

## Focusing on Rural Health

This month South African Family Practice, *inc.* Geneeskunde (SAFPG) has a clear Rural Health focus. It is also significant to see that more and more research papers published in this journal has at the very least a rural origin or topic. SAFPG has adopted the advancement of rural health as one of its main editorial objectives and it is a great pleasure to give more substance to that undertaking in this month's issue.

The Open Forum article by Ian Couper, the first professor of Rural Health in South Africa is an important paper, summarizing the main issues, positive and negative, influencing rural health care in this country. I want to highlight some of the main issues mentioned by him.

To me the most striking aspect in his paper is the lack of a coordinated approach by government to address the challenges presented by health services in rural communities. He mentions many positive steps taken by government, but also points out the mistakes made on other fronts.

One has to agree with Couper that probably one the most glaring mistakes was the exclusion of private medical practitioners in rural towns from public health services. It may have been the intention to get rid of the so-called district surgeon services, partly because there were many problems with the system but also in order to extend the opportunity of work to practitioners outside the system. In the process the district surgeons were alienated and many left the public service. The effect of it all was seriously damaged relations between the state and the private practitioners, and a huge loss of income to the practitioners. Many of them were forced to leave rural practice, which only worsened the situation. These practitioners have for decades formed the backbone of rural medical services and carried with them a wealth of appropriate knowledge and skills for rural practice. Surely they should be welcomed back into the public service (part-time). One can only hope that the recently announced special funds to improve rural health services will be used to good effect in this regard.

One particular problematic aspect of rural medical practice is the "brain drain", which simply means medical practitioners and other professional health practitioners are leaving rural practice because they can make a better living elsewhere, which is usually in other countries. Even more disturbing is that one very seldom hears about young practitioners entering rural private practice nowadays. In ten years' time rural health services will be in more serious trouble when the current generation of practitioners retire. Twenty years ago it was the "in thing" for young doctors to join a well-established rural practice, not only because of the perceived excellent job satisfaction they would receive, but also because it was well known that rural general practitioners earned far more than their city counterparts. Couper mentioned some of the threats to today's practitioners and suggests that present rural private practitioners may be likely to become involved in part-time public service again under the right circumstances, and that would mean the right incentives. I would suggest that we need research urgently to establish the reasons why this has changed so much since then in order to rectify the problem.

The introduction of community service and the importation of Cuban doctors are cited by Couper as two of the success stories in improving access and capacity in rural health services. It is well known that both these measures are not without controversy and problems. The problems are mainly around quality issues. Community service doctors are working without proper supervision in many parts of the country and the Cuban doctors are very often not adequately trained for the task. The idea of introducing mid-level medical workers recently announced by the minister sounds like another "stop-gap" measure.

One therefore has to agree with Couper that the time has come for a comprehensive approach to face the many challenges presented by rural health care. Academic and organised general/family practice has to be major role players in any such process.

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