

Family Medicine and Chronic Disease Care: A Cornerstone of Healthcare in Mexico



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As physicians in training, it is essential to understand the most prevalent diseases affecting the Mexican population in order to manage them appropriately. Currently, there has been a marked increase in the number of patients living with multiple diseases that are largely preventable. However, various cultural factors—such as gastronomy, physical activity patterns, social gatherings, among others—directly or indirectly contribute to the development of diabetes and hypertension, which are among the most common diseases affecting Mexicans.

Mexican gastronomy is one of the country's most distinctive cultural elements at an international level. Nevertheless, traditional meals frequently contain excessive amounts of carbohydrates, saturated fats, salt, and sugars. These dietary patterns are ingrained from early childhood, particularly in meals consumed after school, including flour tortillas, sweet bread, white rice, tamales, gorditas, sopes, and sugary soft drinks, which are almost ubiquitous. From a physiological standpoint, these habits lead to systemic imbalances that may result in insulin resistance, hyperinsulinemia, increased arterial fatty acid deposition, among other metabolic alterations.

Regarding physical activity, it is not a habit that has been widely instilled in most Mexicans since childhood.

Physical exercise is often perceived as an “optional” or supplementary activity rather than a fundamental requirement for health, when in reality, the opposite is true. Reduced daily energy expenditure leads to inefficient utilization of caloric intake, causing excess energy to be stored as adipose tissue. Over time, this contributes significantly to metabolic deterioration and adverse health outcomes.

When both diet and physical activity are poorly regulated, multiple risk factors intensify, facilitating the development of chronic diseases that were previously less prevalent, such as diabetes and hypertension. These conditions now represent the daily clinical reality for most physicians. Overall, contemporary lifestyles have resulted in a dramatic increase in the incidence of these diseases compared to the prevalence observed when previous generations were of the same age.

The Mexican healthcare system is currently far from adequately meeting the existing demand. It is common for patients to experience prolonged waiting times when attending clinics or hospitals, largely due to shortages of healthcare personnel—particularly physicians—within public institutions. General practitioners and family physicians play a central role at this first level of care, assuming primary diagnostic and therapeutic responsibilities.

As reviewed in medical education, the Mexican healthcare system is structured into three levels of care:

Primary Level of Care:

This level provides exclusively outpatient services, which may be general or specialized. It represents the first point of contact with patients and serves as the principal setting for health promotion, disease prevention, early detection, and longitudinal follow-up of conditions such as those previously mentioned.

Secondary Level of Care:

This level offers hospital-based and emergency services, in addition to health promotion, disease prevention, and specialized outpatient care.

Tertiary Level of Care:

This level provides highly specialized hospital and emergency care. It also serves as a training site for medical specialists and subspecialists and includes research units or centers.

Primary care in Mexico constitutes the cornerstone for both the prevention and treatment of the majority of diseases affecting the population. Despite this, it is increasingly common for medical students and even healthcare professionals to undervalue physicians working at this level, particularly general practitioners and family physicians. This perception has contributed to the devaluation of Family Medicine as a specialty, often considered “less demanding,” as reflected in residency entrance examinations, or viewed as an inadequate career path despite the extensive training required.

Family Medicine offers comprehensive and continuous care throughout the patient’s lifespan, with a strong emphasis on disease prevention, diagnosis, treatment, and health promotion through lifestyle modification and healthy habits. Family physicians also coordinate referrals to specialists when necessary.

They are primarily responsible for the long-term management of chronic diseases, the care of patients across all age groups, and the assessment and treatment of mental health conditions ranging from mild to severe, such as anxiety and depression. Consequently, they play a crucial role in preventing complications, reducing hospital overcrowding, and improving population quality of life.

By the end of 2023, an analysis of Family Medicine Units (FMUs) within the Mexican Social Security Institute (IMSS) reported five million beneficiaries living with diabetes, of whom 69.3% (3,477,136 individuals) received follow-up and control care at FMUs. National mortality from type 2 diabetes among individuals aged 20 years and older showed an upward trend, with a 16.1% increase between 1998 and 2023. Additionally, eight million beneficiaries were reported to be living with arterial hypertension, of whom 5,352,690 (65.8%) received follow-up care at FMUs. Mortality related to hypertension increased by 31.7% during the same period.

The vast majority of these patients are managed by their primary care physician, typically a specialist in Family Medicine. This underscores why family physicians represent a foundational pillar of healthcare in Mexico, serving as first responders in the prevention and management of most diseases nationwide.

In summary, the primary level of care, together with the healthcare professionals who operate within it, constitutes the fundamental backbone of the Mexican healthcare system. At this level, essential actions related to disease prevention, early diagnosis, and treatment of the most prevalent health conditions are carried out. Moreover, it enables early identification of patients requiring specialized care, ensuring timely and appropriate referral.

It is imperative to eliminate the stigma that portrays family physicians and primary care personnel as possessing inferior medical knowledge. On the contrary, their comprehensive training and close engagement with the community position them as key agents in chronic disease control and public health improvement, in addition to providing more humane and empathetic patient care.