

Are Syrian health care providers aware of the role of family physicians?

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Dear Editor,

Family medicine remains underrepresented in Syria, with fewer than 200 family doctors serving a population of over 25.6 million (1). Considering recent discussions on the challenges of strengthening primary care in Syria (2,3), we found some valuable insights. We conducted a cross-sectional survey of 383 health care professionals (specialists, residents and medical students) in Damascus between January and April 2025 to explore the perceptions and misconceptions about the role of family medicine in health care. We used a convenience sampling method, with the questionnaire link shared across social platforms to reach a diverse group of medical professionals. Measurement bias was addressed by piloting the instrument and refining the questions based on the preliminary feedback.

Most participants supported wider availability of family medicine (85%) and regular family doctor visits (88%) (Table 1). Importantly, 95% believed that expanding this specialty could improve health care quality and ease system pressures. Critical misconceptions emerged: over half of the participants (52%) did not believe that family doctors could perform minor surgical procedures and 58% were unsure about procedures such as sigmoidoscopy or DEXA scan (Table 2). These gaps suggest a narrow

perception of the scope of family medicine, particularly in procedural and diagnostic roles.

Our findings highlight the need for targeted educational reform to better integrate family medicine into the medical training curricula and promote its value in urban and rural areas. Policy changes are recommended to position family doctors as first-line providers in Syria, thereby improving access and continuity of care.

The study has several limitations. The sample was selected from the capital city, Damascus, and its surrounding areas, which have some of the most developed health care in Syria. Health care providers in other governorates may have even lower awareness of family medicine. Most participants were medical trainees and students, specialists may have different perspectives on the specialty, particularly given that family medicine is a relatively new discipline in Syria, gaining prominence only in the past 2 decades.

These findings provide valuable insights, although generalisability may be limited because of Syria's post-conflict context and the current resource constraints (4). Future qualitative research, including interviews with policymakers, family doctors and patients, could provide deeper insights into these challenges.

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Table 1 Participants' perceptions about the core clinical duties of a family doctor

| Question | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Mean | Standard deviation | Degree |
|--|----------------|--------------|----------------------------|-------------|-------------------|-------|--------------------|--------|
| Can the family doctor provide general clinical examination (e.g. annual checkups)? | 145 37.9% | 226 59% | 6 1.6% | 6 1.6% | 0 0% | 4.332 | 0.59 | Agree |
| Can the family doctor provide appropriate diagnosis and refer you to a specialist? | 137 35.8% | 209 54.6% | 13 3.4% | 21 5.5% | 3 0.8% | 4.191 | 0.804 | Agree |
| Can the family doctor analyse laboratory results and radiographic images? | 119 31.1% | 240 62.7% | 18 4.7% | 6 1.6% | 0 0% | 4.232 | 0.606 | Agree |
| Can the family doctor provide prenatal and postpartum care? | 63 16.4% | 200 52.2% | 55 14.4% | 59 15.4% | 6 1.6% | 3.666 | 0.978 | Agree |
| Can the family doctor provide vaccinations and other injections? | 104 27.2% | 238 62.1% | 26 6.8% | 15 3.9% | 0 0% | 4.125 | 0.694 | Agree |
| Can the family doctor provide psychological care? | 90 23.5% | 200 52.2% | 53 13.8% | 36 9.4% | 4 1% | 3.877 | 0.911 | Agree |
| Can the family doctor provide behaviour change counselling? | 152 39.7% | 212 55.4% | 12 3.1% | 5 1.3% | 2 0.5% | 4.324 | 0.651 | Agree |
| Can the family doctor provide physiotherapy when required? | 68 17.8% | 188 49.1% | 99 25.8% | 25 6.5% | 3 0.8% | 3.765 | 0.845 | Agree |

Table 2 Participants' perceptions about advanced clinical and societal roles of family doctors

| Questions | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Mean | Standard deviation | Degree |
|--|----------------|--------------|----------------------------|--------------|-------------------|-------|--------------------|----------|
| Can a family doctor perform minor surgical procedures (e.g. IUD insertion, vasectomy)? | 18 4.7% | 53 13.8% | 106 29.8% | 133 34.7% | 65 17% | 2.546 | 1.072 | Disagree |
| Can a family doctor perform procedures like sigmoidoscopy, colposcopy and DEXA? | 11 2.9% | 44 11.5% | 107 27.9% | 165 43.1% | 56 14.6% | 2.449 | 0.972 | Disagree |
| Can a family doctor perform women's health procedures (e.g. mammograms, cervical screening)? | 20 5.2% | 142 37.1% | 87 22.7% | 110 28.7% | 24 6.3% | 3.063 | 1.057 | Agree |
| Is family medicine the only specialty linking care to familial/social status? | 29 7.6% | 101 26.4% | 103 26.9% | 144 37.6% | 6 1.6% | 3.008 | 1.004 | Agree |
| Will family medicine improve primary health care quality if empowered? | 196 51.2% | 169 44.1% | 14 3.7% | 3 0.8% | 1 0.3% | 4.452 | 0.633 | Agree |
| Will family medicine reduce health care workload and improve quality of life? | 161 42% | 191 49.9% | 25 6.5% | 5 1.3% | 1 0.3% | 4.321 | 0.678 | Agree |
| Will family medicine increase public health awareness? | 149 38.9% | 213 55.6% | 18 4.7% | 3 0.8% | 0 0% | 4.326 | 0.601 | Agree |
| Can a family doctor provide primary care services for all ages and both genders? | 115 30% | 244 63.7% | 13 3.4% | 10 2.6% | 1 0.3% | 4.206 | 0.649 | Agree |
| Weighted mean and standard deviation | | | | | | 3.805 | 0.405 | Agree |