



LETTERS TO THE EDITOR

Family Medicine in Cuba: current realities and challenges

La Medicina Familiar en Cuba: realidades y desafíos actuales

Carlos David Boris Miclin ¹ *, <https://orcid.org/0009-0003-7658-7645>

Laura Guedes Ojeda ², <https://orcid.org/0000-0002-8423-4351>

Malena Laura Vázquez Núñez ², <https://orcid.org/0009-0000-4357-6171>

¹ University of Medical Sciences of Santiago de Cuba. Faculty of Medicine No.2, Santiago de Cuba, Cuba.

² University of Medical Sciences of Matanzas. Faculty of Medical Sciences of Matanzas "Dr. Juan Guiteras Gener". Matanzas, Cuba.

* **Corresponding author:** carlosdavidborismiclin@gmail.com

Received: 26/09/2024

Accepted: 21/12/2024

How to cite this article: Boris-Miclin CD, Guedes-Ojeda L, Vázquez-Núñez ML. Family Medicine in Cuba: current realities and challenges. MedEst. [Internet]. 2025 [cited access date]; 5:e273. Available in: <https://revmedest.sld.cu/index.php/medest/article/view/273>

Dear Director:

According to what Placeres Hernández et al. ⁽¹⁾ stated in their article "Family Medicine in Cuba, a dream come true", at the end of 1983, Commander in Chief Fidel Castro Ruz conceived the idea of providing the Cuban health system with a new type of doctor, capable of providing assistance to pregnant

women, taking care of their risks, their evolution and the outcome of the birth; then following the child in their development and behavior at home and at school and, as an adult, ensuring their healthy performance in their family and social life, in addition to guaranteeing that they received the proper care during old age.

In the 1960s, the rural medical service and the comprehensive polyclinic were implemented in Cuba, the first to bring health services to the most intricate rural and mountainous areas of the country and the second as a basic unit of the Ministry of Public Health at the first level of care. Their actions were mainly aimed at dealing with health problems with a team of general physicians, nursing assistants, stomatologists, health workers, social workers and statisticians. ⁽²⁾

In 1974, the community medicine model was created, which maintained the basic principles of the comprehensive polyclinic with new foundations and procedures. With this model, components such as sectorization, regionalization, comprehensiveness, teamwork, continuity of care, community participation in health tasks and dispensarization were perfected and developed. ⁽³⁾

The Cuban family medicine program has been developing for more than four decades as the third model of medical care of the revolutionary period in Cuba. It is the most complete expression of the application of the primary health care (PHC) strategy. It still shows potential for improvement in the organization, quality and efficiency of services at the first level of health care. ⁽⁴⁾ It is still a developing model, perfectible and susceptible to transformations to face new challenges, the greatest of which will be to renew the model, maintain and strengthen the founding ideas of the program.

It is the responsibility of the health sector and its professionals to provide care for the health of the family with a comprehensive and preventive approach, at the level of the social and human essence of Cuban public health.⁽⁵⁾ In this sense, it is crucial to improve the study plans in the face of the challenges imposed by medical education and the study of the family as the fundamental cell of society, as well as to update the knowledge and skills of Family Medicine specialists, so that they can practice their specialty from the biopsychosocial approach and through comprehensive health actions in the PHC settings themselves.

The training of family doctors takes place in the community itself, where a specialist is trained with a high quality of services provided to the population,

in response to the social mandate of the Cuban system and thanks to the political will of the country in accordance with the economic, social and community situation. ^(6,7)

The main challenges facing family medicine today are aimed at ensuring compliance with the implementation of the updated program in all family doctor and nurse offices in the country, maintaining continuous improvement of the first level of care and implementing the Digital Health Strategy in PHC, in addition to consolidating and expanding the communication strategy for workers in the sector and the population in general.

Raising the efficiency and effectiveness of the management of the Family Doctor and Nurse, based on science and innovation based on the health problems they face, as well as strengthening health promotion actions to achieve not only the absence of disease, but also having health as a component of well-being. These are essential and necessary requirements for the development of comprehensive quality medical care, which translates into better health and satisfaction of the population and our workers, is the debt to the people and our Commander in Chief Fidel Castro Ruz.

BIBLIOGRAPHIC REFERENCES

1. Placeres-Hernández JF, Estrada-Rodríguez Y. La Medicina Familiar en Cuba, un sueño hecho realidad. MedEst [Internet]. 2024 [cited 26/07/2024]; 4(1). Available in: <https://revmedest.sld.cu/index.php/medest/article/view/214>
2. Cuesta Mejías LA, Herrera Alcázar V, Durán Morales T, Muñiz Roque AM, Soto Entenza María E. Situación actual y perspectiva de las ideas fundacionales del programa de medicina familiar en Cuba. Infodir [Internet]. 2022 [cited 26/07/2024]; (38). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1996-35212022000200007&lng=es
3. Martín Suárez MdlÁ, López Suárez A, Hernández Ruíz OA, Abreu Cuba EM, Martínez Artiles C, Domínguez Ruíz B. Breve historia de la fundación de la medicina familiar en Cárdenas. Rev.Med.Electrón. [Internet]. 2023 [cited 26/07/2024]; 37(4):409-414. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1684-18242015000400015&lng=es



4. Espin Falcón JC, Taureaux Díaz N, Gasca Hernández E, Cardona Almeida A, Veja Castaño AdIÁ. La familia y la medicina familiar en la educación de posgrado en Cuba. Educ Med Super [Internet]. 2021 [cited 26/07/2024]; 35(2). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412021000200009&lng=es
5. Sansó Soberats FJ. Veinte años del modelo cubano de medicina familiar. Rev Cubana Salud Pública [Internet]. 2022 [cited 26/07/2024]; 31(2). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-34662005000200012&lng=es
6. Ledesma Flor M, Flores Martínez O. Medicina familiar: la auténtica especialidad en atención médica primaria. Gac Méd Caracas. [Internet]. 2022 [cited 26/07/2024]; 116(4):330-340. Available in: http://ve.scielo.org/scielo.php?script=sci_arttext&pid=S0367-47622008000400009&lng=es
7. Suarez Cuba MÁ. Razón de ser y ventajas de la medicina familiar: realizaciones y retos en Bolivia. Rev. Méd. La Paz [Internet]. 2021 [cited 26/07/2024]; 17(2):53-59. Available in: http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S1726-89582011000200009&lng=es

STATEMENT OF AUTHORSHIP

CDBM: Conceptualization, investigation, methodology, project administration, validation, writing of the original draft, review, editing.

LGO: Conceptualization, investigation, methodology, project administration, validation, writing of the original draft, review, editing.

MLVN: Conceptualization, investigation, methodology, project administration, validation, writing of the original draft, review, editing

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

SOURCES OF FINANCING



The authors declare that they did not receive funding for the development of this research.

