvement agendas. The WONCA Europe Tree clearly presents this interrelationship.

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### 3. Significance and Impact of WONCA Europe' s Revised Definition

**3.1 Changes in the 2023 WONCA Europe Definition: Why?** The 2023 version largely repeats previous definition content, providing a comprehensive definition of general practice/family medicine that covers professional tasks of general practitioners and highlights required core competencies. It also includes explanations of underlying logic and detailed academic analysis. Furthermore, this version emphasizes the importance of One Health, Planetary Health, and Sustainability in general practice/family medicine—these are emerging concepts in the discipline [?]. The common theme of these three independent elements is the interdependence between human health and the health of the natural world. Human health and wellbeing depend on the natural environment, which provides essential elements for life such as clean water for drinking, clean air for breathing, and healthy soil for food production and food security.

The natural world, stable climate, and healthy environment are crucial for the physical and mental health of human populations. The climate crisis poses numerous risks to human health and wellbeing, including increased respiratory disease from air pollution caused by fossil fuels and wildfires, various illnesses triggered by high temperatures, increased infectious diseases from waterborne illnesses due to pollution or flooding, increased vector-borne diseases from new migration patterns of insects like mosquitoes, malnutrition and diet-related diseases from food shortages and crop failures, rising risks of zoonotic diseases and future pandemics, and climate change acceleration, among many others. Human health cannot be isolated and prioritized as a separate part of Earth' s global system, as it must develop synergistically with other elements.

**3.2 Why Revise the Definition Now?** The climate and biodiversity crises are essentially health crises. The WHO stated in its 2021 special report on climate change and health: “Climate change is the single biggest health threat facing humanity” [?]. Three months after WONCA Europe released its 2023 definition, more than 200 health journals, including the *European Journal of General Practice*, coordinated to publish the same editorial calling on the United

Nations, political leaders, and health professionals to recognize that the current overall environmental crisis is so severe that it constitutes a global health emergency [?].

The COVID-19 pandemic clearly demonstrated that protecting and maintaining human health is closely related to animal health and the entire natural environment. Humanity has paid a price for encroaching on the natural world, and the lessons learned cannot be ignored. Only through united, multidisciplinary action can we reduce threats from future unknown diseases.

Health and healthcare are affected by climate change, and healthcare itself has significant environmental impacts during its production and consumption processes—estimated to reach 5% of global human activities [?]. Due to different national conditions, these impacts vary. The nature of the climate and biodiversity crises as health crises makes this revision timely and necessary.

**3.3 Integration of Elements in the Revised Definition** The 2023 WONCA Europe definition retained the original six core competencies, 12 service characteristics, and three basic application features, as these already encompass the concepts of Planetary Health, One Health, and Sustainability. The revised document strengthens details of these contents and expands some parts for new contexts. The elements of One Health, Planetary Health, and Sustainability have gained new and important status in the 2023 definition, together forming the implementation bedrock of general practice/family medicine, enabling a new integrated approach when applying competencies, service characteristics, and basic application features.

These three elements are integrated because healthy humans cannot exist on an unhealthy planet. Their importance and interrelationships are widely recognized, including among general practitioners [?, ?, ?]. It is now appropriate for these three elements to be reflected in this document that sets priorities and future directions for clinical practice, education, and research in general practice/family medicine.

**3.4 Impact of the New Definition** The 2023 WONCA Europe definition defines the content, research scope, and role of general practice/family medicine in the 21st century, which will have fundamental impacts on the discipline's development [?]. It will enhance understanding of the general practitioner/family doctor role among practitioners themselves, related health professionals, healthcare planners, politicians, and the public. The primary goal of general practitioners/family doctors worldwide is to provide continuous medical services to protect, extend, and improve patients' quality of life in the community. People seeking help from family doctors can reduce the burden on other medical institutions. With their unique skills, family doctors assess people's symptoms and health problems at early stages, including disease prevention, diagnosis, advice, and/or treatment of acute and chronic health problems.

However, global general practitioners/family doctors need to enhance patient medical services from a planetary health perspective. When developing clinical management plans, sharing the concept of co-benefits for humans and the planet with patients is extremely important. For example, antibiotic prescribing for acute conditions and medication quality and deprescribing for chronic conditions can be improved. For low-value medical services where interventions, tests, or actions cannot improve patient outcomes or where overall risks outweigh benefits, shared decision-making can be negotiated with patients [?]. Better support for patients' self-management of chronic diseases is possible. The healthier individuals are, the fewer interventions, tests, and referrals to higher-level medical institutions they need. Encouraging and supporting changes in individual lifestyle behaviors to promote health and wellbeing in their environments has significant benefits for both humans and the planet [?, ?].

General practitioners/family doctors have obligations as global citizens to help reduce consumption of Earth's limited resources and decrease unnecessary clinical activities and resource waste. Finding better ways to protect and utilize resources is itself a quality improvement initiative and a professional responsibility. General practice/family medicine occupies a central position in providing residents' basic healthcare services, which in turn occupies the core position in the healthcare system. Therefore, general practitioners/family doctors have a strategic advocacy role when establishing connections with other sectors at community, regional, and national levels, and when communicating with policymakers on health and environmental issues [?]. At the European governmental level, the 7th Ministerial Conference on Environment and Health issued a declaration identifying future priorities and commitments for the WHO European Region regarding environment and health, focusing on "addressing health challenges from the triple environmental crisis of climate change, biodiversity loss, and environmental pollution" [?].

Neither family doctors nor healthcare systems alone can take full responsibility for health outcomes—residents and their families also play important roles. Many other factors affect health outcomes, such as social determinants of health [?]. Moreover, health is only one of many factors that significantly influence the complex human experience of quality of life [?].

**3.5 Next Steps: Adaptation, Advocacy, and Interdisciplinary Action** Integrating the new definition of general practice/family medicine into the professional activities of general practitioners/family doctors across Europe presents a challenge for WONCA Europe, all member organizations, network organizations, and special interest groups. For every general practitioner, implementing this definition is also a challenge and, perhaps most importantly, a moral and professional responsibility for each practitioner.

European general practitioners/family doctors need solid, practical scientific evidence to teach and communicate these concepts to patients. As role models for patients in leading sustainable lifestyles, general practitioners/family doctors

occupy a unique position. General practice/family medicine sits at the core of patient basic healthcare services, which sit at the core of the healthcare system. Therefore, general practitioners/family doctors have strategic advocacy roles when connecting with other sectors and communicating with health and environmental policymakers at community, regional, and national levels.

The 2023 revised definition of general practitioners/family doctors integrates One Health, Planetary Health, and Sustainability concepts into training curricula and continuous professional development. WONCA Europe member organizations may consider this policy statement when next reviewing their medical education, training, and continuous professional development curricula, adapting it according to their own circumstances and priorities. Shared learning among countries is crucial because all will bear the consequences produced on this planet. This will help advance the discipline, striving to achieve and maintain excellent standards in education, training, research, and clinical practice—all ultimately for the benefit of patients and communities [?].

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## Conclusion

Through the evolution of the European definition of general practice/family medicine, we have witnessed the discipline's gradual development and maturation. By integrating One Health, Planetary Health, and Sustainability concepts, it provides new thinking and solutions for addressing complex global health problems, offering important guidance for the development of general practice/family medicine in Europe and worldwide. Undoubtedly, general practice/family medicine will continue to evolve to meet the health needs of communities and health systems, and future revisions will be made as needed.

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