French rural doctors offer the personal touch
Since the time of King Louis XIV (1638-1715), the country doctor has been an integral part of French rural life, attending to the basic health needs of villagers. Country doctors offer the personal, one-to-one care that hospitals and specialist clinics cannot. Empathy, trust and an intimate knowledge of individual case histories – these are their stock in trade.

While the country-doctor tradition goes back centuries in France, addressing people’s individual health needs – treating the whole person, rather than the disease – is a core part of the primary health care approach. Treating the patient as a whole person means going beyond a narrow clinical diagnosis to find the answer to the patient’s health problems. That can involve discussions of diet and other lifestyle issues or health advice on, for example, screening for cancer and regular health checks.

“In medicine, there is on one side, the technology, and on the other, the relation with the patient. For me, it is a 50/50 distribution … A patient that trusts his doctor and keeps a positive attitude will heal better,” says Dr René Nicolas, the local doctor in the village of Genouillac in the central French department of Limousin.

Threat to country doctor
Several developments, however, threaten to erode the role of the country doctor – a key one being the difficulty of recruiting young doctors for rural areas due to perceived harder working conditions. In central and south–western France, in particular, hundreds of practices closed between 1996–2001 when the local doctor retired.

Genouillac is a case in point. Five of the seven doctors practising in the region are over 50, including Nicolas himself. Indeed, the ageing of rural doctors is part of a larger challenge for policy-makers, that of providing health care for an ageing population. Much of Nicolas’s daily work involves treating the elderly.

For Dr Guenael Rodier, a French doctor who is a programme director at the World Health Organization (WHO) in Geneva, the work of the country doctor is in danger of being diminished by a fear of litigation and by changed patient expectations. “They want the best services, so they all want to go to Paris or other bigger cities, where they can access larger hospitals,” says Rodier.

Adjusting to changes
This supposed diminishing role must be placed in the context of a relatively strong French health system overall. In a report published in 2000, the WHO ranked France’s health care system as one of the best in the world.

In 2006, average life expectancy for women in France was 84 years (one of the highest in the world) and 77 years for men; and the system is constituted to ensure equitable geographical coverage and efficient interaction between the different sectors (i.e. public and private hospitals, private practitioners, medical auxiliaries, the pharmaceutical industry).

Nicolas is more positive in his appraisal of the country doctor system. The system continues to work well, he says, and is facing the challenges cited by Rodier by adjusting to modern changes while maintaining the personalized service that has served patients so well for centuries.

Nicolas welcomes the advent of advanced scientific treatments but does not feel threatened by their presence. “Before, country doctors felt impotent at times, but things have improved,” he says.

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France numbers
Life expectancy (both sexes, 2006): 81 years
Gross National Product per capita (PPP in international $, 2006): 32 240
Per capita total expenditure on health (PPP in international $, 2005): 3406
Number of physicians (per 10 000 population, 2005): 34
