

EDITORIAL

The Nordic Congresses of General Practice: A gateway to a global treasure?

Nordic general practice is something to be proud of. Our doctors are well educated and competent. Furthermore, Nordic medical care stands on rather unique ideological grounds, seen from a global perspective: an ambitious social contract characterized by uniform public funding, solidarity, and equitable distribution of services [1–6].

The Nordic medical systems show many similarities with the British National Health Service (NHS) and also the healthcare models in a handful of other countries. But it is a sad fact that the combination of public funding, solidarity, and equity may be about to become extinct in a world where healthcare is ever more often considered a commodity [7]. Under the pressure of globalization and market forces, even Nordic doctors are facing an increasingly demanding task when trying to transform high political ideals into practical reality [1,3–6], and although some may wonder whether “the Nordic model” is about to become an outdated ideal, we believe that it is a system worth fighting for. When saying so, we are not alone: Referring to the NHS, US medical quality expert Donald Berwick recently stated that a medical care system that is based on a combination of *moral intent*, *commitment to equity*, and a *store of knowledge* can be considered “not only a national treasure; it is a global treasure” – with the “inherent capability to become the greatest healthcare system of any nation” [8].

That context surrounding Nordic general practice can be regarded as particularly favourable for the development of prudent, high-quality medical practice. On the one hand, the Nordic welfare systems are rich in resources, by international comparison. But on the other hand, our doctors are constantly exposed to demands for cost restraint and increased effectiveness. They carry the responsibility not only for the welfare of their individual patients but also for the sustainability of the welfare system as a whole. This can lead to clinical and ethical dilemmas in daily practice, and become a source of working stress. But we have also observed that doctors who become trained systematically in considering *the individual good in light of the common good* develop an eye that is particularly apt at discerning simple,

attractive, and responsible ways to practise medicine. It is hard to imagine the cultivation of such a critical mindset in medical contexts dominated by unequal distribution of resources and market forces.

During recent years, Nordic general practice has shaped many creative and innovative doctors with strong professional integrity. They take few things for granted, are ready to challenge old truths and authorities, and see it as part of their job to reconsider the nature of prudent, cost-effective and responsible healthcare. They have thus contributed a significant amount of high-quality research, teaching, and professional development. The mindset and know-how of these Nordic GPs is likely to be of interest to a wider, international audience.

A generation of pioneering doctors developed the field of Nordic general practice in the 1970s, driven by the conviction that any sensible healthcare system should be based on primary healthcare. This same view gained international appraisal through the Declaration of Alma-Ata in 1978. The first Nordic Congress of General Practice in Copenhagen in 1979 was a direct and tangible result of the pioneering enthusiasm and creativity among Nordic GPs [9]. An overview of subsequent Nordic congresses can be seen in Table I. The purpose of these congresses was to strengthen the network and identity among Nordic general practitioners, and to facilitate research, teaching, and quality development within the Nordic countries. In the beginning, the congress language was “Scandinavian”, referring to Danish, Swedish, and Norwegian, which are quite similar languages. The use of the Scandinavian tongue strengthened the sense of a distinct Nordic identity but implied a certain disadvantage for participants from Iceland and Finland.

In 2002 an important milestone in the history of the Nordic congresses was passed at the 12th Nordic Congress in Trondheim, Norway, when the organizers for the first time challenged the plenary speakers to present in English [10]. Another interesting feature of this congress was the way the organizers highlighted critical professional thinking. They focused systematically on what they perceived to be an inherent tension between a traditional biomedical

Table I. Year, place, and country of the Nordic congresses of general practice since 1979.

No.	Year	City	Country
1	1979	Copenhagen	Denmark
2	1981	Bergen	Norway
3	1983	Tampere	Finland
4	1985	Lund	Sweden
5	1987	Reykjavik	Iceland
6	1989	Århus	Denmark
7	1991	Oslo	Norway
8	1993	Seinäjoki	Finland
9	1995	Uppsala	Sweden
10	1997	Reykjavik	Iceland
11	2000	Copenhagen	Denmark
12	2002	Trondheim	Norway
13	2003	Helsinki	Finland
14	2005	Stockholm	Sweden
15	2007	Reykjavik	Iceland
16	2009		Denmark
17	2011		Norway
	2013?		Finland?
	2015?		Sweden?
	2017?		Iceland?

approach (often labelled “evidence-based medicine”) and humanistic approaches to medical care. This can be exemplified by the proceedings of the plenary session “A matter of heart” [11]. Lively discussions regarding the theoretical foundation for medical practice continued throughout the 13th Nordic Congress in Helsinki, resulting in the publication of more keynote lectures [12,13]. Other spin-offs of these discussions were a handful of international publications regarding sustainability and responsibility for primary care [14–16]. Since 2002, it has thus become evident that *the Nordic congresses can become renowned promoters of research and innovation with particular relevance for ambitious welfare systems that are based on solidarity and equity – in our part of the world and perhaps internationally.*

Another important milestone in the history of the Nordic congresses was passed in 2005 when the *Nordic Federation of General Practice* was established. This involved joint ownership between the Scandinavian Journal of Primary Health Care and the Nordic Congresses of General Practice [9, <http://www.nordicfederationofgeneralpractice.com>]. The Federation has already outlined the schedule for the Nordic congresses until year 2011 (see Table I).

The next Nordic Congress in General Practice will take place in Reykjavik, Iceland, 13–16 June 2007 (<http://www.meetingiceland.com/gp2007>). After consulting key stakeholders in the respective Nordic countries, the Nordic Federation and the congress organizers decided to go even further in the international direction. The main congress language will be English, and the congress will be promoted within

the network of the World Organization of Family Doctors (Wonca). We realize that many Nordic participants will regret this retreat from the Nordic languages but we believe it is a price worth paying for making Nordic general practice accessible to a broader audience. Our GPs may have a lot to share, and we see it as a challenge to cultivate the Nordic spirit whilst communicating in English.

Inspired by the underlying professional vision that made some of the recent congresses particularly interesting and memorable, the organizers of the 15th Nordic Congress in Reykjavik have proposed an explicit vision and mission statement for forthcoming congresses. The idea is to stimulate organizers and contributors to reflect on the uniqueness of our professional environment and to keep ambitions high (see Appendix). Of particular relevance for readers of this journal is the explicit intent to encourage close links between congress organizers, congress contributors, and the Scandinavian Journal of Primary Health Care. The intention is to encourage submission of professional highlights from the congresses, such as cutting-edge plenary lectures and illuminating debate papers, for publication. We hope that the Nordic Congresses of General Practice, in cooperation with the journal, can thereby contribute to maintaining precious medical systems like the Nordic ones sustainable and admirable.

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Note

1. JAS has participated in all the Nordic Congresses from 1979, and been chairman of three of them, including the forthcoming congress in 2007. AS has been the president of the Nordic Federation of General Practice from its inception. LG is a

member of the congress scientific committee and contributor to the vision and mission statements..

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Appendix: Suggested vision and mission statement for the Nordic Congresses of General Practice

The vision of the Nordic congresses of general practice is to become one of the world's most renowned arenas for stimulating the development of high-quality and innovative primary healthcare, with particular reference to the professional environment in the Nordic welfare systems.

The mission of the Nordic congresses of general practice is:

- To create a renowned, inspiring and identity-shaping professional arena for general practitioners and other professionals who are involved in primary healthcare.
- To attract a wide range of participants: practising clinicians at any point of their professional careers including young doctors on their way to become GPs, researchers, teachers, and administrators. This means that the professional content of the congresses should be wide-ranging and involve:
 - *clinical updates on best practice* (e.g. clinical symposia focusing on relevant evidence regarding specific medical conditions);
 - *presentation of recent and ongoing research in primary healthcare* (e.g. free-standing papers, research-oriented symposia presenting empirical research as well as theory development);
 - *opportunities for critical reflection* regarding the current status and future development of the discipline (e.g. by way of cutting-edge plenary sessions and symposia);
 - *opportunities to discuss issues concerning educational programmes and research activities for young doctors* in primary healthcare.
- To draw attention to the messages from the congresses:
 - To encourage relevant congress contributors (such as keynote speakers and presenters of original debate papers) to submit their contributions to the Scandinavian Journal of Primary Health Care (e.g. in the education and debate section) or other relevant journals.
 - To facilitate contact between congress contributors and local/national mass media, etc. (systematic public relation strategy, press releases, etc.).
 - To maintain a high standard regarding practical arrangements, such as announcements, information content (home pages, etc.).
 - To create an enjoyable, generous. and rewarding social arena facilitating genuine personal contact and networking among congress participants.