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It's denial, that's the crisis

May 2008 has been a difficult month for South Africa. Our TV screens once again erupted with scenes of violence, murder and destruction reminiscent of the old-apartheid days during the seventies and eighties. The so-called "xenophobic attacks" led to untold suffering for hundreds of thousands of immigrants in South Africa, with tens of thousands fleeing the country. Some refugees told reporters that they would rather face the poverty and possible persecution back home than the violence inflicted on them by raging and violent mobs of South Africans.

Most political commentators directly ascribe this latest humanitarian crisis in the once renowned "rainbow nation" to the lack of political leadership in dealing with the Zimbabwean crisis and the lack of a coherent policy in dealing with refugees, shifting the burden of it onto the poor. Our political leadership's tragic response to all of this was predictably: Crisis? What crisis?

From a healthcare perspective this latest lack of effective leadership and action from our government and some elected leaders comes as no surprise. We are still reeling from the effects of the government's response to the HIV/AIDS crisis (remember the days of beetroot and garlic as "alternative" to toxic medicines dished out by the pharmaceutical industry in order to make money?); its inability to deal with violent crime (remember the "perception of crime" and the calls to "leave the country if you don't like it here?"); and the electricity crisis largely attributed once again to a lack of planning and the exodus of skilled persons due to aggressive "transformation" policies in the Eskom state monopoly (remember the third force bolt in the generator?).

To me this series of crises boils down to one word: denial. One cannot accept that intelligent people like our President and his cabinet colleagues could not have understood the seriousness of the Zimbabwean crisis, the suffering caused by AIDS and the catastrophe of the violent crime epidemic in South Africa. Yet, they failed to respond in time and in an appropriate manner. The answer probably lies in denial, because acknowledgement of the reality of these problems would implicate that our present rulers are just as human, just as fallible and ultimately just as wrong as the rulers during colonialism and apartheid. It would implicate that Africans have the same failings as Europeans.

The only positive note I can take from this series of crises is that, at last, the "rainbow nation" has lost its innocence, and the "struggle" has lost its high moral ground. Colonialism and apartheid were bad, but our current leadership, their policies (history no doubt will also give it a nice sounding name one day) and their denial of their failings are just as bad.

To me the light at the end of the tunnel lies in ordinary people's response to the crises. Millions of ordinary people are still toiling every day to make a living, and civil leaders such as the Zackie Achmat (Treatment Action Campaign), Hugh Glenister (fighting for the preservation of the Scorpions), and Pius Langa (President of the Constitutional Court) are standing up to be counted and show us the way.

To my fellow family physicians I would like to give a message: Let us stay in South Africa, but do not remain quiet anymore. Stand up and be counted, make a difference by making a contribution, being honest, insistent on delivery and accountability and being compassionate to those who are suffering. Let us not allow those who want to control everything hide their mistakes to get away with it. Skin colour is not important anymore; Africans, Europeans and Asians are all human, and are all citizens of this country and have the same needs, hopes, failings and civil rights. Perhaps now that the real South Africa has stood up we can begin to heal it and become the true "rainbow nation" of Africa.

Research highlights in this issue

Family medicine was born from the roots of medicine, general practice. Ian McWhinney[1], the English-born doctor who started the first family medicine program at the Canadian university of Western Ontario in 1968 is known as the "father of family medicine". In 1989 his seminal work, "The Textbook of Family Medicine" laid the foundations for modern family medicine. Yet in Africa we started to realise that family medicine as defined by McWhinney in Canada was somewhat different. Mash et al[2] rose to the occasion with a groundbreaking study to define family medicine in the African context. They found many similarities to McWhinney's classic 1989 definition, but report: "Principles relating to the scope of practice showed the greatest difference, with the need for family physicians to perform major surgery in the district hospital, to act as consultant and teacher to the first-contact primary care team and to include clinical nurse practitioners in the definition of family medicine being raised." This gives evidence-based support for academic family medicine's decision in 2006 to decide that the specialist in family medicine in South Africa must be able to work independently as the lead clinician at the district hospital.

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References

1. Ian McWhinney. Wikipedia, the free encyclopedia. http://en.wikipedia.org/wiki/Ian_McWhinney [Accessed 1 June 2008]
2. Exploring the Key Principles of Family Medicine in Sub-Saharan Africa: International Delphi Consensus Process. Mash R, Downing R, Moosa S, De Maeseneer J. SA Fam Pract. 2008;50(3):62-7