Primary Healthcare in Istanbul, Turkey: Observations from an Erasmus Exchange

Introduction

Istanbul is built around the Bosphorus, a natural channel between the Black and Mediterranean seas which divides Europe and Asia. For this reason, Istanbul has always been an important trade route and has attracted immigration from all over the world. Since the fall of the Ottoman Empire after the First World War, and the establishment of Ataturk’s Turkish Republic, Turkey has been a liberal, modern and progressive country prioritising the education of women and religious tolerance. The incumbent president Erdoğan has sought to unhaul this with increasingly restrictive legislation promoting Islamic conservatism. This has polarised the population of Istanbul into ‘liberals’ and ‘conservatives’ and led to a succession of attempted military coups and civil unrest. Economic decline and rapid urbanisation has seen the population of Istanbul swell from 2,000 to more than 20,000 within two decades. More recently an influx of refugees fleeing conflict in Syria has further increased pressure on the struggling infrastructure of the city.

Methods

I undertook a 2-week exchange programme in Istanbul, Turkey in January 2018. As part of this I visited public and private hospitals, a university family medicine department and a government run primary healthcare facility. This report is the product of my observations and discussions with staff at these facilities and is not supported by evidence from a literature review.

Health System

In Turkey, if you want to see a doctor there are several options available to you. You can see a doctor for free at a family health centre which is equivalent to a GP clinic. Given the choice, most would opt for seeing a specialist directly at a hospital (for a small fee) or would go to a private hospital. The majority of urban professionals will have health insurance through their work which covers this, which means the family health centres generally cater for the lowest socio-economic groups in Turkey. There are approximately 22,000 family medicine doctors working in Turkey, however only about 2,200 are trained specialists equivalent to GPs. The rest are all family medicine ‘practitioners’ who are qualified doctors but have done no specialty training programme. There is a formulary list of medications that are subsidised by the government and are free to patients, however, patients can choose to purchase non-formulary medications and pay the surplus cost. Pharmacies are privately owned and generate profit by encouraging patients to buy expensive non-formulary drugs. Because of this, doctors prefer to prescribe branded drugs as then the pharmacist is
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obliged to dispense them without making changes to the prescription. In addition, there is a widespread belief that generic drugs are of poor or inconsistent quality and are associated with more side effects. Unsurprisingly, pharmaceutical representatives are therefore a common sight in Turkish health facilities.

Training

After 6 years of medical school, all new doctors are conscripted for national service. They are posted anywhere in the country for 1-2 years: if the post is safe and desirable (e.g. Istanbul) it will usually be longer, however posts in remote or dangerous places (e.g. Syrian border) will be one year maximum. Work is generally in the emergency department of a hospital or in a primary care facility as a primary care practitioner.

Family Medicine Specialist Training

To enter any specialty, junior doctors must pass a written exam and based on the results they will be allocated a training number. This is no different for family medicine. Training is 3 years. The first 18 months are made up of rotations lasting anything between 1-4 months and span most hospital specialties. The second 18 months is divided between rotations of the trainee’s choice and academic work leading to a thesis. Notably there is no training component in a primary care facility. After completion of specialty training, new GPs must complete a further round of national service. Following this there are no shortage of vacancies for qualified GPs.

Alternative Training Route

Given the large numbers of practitioners working in Turkey, the government created an alternative training route, whereby practitioners can train part-time over 6 years and become a specialist at the end. However this is unpopular with universities, who do not feel this training is comprehensive and refuse to take part; it is unpopular with specialist registrars who feel it is unfair that practitioners get paid more than them and do not have to do national service and it is unpopular with practitioners, who have little incentive to leave their day jobs and lose pay for seeing fewer patients.

Life as a GP

The practice I visited in central Istanbul is fairly typical. There were four doctors (one specialist GP and three practitioners), four nurses and a receptionist. It operates as a walk-in service to see a registered GP with no bookable or telephone appointments. GPs typically see 60-80 patients per day, however many of these appointments are only for repeat prescriptions. Half a day per week is allocated to home visits. Patient records are electronic. All GPs work a fixed 40-hour contract and work Monday to Friday, 08:30 to 17:30. Pay is between 3000-5000 TL per month depending on the ‘grade’ of the clinic. Their salary is then adjusted depending on the size of their patient list which must be a minimum of 2500 and a maximum of 4000. Practitioners earn less than specialists but only marginally, which means many do not see the point in undergoing specialist training. There are no opportunities to work less than full time. GPs are entitled to 4 months maternity leave on full pay, although 50% of leave must be taken before the due date. Jobs will not be held if women
decide to take more unpaid leave (which is common). All health centres are state run and GPs in Turkey have no management responsibilities. They also have no requirement or incentive to audit or improve their service. Once qualified, there is no time or money allocated to continuing professional development and no opportunities to learn new skills. However, this lack of ‘admin’ means that every day, the clinic closes for an hour at lunch and everyone goes for lunch together (doctors, nurses and receptionist). All doctors I spoke to were happy with their working life but agreed that there were issues with quality of care.

Sexual and Reproductive Health

I have a special interest in sexual health and was keen to find out how it worked in an increasingly conservative and Islamic Turkey. GPs are supposed to ask all women of reproductive age about contraception, but it is the nurses who tend to provide it. Anecdotally male GPs are less inclined to discuss family planning with female patients for cultural reasons. Contraception is free, and most methods are available, however there are only a few brands of oral contraceptives in distribution. Implants and coils must be fitted by a gynaecologist. There are no sexual health clinics, if people have symptoms of an STI they would visit a gynaecologist or a urologist. It is common but not essential to have a pre-marital blood test for HIV, syphilis and hepatitis. Other than this there are no public health campaigns encouraging routine testing. There is a large population of men who have sex with men in Istanbul and condom use is far from 100%. There is no public access to PrEP, however circumcision is ubiquitous.

Conclusion

I think it is hugely impressive that Turkey manages to provide free, universal health care and incentivises doctors to work in primary care. However, there is clearly an issue regarding the quality of the non-specialist practitioners who do the vast majority of this work. I believe that it is vital to forge links between the hospitals that train GP specialists and the health centres in which they then work. This will allow registrars training opportunities within primary care and promote ongoing development of qualified GPs. In addition, more needs to be done to incentivise practitioners to undergo specialist training.