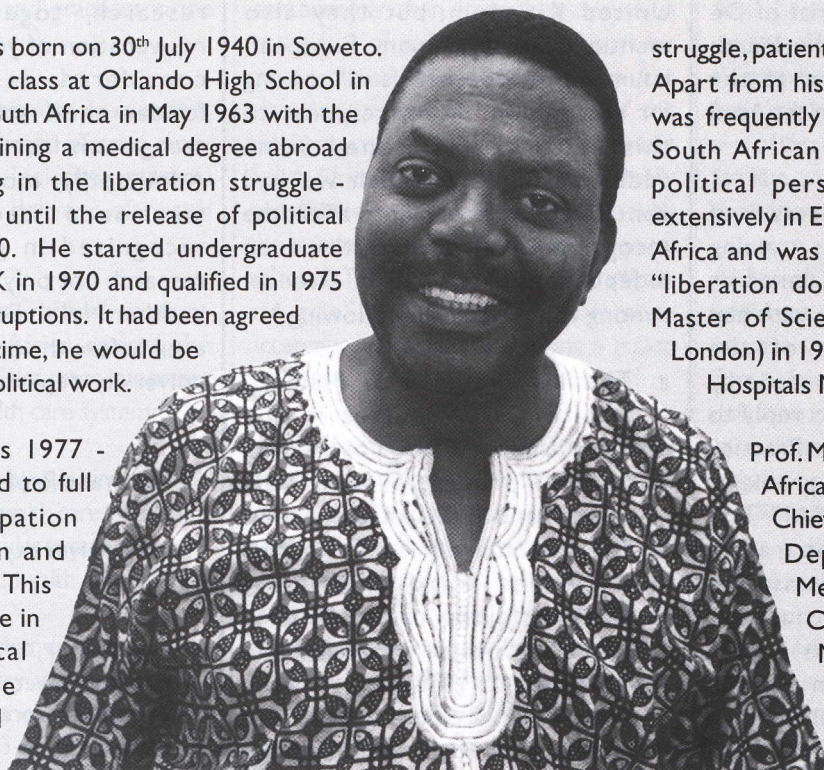


## Family Medicine & Primary Health Care in The New Millennium

Inaugural Lecture by Professor Sam WP Mhlongo [MBBS LRCP MRCS MSc Med (London)]  
at the Medical University of South Africa, February 2001

Sam Mhlongo was born on 30<sup>th</sup> July 1940 in Soweto. Matriculated first class at Orlando High School in 1958. He left South Africa in May 1963 with the twin aim of obtaining a medical degree abroad and participating in the liberation struggle - mammoth tasks until the release of political prisoners in 1990. He started undergraduate training in the UK in 1970 and qualified in 1975 without any interruptions. It had been agreed that during that time, he would be exempted from political work.

During the years 1977 - 1990, he returned to full political participation while working in and out of hospital. This was a difficult time in his life - political demands of the anti-apartheid



struggle, patient-care and academic work. Apart from his practice patients, he also was frequently called upon to attend to South African freedom fighters of all political persuasions. He traveled extensively in Europe, North America and Africa and was known at the time as the "liberation doctor". He obtained his Master of Science degree (M.Sc. Med - London) in 1992) at Guys and St. Thomas Hospitals Medical School.

Prof. Mhlongo returned to South Africa in 1998 and was appointed Chief Family Physician & Head of Department of Family Medicine & Primary Health Care in October 1999. Prof. Mhlongo is a member of President Mbeki's Aids Advisory Panel.

### Introduction

The collapse of Romania in 1988 under Nicolau Ceausescu was rapidly followed by the fall of the mighty Soviet Union. It is worth noting that Romanian Stalinism, despite its weaknesses survived all of those years because of Western support in the cold war against the Soviet Union. It was during this period that the leaders of Apartheid South Africa began to realise that they either had to "adapt or die". Clearly PW Botha and his advisors had not learnt the lessons of Romania and Persia ten years back and now Romania. In 1979 the West abandoned the Shah and Ayatollah Khomeini toppled him. The point and lesson from these whirlwind events is

that adaptation is a poor response in the development of history. Change and adaptation would have been the correct response.

My subject today is Family Medicine and Primary Health Care in the New Millennium, which has just, begun (2001). As the new head and Chief Specialist, I am acutely aware that for our discipline to survive, grow and serve the nation, it has to periodically undergo change and adapt in this ever changing world - the globalised medical village is now here and has come to stay. This is true for all the other medical disciplines as well. It is the general view of medical social scientists that the Western model of health care

has far too many drawbacks in the health care of populations in developing countries of the world. Of the Western model of health, one writer has said, "One of the greatest drawbacks of the medical culture that has grown up with the engineering model is the removal of the patient or the community from any situation of control in the encounter with the medical profession". (Primary Health Care, John J MacDonald).

### Some definitions

Family Medicine is concerned with the care of individual patients and their families. Genes and the environment are obligatory components in the



holistic care of our patients. Family Medicine with its twin sister (Primary Health Care) is an academic and clinical discipline in its own right but in its approach is non-selective. In this way Family Medicine and Primary Health Care have a lot in common and invariably share a symbiotic or inseparable existence.

### **Family Medicine & Primary Health Care in South Africa**

What is the state of health of this discipline in South Africa? How is it viewed and understood? Family Medicine & PHC academic departments are in relative good health in this country at all the medical schools.

All the eight academic departments of Family Medicine & Primary Health Care interact through FaMEC (Family Medicine Education Consortium) and an advanced stage has been reached to form a new and independent College of Family Medicine - an exciting prospect!

How is our discipline viewed in South Africa? This is a three-part question in that it concerns:

- i) The communities we serve
- ii) Other Medical School Academic Departments
- iii) The Ministries of Health (both at Provincial and Central Government)

I shall answer questions (i) and (ii) with specific reference to Medunsa. Our department is involved with communities in four provinces, which are:

- Gauteng
- North West
- Northern Province and
- North West

It would be correct to say that communities in these provinces hold the department of Family Medicine &

Primary Health Care - in particular its physicians in great esteem. Family physicians through mini research projects are in a position to test this objectively i.e. in the form of a patient satisfaction questionnaire. What about our relationship with the other academic departments at Medunsa? My view here is a tentative one, but I can say from my two years in the department that the relationship is getting closer and closer and that Family Medicine is earning an equal respect from the other departments at this medical school.

Concerning the relationship between government and the departments of Family Medicine & Primary Health Care - this is a thorny issue with teething problems. At its inception as the government of South Africa, the African National Congress made Primary Health Care and Family Medicine its flagship with regard to the delivery of affordable health care. In my view this approach has a great deal of merit since experience in other countries appears to bear this out e.g. the United Kingdom, The Netherlands and Australia to name a few. A major problem at the moment is that of clear objectives and directions in questions of health care delivery. Family Medicine & Primary Health Care can be regarded as managers of scarce resources i.e. the Gate Keeping function of this discipline. I shall return to this function at a later stage in my presentation. The governments both at provincial and central need to understand this function and become more pro-active.

### **The way forward**

I am aware that accepting change is very difficult and to many individuals even problematic. I have said that the government has accepted that its health care flagship is Family Medicine and Primary Health Care. There is no going back - what is needed now is to make the system work and a reality. How may this be achieved? The system

cannot work if it is fragmented whereby health professionals' narrow interests run counter to team spirit. The following needs to happen

- Primary Health Care nurses need to work closely in teams with family physicians. This has to be a dynamic process, which must include the continuous professional development of both or any other team members.
- The central government needs to step in with a Family Medicine / Primary Health Care Charter through legislation. Such a charter need not appear hostile, as was the case with community service legislation since we are here concerned with training and professionalism. To practice as a family physician one would need a licence from the Health Professional Council of South Africa (HPCSA).
- Family physicians need to form an independent college of their own. This college would assist the government in all matters relating to mandatory vocational training of family physicians. Without this mandatory vocational training, the college would not support the granting of a licence to practice as a family / primary health care physician.
- Vocational training needs resources such as
  - i) Appropriate and adequate funding
  - ii) Adequate practice premises
  - iii) Trained and qualified family physicians to facilitate the training of registrars in Family Medicine and Primary Health Care.

All registrar posts in Family Medicine in the National Health Service need to be regarded as training posts with an end-point. These registrars need to rotate over agreed periods in what the college may deem as appropriate specialities - e.g. Internal Medicine, Obstetrics and Gynaecology, accident and emergency and Psychiatry.



## Family Physicians as Gate-keepers and managers of scarce resources

The programme outlined above implies development, training and change in South Africa. The government may say there is no money. As managers of resources and gatekeepers, Family Medicine is not asking for new money. If allowed, our role as gatekeepers, we would more than halve the traffic currently seen in Accident and emergency departments and outpatient clinics. This act alone would allow hospital-based specialists to concentrate and spend time in their speciality and relevant research, training and teaching. Other savings would emanate from the primary health care clinics and health centres, which would prescribe generically and appropriately.

There would also be an appropriate referral system. Incentive schemes need to be put in place to encourage savings.

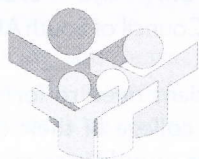
Politics and economic development are daily issues within our health care system i.e. "health for all", a commitment to delivery and to greater justice and equity in health resource allocation. This must mean a denunciation of existing inequalities and our rededication to redress glaring societal imbalances.

In conclusion I would like to see the government and the African National Congress return to some of the key components of the Alma Ata declaration.

*Primary Health Care is essential health care based on practical, scientifically*

*sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford in the spirit of self-reliance and determination (Declaration of Alma Ata:VI).*

*Primary Health Care forms an integral part both of the country's health system, of which it is the central function and main focus, and the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.*



## S.A. Family Practice / Primary Care

## While you're at WONCA Come and visit our stand at the Exhibition Centre

The SA Academy of Family Practice/Primary Care is the largest academic, and only national, organization dedicated to the ongoing education and professional development of Family/General Practitioners. The Academy has had as its focus and vision for 20 years the development of the discipline of family/general practice. We do this "for GP's by GP's". The Academy is the South African member affiliated to WONCA (World Organisation of National Colleges and Academies), and is recognised internationally and nationally as a leader in this field.

### Membership benefits include:

- A National network of small groups of Family/General practitioners (see page 37 for details of groups and facilitators);
- Monthly formal CPD meetings;
- Regular informal sessions including journal clubs, ward rounds, lunchtime sessions, breakfast sessions;
- Accreditation and consultation on accreditation of CPD activities and meetings;
- Administrative support;
- Strategic development of the discipline;
- Workshops and Seminars
- Mini-Congresses at provincial level
- National Family/General Practice Congress
- International WONCA Congress – first in Africa in Durban 2001!
- Active association with representation on several bodies including RuDASA, FaMEC, CMSA, HPCSA, Medical and Dental Professional Board, Society of General / Family Practice etc
- Rural Health Initiative – a special project developed to support the rural practitioner
- Distance education products and opportunities
- SA Family Practice Journal– "the only journal you NEED to read", written for South African GP's by GP's
- SA Family Practice Manual – currently being updated
- Special Interest booklets
- Special Interest Working Parties e.g. HIV/AIDS, Women's Health, CPD, Research, Information technology etc
- SASPREN – a research network concerned with advancing the frontiers of knowledge in the discipline of family medicine and primary care, via public health surveillance and research projects.