Af: Anders Beich, formand for DSAM, og **Louise Hørslev,** sekretariatschef i DSAM og direktør for NFGP - lh@dsam.dk

Fælles nordiske værdier

"Core Values of Nordic General Practice"

NFGP har vedtaget "Core Values of Nordic General Practice" – et politikpapir, der bygger videre på de norske teser og de danske pejlemærker for faget almen medicin.

DSAM har nære og gode relationer til de øvrige nordiske lande, og vi mødes jævnligt i regi af Nordic Federation of General Practice (NFGP), som DSAM i øvrigt varetager sekretariatsfunktionen for.

I NFGP foregår mange vigtige ting: planlægning af nordiske kongresser, udgivelse af det videnskabelige tidsskrift Scandinavian Journal of Primary Health Care, udvikling af samarbejdsrelationer på tværs af grænser mellem yngre og "ældre" almenmedicinere og også en række øvrige udviklingstiltag.

Stopper ikke her

Vi har i år vedtaget "Core Values of Nordic General Practice", og der er er tilmed planer om at føre arbejdet videre i europæisk sammenhæng i WONCA-regi.

Johann Sigurdsson, professor emeritus, dr.med. og formand for NFGP, har lagt mange kræfter i arbejdet med at formulere "Core Values of Nordic General Practice", et projekt som har været i gang siden 2017. Ud over at bygge videre på de norske teser og danske pejlemærker er de blevet til via workshops med praktiserende læger fra hele Norden, som har drøftet og diskuteret indholdet omhyggeligt. Dernæst har en arbejdsgruppe med dansk repræsentation af DSAM-formand Anders Beich diskuteret kulturelle forskelle i brug af forskellige ord og ordenes associationer. Der er med andre ord blevet "smagt" på hvert ord og taget alle tænkelige forbehold i betragtning forud for det produkt, der nu foreligger, og som I kan se på plakaten på næste side. At drive sådan en proces fremad kræver stor vedholdenhed og udholdenhed. I den forbindelse skylder vi formanden for NFGP, Johann Sigurdsson, en stor tak.

Bevidsthed om værdier

Det er håbet, at dette sæt af værdier bliver til gavn – ikke kun for praktiserende læger, men også for politikere og interessenter i hele sundhedssystemet, for forskere og undervisere i grund- og efteruddannelse og endelig for alle vores patienter; borgerne i de nordiske lande. Når der løbende skal omfordeles, omorganiseres, opskaleres, teknologiseres osv. i sundhedsvæsenet, kan det sandsynligvis være en hjælp for alle, at vi er bevidste om, hvilke værdier vi bygger vores fagligghed på, og at vi har formuleret disse "core values", som jo rækker langt ud over landets grænser. //

Find artikel og yderligere info på:
www.nfgp.org/flx/nfgp/core_values/

CORE VALUES AND PRINCIPLES OF NORDIC GENERAL PRACTICE/FAMILY MEDICINE

1. We promote continuity of doctor-patient relationships as a central organising principle.

The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality person-centred care.

2. We provide timely diagnosis and avoid unnecessary tests and overtreatment. Disease prevention and health promotion are integrated into our daily activities.

We care for our patients throughout their lives, tending to them through disease and suffering while encouraging progress toward health. We help patients understand their own health – to confront and manage their limitations, improve and maintain their well-being.

Overexamination, overdiagnosis, and overtreatment can harm patients, consume resources and indirectly lead to harmful underdiagnosis and undertreatment elsewhere. When equally effective interventions are available, we choose those that cost less.

3. We prioritise those whose needs for healthcare are greatest.

We aim to minimise inequalities in how health services are provided. We organise our practices to devote the most time and effort to those whose needs for treatment and support are greatest.

4. We practice person-centred medicine, emphasising dialogue, context, and the best evidence available.

We engage professionally with our patients' current life situations, biographical stories, beliefs, worries, and hopes. This helps us to recognise the links between social factors and sickness, and to deepen our understanding of how life and life events leave their imprint on the human body. We promote patients' capacity to make use of their individual and communal resources.

To safeguard our long-term resilience as caregivers, we attend to our own well-being.

5. We remain committed to education, research, and quality development.

We engage actively in the training of our future colleagues We implement and promote research that is suited to the knowledge needs of General Practice/ Family Medicine. We take a constructively critical view of new knowledge and approaches within our areas of specialisation.

6. We recognise that social strain, deprivation, and traumatic experiences increase people's susceptibility to disease, and we speak out on relevant issues.

Respect for human dignity is a prerequisite for healing and recovery.

We acknowledge that many circumstances contribute to health inequalities: childhood experiences, housing, education, social support, family income/ unemployment, community structures, access to health services, etc.

We recognise our duty to speak out publicly on specific factors that cause or worsen disease, increase inequality in health outcomes, or make resources less accessible to certain people.

7. We collaborate across professions and disciplines while also taking care not to blur the lines of responsibility.

We engage actively in developing and adapting effective ways to cooperate.

Read more about The Nordic Federation of General Practice on **www.nfgp.org**