

The “Family Doctor” in Portugal. Key connections with the Social Security System

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1. Introduction. The History and Functioning of the Public Health System in Portugal

Portugal's public health system, the *Serviço Nacional de Saúde* (SNS), has played a crucial role in ensuring access to healthcare for all citizens. Established after the 1976 Constitution, it has evolved to meet the needs of the population, adapting to new challenges and reforms over the years. A trivial synthesis of the history and functioning of the Portuguese public health system enables a better comprehension of its main developments, structure, and impact on society.

1.1. Historical Background

Before the creation of the SNS, healthcare in Portugal was largely fragmented and based on private initiatives, charitable institutions, and occupational health schemes. Many people, especially in rural areas, had limited access to medical services, as healthcare was mainly available to those who could afford it or were covered by employment-related health programs¹.

We have clear records of what health care was in Portugal, since the fifteen century². This allows us to verify that the strong debate on the

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¹ Cfr. M.A. LOPES: *Protecção Social em Portugal na Idade Moderna*, Coimbra: Imprensa da Universidade de Coimbra, 2010, p. 57.

² Cfr. A.E. FERREIRA, *A Assunção Jurídica da Vulnerabilidade – Os Grandes Debates do Final Do Século XIX à Primeira República in Revista do Instituto de Direito Brasileiro*, Ano 2, nº 4, 2013 pp. 2847-2897.

intervention of the State in the administration of health only looms with the First Republic³, already at the beginning of the twentieth century. The turning point came after the 1974 Carnation Revolution, which brought significant social and political changes. In 1979, the SNS was officially established under Law No. 56/79, inspired by principles of universal healthcare, solidarity, and equity. The goal was to provide free and accessible healthcare services to the entire population, financed primarily through taxation.

The social right to health protection shall be guaranteed by the National Health Service (Serviço Nacional de Saúde, SNS), according to the original version of the Constitution of the Portuguese Republic of 1976 (Constituição da República Portuguesa, CRP)⁴. The Minister of Social Affairs, Dr. António Arnaut, created the National Health Service through Law No. 56/79 of 15 September.

The first Basic Health Law dates to 1990 and, recently, Law No. 95/2019 of 4 September has taken its place. The 2019 Basic Health Law aims to strengthen the central and crucial role of the patient, reinforcing patient's rights⁵ and centrality, recognising the importance of patient associations and their representation⁶, as well as their importance in achieving health and recognising the importance of genomic medicine.

1.2. *Structure and Organization of the SNS*

The Portuguese public health system is organized into several levels of care, ensuring comprehensive medical services from primary care to

³ M.J. de ALMEIDA COSTA; R.M. FIGUEIREDO MARCOS, *A Primeira República no Direito Português*, Coimbra: Edições Almedina, 2010, p. 7.

⁴ Article 64 of the Portuguese Constitution adopts the Beveridge system, unlike Article 35 of the Charter on Fundamental Rights of the European Union (Health care) and Article 3 of the Convention on Human Rights and Biomedicine, which mentions 'Equitable access to health care', the Portuguese Constitution requires that access to health be effective, following the Beveridge model, with financing based on taxes and providers being predominantly public (Art. 64 of the CRP). It states (2) "a) By means of a universal and general national health service which, with particular regard to the economic and social conditions of the citizens who use it, shall tend to be free of charge".

⁵ For an analysis of patient's rights in Portugal, see A.D. PEREIRA, *Direitos dos Doentes e Responsabilidade Médica*, Coimbra, Coimbra Editora, 2014, *passim*.

⁶ See – Lei n.º 108/2019, de 9 de setembro – Carta para a Participação Pública em Saúde.

specialized hospital treatments. The system is managed by the Ministry of Health and structured into the following key components:

i) *Primary Health Care*

Primary healthcare serves as the entry point into the SNS and, traditionally, is provided through a nationwide network of health centres (*Centros de Saúde*) and Family Health Units (*Unidades de Saúde Familiar*)⁷. These facilities offer general medical consultations, maternal and child health services, vaccination programs, chronic disease management, and preventive care. Family doctors play here their first fundamental starring role, in coordinating patient care and referrals to specialists when necessary.

ii) *Hospital Care*

Portugal has a network of public hospitals that provide specialized medical treatments, surgeries, and emergency services. These hospitals are categorized into central, district, and local hospitals, depending on their size, specialization, and coverage area. Access to hospital services generally requires a referral from a family doctor, except in emergency situations, and in situations that are directly referenced by the SNS universal contact centre, called 'SNS 24'.

The Contact Centre of the National Health Service – SNS 24 through the Screening, Counselling and Referral Service is responsible for assessing and guiding citizens in the face of a non-emergent health problem. That is, through telephone contact, triage is carried out according to the clinical situation and the respective referral to the appropriate level of care – self-care, primary health care, emergency services, INEM or Poison Information Centre.

iii) *Continuing and Palliative Care*

The SNS also includes services for patients requiring long-term care, rehabilitation, or end-of-life care. These are provided through integrated networks of home care, specialized units, and palliative care centres. The aim is to offer dignified and compassionate care for individuals with chronic illnesses or disabilities.

⁷ These terminologies changed in 2024, as we will see under.

iv) *Public Health Initiatives*

Preventive healthcare and health promotion are also priorities of the SNS. National programs focus on vaccination, disease screening, smoking cessation, nutrition, and mental health awareness. Additionally, Portugal has implemented policies to address major public health challenges, such as the decriminalization of drug use in 2000, which shifted the focus from punishment to treatment and harm reduction⁸.

1.3. *Financing and Sustainability*

The SNS is primarily funded through general taxation, ensuring that healthcare remains accessible to all citizens regardless of income⁹. The National Health Service (SNS) guides its actions by the principle of the tendency to free care provided, considering the economic and social conditions of citizens, as a central dimension of health protection policies to be promoted by the State¹⁰.

Within the framework of the Basic Health Law, approved by Law No. 95/2019, of 4 September, as well as the policy to improve access to health care, the situations of exemption from user fees have been progressively extended, with the aim of ensuring that its application aims only to guide the flows of users and control moral hazard¹¹. Finally, in 2022, the user fees ended in all SNS services, remaining only in hospital emergency care service when there has been no prior referral or admission to hospitalization through the emergency room¹².

Over the years, the SNS has faced several challenges, including an aging population, increasing demand for healthcare services, and financial constraints.

⁸ Lei n.º 30/2000, de 29 de Novembro. See <https://transformdrugs.org/assets/files/PDFs/Drug-decriminalisation-in-Portugal-setting-the-record-straight.pdf>.

⁹ Cfr. OECD, European Observatory on Health Systems and Policies State of Health in the EU, *Portugal: Country Health Profile 2021*, Brussels, European Commission, 2021, pp. 8 and following.

¹⁰ Cfr. A. ARNAUT, *Serviço Nacional de Saúde. SNS 30 anos de Resistência*, Coimbra, Imprensa da Universidade de Coimbra, 2020, p. 62.

¹¹ Cfr. S. DEODATO, *O Direito Fundamental à Proteção da Saúde*, Coimbra, Almedina, 2025, pp. 349 and following.

¹² Decreto-Lei n.º 37/2022, de 27 de maio.

About social and medical challenges, there is a large consensus about the necessity of implementing strategies to better face multiple morbidity, which is a common topic of ‘developed’ and industrialized societies¹³. A relatively recent study, based on the first national health survey with physical observation – which was based on a representative probabilistic sample of the Portuguese population of 4911 people, aged between 25 and 74 years, estimated the prevalence of multiple morbidity in Portugal at 38.2%¹⁴. It was also observed that this prevalence increases with age and is higher in women and people from lower socioeconomic levels. Multiple morbidity is seen as an adaptive response to the interaction of the multiple biobehavioural and socio-environmental stimuli of modernity¹⁵ and pointed out as one of the major factors of overload and pressure on European health systems¹⁶.

Along with multiple morbidity, Portugal, like other European countries, faces serious demographic difficulties, while ageing continues to increasingly represent a huge pressure factor for the SNS¹⁷.

Concerning financial challenges, Portugal has implemented various reforms in recent years, including: a) decentralization of health services to improve local management and responsiveness; 2) integration of health-care units into Local Health Units (*Unidades Locais de Saúde – ULS*)¹⁸, which combine hospitals and health centres under unified administration; and 3) investment in digital health solutions, such as electronic medical records and telemedicine, to enhance service efficiency and accessibility. At the same time, there has been, in recent decades, a strong commitment to preventive medicine and public health, through programs to combat

¹³ C. SAKELLARIDES, *Serviço Nacional de Saúde: Dos Desafios da Atualidade às Transformações Necessárias* in *Ata Médica Portuguesa*, 33 (2), 2020 Feb, p. 133.

¹⁴ *Ibidem*.

¹⁵ G. QUINAZ-ROMANA, I. KISLAYA, M. SALVADOR, S. CUNHA GONÇALVES, B. NUNES, C. DIAS *Multimorbidade em Portugal: Dados do primeiro inquérito nacional de saúde com exame físico* in *Acta Medica Portuguesa*, 32, 2019; pp. 30-7.

¹⁶ ST. SKOU et al., *Multimorbidity* in *Nature Reviews Disease Primers*. 14;8(1):48, 2022 Jul.

¹⁷ See M. KALLESTRUP-LAMB, A. O.K. MARIN, S. MENON, J. SØGAARD, *Aging populations and expenditures on health* in *The Journal of the Economics of Ageing*, Vol. 29, 2024, pp. 1-11.

¹⁸ F. GOIANA DA SILVA ET AL., *The Portuguese NHS 2024 Reform: transformation through vertical integration* in *Frontiers on Public Health*, 12, 2024, pp. 1-7.

obesity, alcohol, tobacco and drug consumption, the practice of physical exercise, the protection of oral health, the monitoring of maternal and child health and family planning¹⁹.

1.4. *Impact and Future Perspectives*

Despite its challenges, the SNS has significantly improved health indicators in Portugal. Life expectancy has increased, infant mortality rates have dropped, and access to essential healthcare services has expanded. The system remains a pillar of social solidarity and equity, ensuring that medical care is a fundamental right rather than a privilege.

Looking ahead, Portugal will need to continue modernizing its healthcare system, addressing workforce shortages, improving primary care accessibility, and ensuring long-term financial sustainability. Innovations in digital health, personalized medicine, and integrated care models are expected to play a key role in shaping the future of public healthcare in the country. Portuguese public health system is still young. It has evolved from a fragmented and unequal model to a comprehensive and accessible system that serves the entire population. Through continuous reforms and adaptations, it has become a fundamental pillar of the country's social and healthcare policies. While challenges remain, the SNS continues to uphold the principles of universal healthcare, ensuring that all citizens receive the medical attention they need, regardless of their financial status.

1.5. *Private Medicine and Health Insurance in Portugal*

Despite the prevalence of the National Health System, private medicine is growing strongly in the last 15 years. This is due in part to the relevance of the Civil Servants' Health Insurance (sickness benefits for civil servants) (ADSE)²⁰ that is public and created before the 1976 Constitution

¹⁹ Art. 64 (2) of the Constitution states: «b) By creating economic, social, cultural and environmental conditions that particularly guarantee the protection of childhood, youth and old age; by systematically improving living and working conditions, and promoting physical fitness and sport at school and among the people; and also by developing the people's health and hygiene education and healthy living practices».

²⁰ ADSE provides supplementary health insurance that covers a range of medical services not fully included in the standard SNS plan. This includes reimbursements for a variety of healthcare services, such as specialist consultations, hospitalizations, surgeries, and pharmaceuticals. As Correia de Campos, *Gaveta de Reformas*, (2022) points out, this has increased since

and serves over 1 million people (over 10% of the population) and the growing demand for health insurance schemes, supported by companies and families.

Thus, in Portugal, the Beverige system is not pure, as it coexists with other systems: (1) health subsystems (social health insurance systems for certain professional groups such as security forces, health workers, and State [ADSE] and banking [SAMS] sectors) and (2) voluntary health insurance, between private parties and insurers.

The number of people holding private health insurance reached almost 3,6 million in 2023, which equates to over a third of the Portuguese population. The number of those insured under health policies rose by 3.3% in the first 6 months of the Covid pandemic. In 2023, the rise in inflation meant that private health care insurance prices rose by 6.7% and are expected to continue to increase throughout 2024.

A closer look at the economic-financial level will provide a clearer idea of the real magnitude of the difference between the two sectors. Regarding the sale of insurance, the market increased by 8.3% in 2020, to almost 950 million euros. By comparison, the Budget (consolidated revenue) of the Ministry of Health was 12,565.4 million euros in 2021 and has reached a record budget of 15.000 million euros in 2024.

Nevertheless, the role of private health financing is still very relevant in Portugal, mainly due to direct payments, particularly to cover medication costs. Voluntary health insurance and other out-of-pocket costs borne by families account for 36.6% of the total health expenditure in Portugal. Compared to other OECD countries, this is a very high value and has a regressive impact on society, as poor individuals spend relatively more on medication and healthcare than well-off members of society.

2. The Role of Family Doctors: A Cornerstone of Healthcare

Family doctors, also known as general practitioners (GPs), play a fundamental role in healthcare systems worldwide²¹. In Portugal, they serve as

the ADSE was liberated, in 2010, of paying public hospital and drugs bills and moved all that savings to engage with private hospital consultations and surgeries.

²¹ W.B. VENTRES ET AL. *Storylines of family medicine I: framing family medicine – history, values and perspectives* in Family Medicine and Community Health. 12;12 (Suppl 3): e002788, 2024 Apr.

the first point of contact for patients, providing comprehensive, continuous, and personalized care for individuals and families across all ages, genders, and medical conditions. Their role extends beyond treating illnesses; they focus on preventive care, health education, and coordinating specialized treatments when necessary²².

The most relevant responsibilities of family doctors include:

i) *Comprehensive and Continuous Care*

In fact, one of the defining characteristics of family medicine is its broad scope. Family doctors diagnose and manage a wide range of health conditions, from common colds and infections to chronic diseases like diabetes and hypertension. Unlike specialists who focus on a specific organ system or disease, family doctors provide holistic care, considering the patient's overall health, lifestyle, and social circumstances.

Family physicians often develop long-term relationships with their patients, sometimes caring for multiple generations within a family. This continuity of care fosters trusts and enables doctors to better understand their patients' medical histories, leading to more accurate diagnoses and effective treatment plans.

ii) *Preventive Medicine and Health Promotion*

A key aspect of family medicine is prevention. Family doctors emphasize the importance of routine check-ups, screenings, and vaccinations to detect potential health issues early. They provide guidance on healthy lifestyle choices, including diet, exercise, smoking cessation, and mental well-being, to help patients prevent illnesses before they occur. They are also in charge of various health programs implemented by the government, such as the oral health promotion program, the diabetes control program or the national program for the prevention of suicide²³.

iii) *Management of Chronic Diseases*

Chronic diseases, such as heart disease, diabetes, asthma, and arthritis, require ongoing medical attention and lifestyle management. Family doctors play a critical role in helping patients manage these conditions

²² A. BISCAIA ET AL., *O médico de família português: uma narrativa* in Cadernos de Saúde Pública; 35 (1): e00127118, 2019.

²³ See all of them in <https://nocs.pt/programas-nacionais-saude/>.

by prescribing medications, monitoring progress, and adjusting treatment plans as needed.

They also educate patients on self-care strategies and work collaboratively with specialists, ensuring coordinated care. For example, a patient with diabetes might see an endocrinologist, but the family doctor remains the central figure in monitoring overall health, adjusting medications, and addressing any related complications.

iv) *Coordination of Specialized Care*

When specialized medical attention is required, family doctors act as coordinators within the healthcare system. They assess symptoms, order diagnostic tests, and, when necessary, refer patients to specialists such as cardiologists, neurologists, or orthopaedic surgeons. By overseeing the referral process, they ensure patients receive timely and appropriate care while avoiding unnecessary procedures or treatments.

Additionally, family doctors collaborate with a network of healthcare professionals, including nurses, social workers, physiotherapists, dietitians, and mental health practitioners, to provide comprehensive care that addresses both physical and psychological health.

v) *Mental Health Support*

Mental health is an integral part of overall well-being, and family doctors play a significant role in identifying and managing conditions such as depression, anxiety, and stress-related disorders. Since they often have longstanding relationships with their patients, they are well-positioned to recognize changes in mood or behaviour and provide early intervention. Family doctors can offer counselling, prescribe medication when appropriate, and refer patients to psychologists or psychiatrists for specialized care. By integrating mental health services into primary care, they help reduce stigma and ensure that mental health issues are addressed proactively.

vi) *Emergency and Acute Care*

While family doctors are primarily involved in long-term and preventive care, they also handle acute medical issues such as infections, minor injuries, and sudden illnesses. In Portugal, through the public «centros de saúde» (health centres, literally) or the «unidades de saúde familiar – USF» (familiar health units), family doctors provide immediate treatment for conditions that do not require emergency room visits, reducing the burden on hospital systems and ensuring patients receive timely care in a

familiar setting. As all the public health familiar units have nurses, social workers, nutritionists and other healthcare professionals, as employees, they are always prepared to respond to this kind of demands, every day. Demographic conditions of different regions in Portugal influence, of course, the average response times, in this context. Lisbon metropolitan area, for instance, is very dense and it sometimes hard to achieve a consultation with the family doctor immediately²⁴. Other regions of Portugal, like Coimbra, are well known by providing medical appointments and nursing care at the same day as required²⁵.

At the same time, Portugal has adopted serious transparency policies about response times in SNS, so nowadays everyone can consult, in real time,²⁶ the response period in each healthcare facility.

vii) *Community and Public Health Advocacy*

In Portugal, family doctors often engage in public health initiatives, advocating for policies that improve community health. They may participate in vaccination campaigns, health education programs, and research studies aimed at improving primary healthcare services, even in addition to their working hours and beyond their functional duties.

Portuguese family doctors often create and organise associations for health promotion in specific areas, cooperatives of «friends» of their health unit (with cultural, recreational and community literacy purposes), as well as scientific societies. In rural and underserved areas, they play an especially crucial role in addressing healthcare disparities and ensuring access to essential medical services, specially by providing domiciliary medical attention and support.

3. Looking deeper to General and Familiar Medicine in Portugal

As we saw before, in Portugal, the SNS is managed by the Ministry of Health and is organized into three main levels: a) Primary Health Care – provided

²⁴ See ENTIDADE REGULADORA DA SAÚDE, *Tempos de Espera no Serviço Nacional de Saúde no 1.º Semestre de 2024*, disponível em www.ers.pt/media/plook4uz/im_tmrg_out24.pdf, p. 5.

²⁵ P. SANTANA ET AL., *Perfil Municipal de Saúde de Coimbra 2020*, Coimbra, Câmara Municipal de Coimbra, 2020, p. 122, available at www.cm-coimbra.pt/wp-content/uploads/2021/03/Perfil-Municipal-de-Saúde-Coimbra.pdf.

²⁶ See in real time the response times of healthcare units in Portugal in <https://tempos.min-saude.pt/#/instituicoes>.

at Health Centres and Family Health Units (USF), who offer general medical consultations, vaccination programs, family planning, maternal health services, and prevention programs, and serve as entry point into the main healthcare system, ensuring continuity of care; b) Hospital Care – provided in public hospitals and covering medical specialties, surgeries, additional exams, and hospitalizations, whose access usually requires a referral from the family doctor; and c) Continuing and Palliative Care – Designed for people with chronic illnesses, disabilities, or rehabilitation needs, including home care and hospitalizations in specialized units, whose access, like for hospital care, requires a referral from the family doctor.

Family doctors in SNS – as all the other healthcare providers – are employees, usually an employment contract in public functions. It is not uncommon, in fact, for them to be on an exclusive basis in their health centre. This also happens with nurses and social workers who work in health centres. When carrying out their professional activities as workers, the level of commitment to the institution is maximum, and health teams are usually very cohesive, stable and long-lasting.

Despite there being an increasing circulation of health professionals within and outside the SNS (due to the great shortage of health professionals, both in public and private health institutions) it continues to be common for the relationship between a family doctor and his (public) health centre to be a '*lifelong marriage*'.

In such a context, it is easy to understand the fundamental role of general and familiar medicine on the last fifty years.

The Carnation Revolution (1974) marked a turning point in healthcare. With the establishment of democracy, health became a constitutional right in 1976 – (Article 64).

In 1979, the National Health Service (SNS – *Serviço Nacional de Saúde*) was created, aiming to provide universal and free access to healthcare. Around this time, General and Family Medicine (Medicina Geral e Familiar) emerged as a specialty focused on continuous and personalized care for individuals and families.

The first Family Health Units were established on the beginning of SNS, and the training for family doctors became mandatory and specialized. Between 1990s-2000s, Family Medicine became a recognized medical specialty with a structured and very demanding residency program. After

graduation (about 5 years, before Bologna Process), specific training in General and Family Medicine (MGF) lasts 48 months (4 years) and is preceded by generic training shared by all specialties and called a «common year» (12 months). The primary care system was restructured, with the creation of Health Centres (Centros de Saúde) where family doctors worked closely with nurses and other healthcare professionals. That model of «family healthcare team» remains, nowadays.

The Family Health Units (USF) was officially implemented in 2006, giving more autonomy to family medicine teams in managing centres, focusing on efficiency and broad comebacks to patients demands. This model although public in its essence, provides autonomy of the management and the payment is based in merits preestablished in a contract. This new model is associated with a set of advantages for citizens, namely greater accessibility, greater proximity to professionals and more and better health monitoring. We can see this model as a third way, between the private Family Doctor and the traditional public Family Doctor and the evaluation is positive²⁷.

In 2024, finally, Portugal's National Health Service underwent a major reform with the creation of 31 new Local Health Units (ULS), adding to the 8 already existing ones, for a total of 39 across the country. These units integrate hospitals and health centres under a single management structure, aiming to improve healthcare coordination and focus on patient needs (ideally with greater cost control). While the system's organization and funding changed, users kept the same family doctors and nurses, and there were no changes in healthcare professionals' careers.

²⁷ <https://www.ers.pt/comunicacao/destaques/lista-de-destaques/estudo-cuidados-de-saude-primarios-qualidade-e-eficiencia-nas-ucsp-e-usf/> According to this evaluation (Estudo cuidados de saúde primários | Qualidade e eficiência nas UCSP e USF by the Entidade Reguladora da Saúde (Health Regulatory Entity) – the USF had a better performance in several areas, when compared with the traditional public services UCSPs: In terms of economic and financial performance, with regard to expenditure on prescribed medicines and MCDT, the UCSPs showed, overall, a higher average expenditure compared to the USFs (models A and B), between 2019 and 2022, with emphasis on the lower relative expenditure, in general terms, of the USFs model B. In terms of technical efficiency, the application of the Data Envelopment Analysis (DEA) methodology, applied to the activity data for 2022, concluded that the USFs showed a higher average efficiency score than the UCSPs. In the prevention indicator (average proportion of users with the flu vaccine prescribed or administered in the previous 12 months), the best results were seen in USF model B, in 2022.

3.1. *The Legal Status of Family Doctors*

In Portugal, family doctors are usually «public employees» working under the legal status of public service workers, and therefore with a work contract for an indefinite period, or without a statutory term. However, health units may also hire professionals for temporary services or fixed-term contracts to major or unusual demands.

On behalf of Decree-law no. 177/2009 of 04-08, that establishes the regime of medical careers (as well as the respective professional qualification requirements) in the area of general and family medicine, the assistant shall be assigned, in particular, to provide comprehensive and continuous health care to a list of registered users with a maximum size of 1900 users, corresponding to 2358 units weighted, individually, within the scope of a team, as well as to develop disease prevention activities and also to promote the management of its list.

They have also to exercise support functions in health units, of a transitional nature, for users without a family doctor, and they have a long list of medical and bureaucratic tasks, assigned by law, such as:

- To record in the clinical file the acts, diagnoses and procedures;
- To guide and follow patients in the use of health services to which they intend to refer them for adequate assistance, namely regarding hospital care, by means of a confidential written report;
- To be responsible for functional healthcare units; coordinate the promotion of bioethics projects, coordinate the promotion of clinical computerization and telemedicine projects and ensure the diagnostic, therapeutic and follow-up protocols;
- To participate in the training of intern doctors, participate in scientific research projects and perform teaching functions, and assist other doctors;
- Integrate continuous quality improvement programs and exercise functions in health units that are part of public health programmes, namely those of global assistance to the population.

Aside of routine consultations and chronic disease management, prescribing of medication and requesting exams, family doctors have a central role on vaccination programs, maternal, child, and women's health care and, in general, on developing preventive healthcare programs.

Family medicine physicians manage the highest complexity of conditions in their practices,²⁸ while they must care for patients of all ages and throughout many stages of their lives, diagnose multiple and undifferentiated diseases, and always stay up to date on medicine advances and recent therapies and medications.

At the same time, they have to act as a bridge between different medical specialties and different levels and units of health care. They often assume multiple roles towards the same patient, in that the patient expects from him not only a medical response, but also a social, psychological or socio-economic comeback.

Therefore, as we will see below, the real dimension of the importance of primary health care in Portugal is only adequately understood from its confrontation with social security, with the family doctor at the heart of the relationship between Health and Social Security.

3.2. *Family doctors and Public Health*

Family doctors play a crucial role in public health, as they are often the first point of contact between individuals and the healthcare system. Their impact extends beyond individual patient care, contributing significantly to disease prevention, health promotion, and community well-being²⁹. Family doctors are essential for preventive care, chronic disease management, and community health promotion, ultimately improving public health outcomes and reducing healthcare system costs.

Early diagnosis and prevention, by detecting chronic diseases (e.g., diabetes, hypertension) at an early stage is crucial to increase the chances of success of the therapy. At the same time, it promotes self-care and provides close and reliable monitoring³⁰.

²⁸ See M.R. KOLBER, C.S. KOROWNYK, J. YOUNG, S. GARRISON, J. KIRKWOOD, G.M. ALLAN, *The value of family medicine: An impossible job, done impossibly well* in Canadian Family Physician, 69(4), 2023 Apr, pp. 269-270, p. 269.

²⁹ See D. CAMPOS-OUTCALT, *Public Health and Family Medicine: An Opportunity* in The Journal of the American Board of Family Practice, 17 (3), May 2004, pp. 207-211.

³⁰ C. MARTINS, L.F. AZEVEDO, C. SANTOS, *et al. Preventive health services implemented by family physicians in Portugal – a cross-sectional study based on two clinical scenarios* in BMJ Open; 4:e005162, 2014.

By providing vaccinations and preventive screenings, family medicine prevents the spread of diseases and promotes the reduction or even eradication of some infectious clinical conditions³¹.

By health education and counselling, family doctors also promote healthy lifestyles (e.g., diet, exercise) and raise awareness about common health risks³². This is facilitated in a context of confidence and long-term relationships between doctors and patients.

All in all, family care also prevents hospital admissions through effective management of chronic conditions and reduces the burden on emergency services, by preventing and by responding effectively to medical conditions.

Concomitantly, it addresses some social determinants of health. Family doctors usually identify issues related to housing, nutrition, and mental well-being, and they can refer patients to social services and community support programs. Altogether, family care functions like a potent public health manager and a huge instrument of community trust, since it promotes community integrity.

4. *The Family Doctor's Role in Social Security and Public Support*

Under the Portuguese system, family doctors are not only essential for medical care but also play a significant role in supporting social security systems. Their responsibilities go beyond diagnosing and treating illnesses; they also provide key documentation and assessments that allow patients to access social benefits and public support programs.

There are six major areas where family doctors contribute to social security: medical leave and disability support, permanent disability support; benefits for chronic patients and caregivers, maternity and paternity leave, unemployment benefits, and coordination with social services.

i) *Medical Leave, Disability Support, Sick Leave Benefits*

³¹ See PRIETO-CAMPO, Á et al. *Understanding Primary Care Physician Vaccination Behaviour: A Systematic Review* in *International Journal of Environmental Research and Public Health*;19(21):13872, Oct 25, 2022.

³² W.J. MCISAAC, E. FULLER-THOMSON, Y. TALBOT, *Does having regular care by a family physician improve preventive care?* in *Canadian Family Physician*. 47; 2001 Jan, pp. 70-76.

One of the most critical responsibilities of family doctors is issuing medical certificates that allow individuals to access temporary or permanent disability benefits. These certificates are required by social security institutions to validate a person's inability to work due to illness or injury³³. Also, when a person is unable to work due to a short-term illness or injury, the family doctor issues a medical report that serves as proof of their temporary incapacity. This allows the patient to claim financial support while recovering.

It is also important to mention that, in Portugal, the family doctor plays an important role in accessing the *National Network of Integrated Continued Care*,³⁴ a platform whose objectives are to provide health care and social support in a continuous and integrated way to people who, regardless of age, are in a situation of dependence, following an episode of acute illness or the need to prevent worsening of chronic illness. Integrated Continued Care is focused on the overall recovery of the person, promoting their rehabilitation, autonomy and improving their functionality, within the scope of the situation of dependence in which they find themselves, with a view to their socio-family reintegration. The family doctor is qualified to make the referral and recommendation to this type of care.

ii) *Permanent Disability Support*

For long-term or irreversible conditions that inhibit an individual from working, family doctors provide medical documentation required to apply for disability pensions or permanent social benefits. This process often involves multiple medical assessments and collaboration with specialized professionals to determine the extent of incapacity. By fulfilling this role, family doctors ensure that patients receive the financial assistance they need while also preventing potential fraud or misuse of social security benefits³⁵.

³³ Under Decree-law no. 28/2004, of February 04, that establishes the legal regime of social protection in illness.

³⁴ Under Decree-law no. 101/2006, of June 06, that created National Network of Integrated Continued Care.

³⁵ See Decree-law no. 16-A/2021, of February 25, that approved the legal regime of protection in permanent inhibition for work and old age.

iii) Benefits for Chronic Patients and Caregivers

Chronic illnesses often require long-term treatment and continuous medical care. Family doctors play a key role in ensuring that patients with chronic conditions receive the necessary financial support and exemptions from healthcare costs. This can include 1) exemption from charges or fees buying medication, physiotherapeutic services and support products and technical aids (wheelchairs, crutches, ostomy products, diapers, catheters, etc.)³⁶; and 2) applications for the statute of informal caregivers³⁷, in which family doctors assess the level of dependency and issue medical statements that allow caregivers to apply for financial support and other social security benefits, helping them to compensate their time and effort in looking after their loved ones.

By documenting these needs, family doctors ensure that both patients and their caregivers receive the financial and medical assistance required to maintain their quality of life.

iv) Maternity and paternity Leave

Family doctors are also involved in supporting new parents by certifying pregnancies and ensuring parents can access maternity and paternity leave benefits. Pregnant women are entitled to maternity leave before and after childbirth. The family doctor provides medical documentation confirming the pregnancy and expected due date, which is required to apply for social security benefits³⁸. Fathers also benefit from it.

Also, if a pregnancy is considered high-risk, the doctor may issue additional documentation allowing the mother to have a special kind of leave. By ensuring that parents can take time off work to care for their newborns, family doctors contribute to family well-being and support work-life balance.

v) Justification for unemployment benefits (for health reasons)

Individuals who are unemployed due to health reasons often require medical validation from a family doctor to access social security benefits

³⁶ Under Decree-law no. 93/2009, of April 16, which establishes the system for allocating support products to people with disabilities and people with temporary incapacity.

³⁷ By the Law no. 100/2019, of September 06, that has approved the statute of informal caregiver.

³⁸ Under the Portuguese labour code.

or vocational retraining programs. If a person is unable to work due to medical reasons but does not qualify for disability support, family doctors can issue reports justifying their health condition. These reports help determine whether the individual is eligible for different kinds of financial assistance during their period of unemployment³⁹.

Also, in cases where a patient's health condition prevents them from returning to their previous job, family doctors may recommend vocational retraining⁴⁰. This involves medical assessments and collaboration with employment services to help individuals transition to new, more suitable careers.

By certifying medical conditions that impact employment, family doctors help ensure that people receive fair access to social support while recovering or adapting to new work environments.

vi) *Coordination with Social Services*

Beyond medical care, family doctors in Portugal are often involved in broader social support systems, ensuring that vulnerable individuals receive the necessary protection and resources.

- Support for Victims of Domestic Violence – Family doctors play a crucial role in identifying and supporting victims of domestic abuse. They can issue medical reports documenting injuries and refer victims to specialized social services, legal aid, or shelters.
- Collaboration with Child Protection Services (*CPCJ*) – In cases of suspected child abuse or neglect, family doctors work closely with child protection organizations to ensure that children receive proper care and intervention when necessary. Family doctors may also be involved in monitoring child development and health within at-risk families.
- Participation in Social Inclusion Programs – Family doctors may collaborate with municipalities and social workers to support community health initiatives, including programs aimed at integrating marginalized individuals back into society through healthcare and social support.

³⁹ See Ordinance No. 11/2024, of January 18th.

⁴⁰ Law No. 98/2009, of September 4, which regulates the regime for compensation for work accidents and occupational diseases, including professional rehabilitation and reintegration, under the terms of article 284 of the Labor Code, approved by Law No. 7/2009, of February 12.

Through these activities, family doctors help bridge the gap between medical care and social services, ensuring that patients receive holistic support beyond just physical health treatment.

Family doctors play a crucial role not only in medical care but also in social security systems. By issuing medical reports and collaborating with social services, they ensure that patients receive necessary financial support, employment protections, and access to essential social programs. Their contributions extend beyond healthcare, reinforcing a comprehensive support system that enhances both individual and community well-being. As healthcare and social security systems continue to evolve, the role of family doctors in these areas will remain essential in promoting a fair and inclusive society.

Il “medico di famiglia” in Portogallo. Collegamenti chiave con il sistema di sicurezza sociale

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Abstract: Il sistema sanitario pubblico portoghese, il Serviço Nacional de Saúde (SNS), è stato istituito nel 1979 per garantire un accesso universale ed equo all'assistenza sanitaria. I medici di famiglia svolgono un ruolo centrale in questo sistema, fungendo da primo punto di contatto per i pazienti, fornendo cure continue e personalizzate, coordinando trattamenti specialistici e promuovendo la medicina preventiva. Oltre all'assistenza clinica, i medici di famiglia sono fondamentali per favorire l'integrazione tra il sistema sanitario e quello di sicurezza sociale. Sono responsabili del rilascio di certificati medici per congedi per malattia, del supporto ai pazienti cronici, della certificazione di disabilità, del monitoraggio delle donne in gravidanza e dei neonati, nonché della collaborazione con i servizi sociali. Tra le principali sfide del SNS possono richiamarsi l'invecchiamento della popolazione, la multimorbilità e le difficoltà finanziarie. Le recenti riforme includono la decentralizzazione della gestione sanitaria, l'integrazione di ospedali e centri sanitari nelle Unità Sanitarie Locali (ULS) e l'investimento in soluzioni di sanità digitale. Nonostante queste sfide, lo SNS ha migliorato significativamente gli indicatori di salute in Portogallo, tra cui l'aumento dell'aspettativa di vita e la riduzione della mortalità infantile. La continua modernizzazione

del sistema sanitario, con un focus sulla digitalizzazione, la medicina personalizzata e l'integrazione delle cure, sarà essenziale per garantire la sostenibilità e l'efficienza del sistema nel lungo termine.

Abstract: Portugal's public healthcare system, the Serviço Nacional de Saúde (SNS), was established in 1979 to ensure universal and equitable access to healthcare. Family doctors play a central role in this system, serving as the first point of contact for patients, providing continuous and personalized care, coordinating specialized treatments, and promoting preventive medicine. Beyond clinical care, family doctors are essential in bridging healthcare and social security. They are responsible for issuing medical certificates for sick leave, supporting chronic patients, certifying disabilities, monitoring pregnancies and newborns, and collaborating with social services. The SNS faces significant challenges, including an aging population, multimorbidity, and financial constraints. Recent reforms focus on decentralizing healthcare management, integrating hospitals and health centers into Local Health Units (ULS), and investing in digital health solutions.

Despite these challenges, the SNS has contributed to improved health indicators in Portugal, such as increased life expectancy and reduced infant mortality. Continued modernization, with an emphasis on digitalization, personalized medicine, and integrated care models, will be crucial for ensuring the long-term sustainability and efficiency of the SNS.

Parole chiave: medici di famiglia, sistema sanitario pubblico, diritti dei pazienti, salute digitale, sistema di sicurezza sociale.

Keywords: Family Doctors, Public Health System, Patient Rights, Digital Health, Social Security System.