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# Family Medicine: an essential and growing specialty

## *Medicina Familiar: una especialidad imprescindible y en crecimiento*

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## Dear readers:

The recent official transition of the specialty from Comprehensive General Medicine to Family Medicine in Cuba (2024) marks a transcendental milestone that goes beyond nomenclature. It represents the maturity of a public health project that, after 42 years, requires a reflection that transcends the commemoration to focus on its strategic future. (1)

This editorial, according to the authors, does not only seek to review the evolution of a specialty, but to critically analyze its ability to respond to the complex demographic and epidemiological challenges of the 21st century, positioning it as the fundamental pillar of the sustainability of the Cuban health system.

The genesis of this model was a disruptive innovation. It arose from a vision that understood the need for a doctor with a broad and community profile, as defined in 1983. (2) The declaration of historical leader Fidel Castro in 1984, foreseeing a "massive" and "fundamental" specialty, gave a unique political and social dimension to this project from the beginning. At the National Meeting of Medical Sciences Students, he noted: (3)

*"However, fortunately, there will be a specialty of great value, of great importance, of great prestige, which we will be able to make widespread, because it is the type of doctor that is needed almost everywhere [...] in my opinion, this is one of the doctors who will play a fundamental role in the health of our people. This doctor is the most universal."*

This visionary projection not only legitimized the creation of the specialty, but also outlined from its origin the mandate of being accessible, comprehensive and central to the national health strategy.

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The specialist's training was built on a teaching strategy that integrated community tutoring with hospital rotations from the beginning, an approach that reflects the biopsychosocial and humanistic model that distinguishes it. [4,5]

The curricular trajectory has been a dynamic process of continuous improvement. From the first study plan in 1985, structured over three years with a familiarization period, through successive reforms in 1990, 1999-2000, and 2004, a clear evolution is observed: the consolidation of a modular approach, the integration of the family and community component, the progressive reduction of hospital time in favor of service-based training, and the introduction of competencies for emergencies. [6,7] The 2018 version, structured in areas and competencies, and the current redesign adopting the name Family Medicine, demonstrate a constant adaptation to international standards and national needs. [8]

The achievements of Cuban Family Medicine are the basis of its legitimacy. It has operated as the executing axis of crucial public policies, from the Maternal and Child Program to care for the elderly and community epidemiological surveillance. Its strength lies in a powerful duality: it is the specialty with the largest number of professionals, ensuring coverage, and at the same time, the one that sustains longitudinal, personalized, and family-centered care. [9] This problem-solving capacity at the primary care level has been a key determinant of the country's favorable health indicators, materializing that foresight of being a doctor "for almost everywhere."

However, the current context imposes new challenges that directly challenge the model. The accelerated aging of the population, the growing burden of non-communicable chronic diseases, multimorbidity, the expectations of a more informed population, and the imperative integration of digital technology into clinical practice exert unprecedented pressure on the system and, specifically, on the family doctor. The critical question is no longer about the validity of the model, but about its capacity for transformation to remain the central solution. [9]

The name change must therefore be the catalyst for a comprehensive strategic reinvestment. Four priority lines of action are proposed: [8,9]

**1-Anticipatory and competency-based curricular update:** The new study plan must delve deeper into critical areas such as advanced clinical geriatrics, comprehensive management of chronicity and multimorbidity, community mental health, and digital competencies (electronic health records, telemedicine, critical use of information).

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**2-Technological empowerment of the primary level:** The family doctor's office must cease to be a technological island. It is urgent to equip it with improved basic diagnostic tools and robust connectivity, transforming it into an efficient node within an integrated and digital health network, where the doctor manages and coordinates care.

**3-Translational research in Primary Health Care (PHC):** It is necessary to promote a research culture that transforms the problems of daily practice into study questions. The increasing number of master's and doctoral graduates must be channeled into projects that generate applicable local evidence, innovation in processes, and evaluation of community interventions.

**4-Systemic professional revaluation:** Human resources policies are required that tangibly recognize the complexity and demands of family practice. This includes incentive schemes, career plans, decent working conditions, and psychosocial support mechanisms. The objective is clear: to make Family Medicine an attractive and sustainable professional option, retaining talent and attracting new generations.

The success of this reinvention depends on a multi-sectoral commitment. Health authorities must prioritize PHC in the allocation of resources and on the political agenda. The academy must lead teaching innovation and the generation of relevant knowledge. Scientific societies, such as the Cuban Society of Family Medicine (SOCUMEFA), must amplify the voice of the specialty and promote international exchange. And, fundamentally, family doctors themselves must assume a leading role in their professional development and in defending their practice model.

According to the authors, Cuban Family Medicine therefore faces a defining crossroads. The path forward is not between oblivion and continuity, but between complacency in historical achievements and the audacity for strategic reinvention. The recent decision to adopt the name Family Medicine is considered to symbolize precisely this: not the closing of a cycle, but the solemn opening of the most crucial one—that of its profound transformation to consolidate itself as the insurmountable trench of public health in the complex 21st century.

Commemorating its more than four decades is no longer, then, an exercise in nostalgia. It becomes an act of reaffirmation and prospective commitment. Honoring the pioneering vision of those, like Fidel Castro, who envisioned its "fundamental" and "universal" role, today requires taking the next step: building, with the same determination and strategic clarity, the future of a specialty that has

proven, beyond all doubt, to be not only necessary, but absolutely essential. It is the inalienable pillar on which the resilience of the Cuban health system and the health of its people rests. Its strengthening is not an option; it is the indispensable condition for the future of Primary Health Care in the nation.

## BIBLIOGRAPHIC REFERENCES

1. Castro Ruz F. Discurso Clausura del Claustro Nacional de profesores de Ciencias Médicas [Internet]. La Habana; 16 Abr 1983 [cited 30/12/2025]. Available in: http://www.cuba.cu/gobierno/discursos/1983/esp/f160483e.html

2. Castro Ruz F. Discurso de conclusiones del Encuentro Nacional de Estudiantes de Ciencias Médicas [Internet]. La Habana; 5 May 1984 [cited 30/12/2025]. Available in: http://www.cuba.cu/gobierno/discursos

3. Lemus Lago ER, Carballo Fernández G. Sobre la base teórica de la especialidad de Medicina General Integral y del médico de la familia en Cuba. Educ Med Super [Internet]. 2013 [cited 30/12/2025]; 27(4): 404-418. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412013000400009&lng=es

4. Placeres-Hernández JF, Estrada-Rodríguez Y. La Medicina Familiar en Cuba, un sueño hecho realidad. MedEst [Internet]. 2024 [cited 30/12/2025]; 4(1):e214. Available in: https://revmedest.sld.cu/index.php/medest/article/view/214

5. Segredo Pérez AM, Perdomo Victoria I. La Medicina General Integral y su enfoque social y humanista. Educ Med Super [Internet]. 2012 [cited 30/12/2025]; 26(2):294-306. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412012000200011&lng=es

6. García-Núñez R, San-Juan-Bosch M, García-San-Juan C. Reseña histórica sobre la evolución de la especialidad Medicina General Integral en Cienfuegos. Medisur [Internet]. 2021 [cited 30/12/2025]; 19(3):[aprox. 13 p.]. Available in: https://medisur.sld.cu/index.php/medisur/article/view/5026

7. González Sabado RI, Martínez Cárdenas A, Izaguirre Remón RC. Formación profesional del especialista en Medicina General Integral y su competencia para prevenir el suicidio. EduMeCentro. [Internet] 2022 [cited 30/12/2025]; 14(1). Available in:

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ISSN: 2789-7567 | RNPS: 2524

https://www.medigraphic.com/pdfs/edumecentro/ed-2022/ed221cm.pdf

8. Pupo Ávila NL, Hechavarria Toledo S, Alemañy Pérez EJ. La promoción de salud en el programa de la especialidad de Medicina General Integral en Cuba. Educ Med Super [Internet]. 2015 [cited 30/12/2025]; 29(4):742-752. Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412015000400008&lng=es

9. República de Cuba. Ministerio de Salud Pública. Dirección General de Docencia Médica Dirección Nacional de Posgrado. Universidad de Ciencias Médicas de La Habana. Programa de Especialidad de Primer Grado. Medicina Familiar. 2023. Available in: http://www.ecimed.sld.cu/tag/medicina-familiar/

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.