People’s dissatisfaction with the Urban Family Physician Program in Shiraz, Iran: a letter to the editor

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Abstract
This is a letter to editor (LTE), and does not need / have an abstract.

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1. Introduction
We read with interest the article that has been recently published in the Electronic Physician Journal; written by Dr. Imanieh and his colleagues entitled “Factors affecting public dissatisfaction with urban family physician (FP) plan” (1). The authors honestly reflected the voice of the people toward different aspects of the FP program including specialists, para-clinic services, pharmacy, physicians on shift work and FP assistants. As a strong point, this report was among the first reports about the urban FP program in Iran, especially that it was a population-based study. However, there are some points that we believe if were regarded in that research, could have enriched the results. First of all, only people who were resident in Fars province, and participated in the FP program and were under insurance coverage were included in this study (1); but people who did not decide to register in the FP program or who were not under the coverage of insurance were not studied. Those who are not registered with the FP program may be dissatisfied with the program due to different reasons compared with those who participated in this study, as our earlier study revealed more dissatisfaction among those groups (2). It is possible that the results would be more comparable if at least, the proportions of excluded and included groups in the statistical population of this study had been mentioned. The next point is that what percentage of people who were registered in the FP program referred to the FPs? We think that not all the people who registered with the FP program follow the program, as another study in the same region showed that only 56% of those who were under-coverage of the FP program referred to their FPs (3). So, we think it could be more conclusive if these subgroups were considered in future research. Another issue to say about the article is that it would be of educational value if the authors had described the sampling method, whereas Fars province, as the fourth biggest province of Iran has a population of around 5 million including a four million urban population that live in 29 cities across 133,000 km2 (4). Therefore, it may have been better to have explained in detail about the method of sampling, distribution of samples and the cities which were included in the final samples. Another point is that socioeconomic factors may play a role in such studies, so, it would be a good idea if we study dissatisfied vs. satisfied groups, considering the different demographic and socioeconomic factors between these groups, as we stated in our earlier study (2). The last point is that most of the measured items about satisfaction or dissatisfaction assessment in this study addressed the treatment duties of FPs, while it could also consider the preventive tasks of FPs and people’s inadequate knowledge about it (3, 5). These points might show more dissatisfaction toward this program. We believe that Dr. Imanieh’s study, as a key report, can be inspiring for a next prospective cohort study to determine different aspects of the FP program to make possible evidence-based policy making in this regard.

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There is no conflict of interest to be declared.

Authors' contributions:
Both authors contributed to this project and article equally. Both authors read and approved the final manuscript.

References: