

RURAL HEALTH ISSUES

The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.



☀ STUDENTS ☀

Attitudes of rural doctors (all doctors?) to students vary a great deal – some view them as unnecessary nuisances, others view them as necessary evils, and still others see them as missionaries bringing some city excitement to their faraway institutions. I suspect many of us have felt all of these at different times, depending on our mood, our workload, where the students come from and how they behave.

Few rural doctors would dispute the need to expose medical students to rural practice, as this is a vital way to attract staff in the future. Fear of the unknown and misconceptions about rural practice abound amongst students and are often constantly reinforced by registrars and consultants involved in student teaching, who themselves have negative attitudes based on the same factors. So we agree that students should go out to rural hospitals. But that is probably as much agreement as we will find – the details of when, how, for how long, how often, etc, are areas of debate. And it is perhaps this lack of agreement that has led medical schools generally to be slow in sending students out to rural hospitals – though most claim to have some kind of rural exposure in their curriculum. This is despite the fact that international literature does show that a rural clerkship can have a positive impact on later practice decisions (though a relatively small one), and thus can be an important factor in the recruitment of rural doctors.

Where are the problems? I will not dwell on the issue of accommodation, because I have discussed this in a previous column; though this was not in terms of students, it applies to accommodation for students equally. One problem is timing: when should students be sent to rural hospitals? Sending students in their final year is often too late to make any difference (though of course it is better than not at all). On the other hand, when students are in their final year they can be more useful in the health service, making a positive contribution, rather than just being a drain, as well as learning more themselves. A number of rural hospitals will only accept students who are in their final year. Yet if we can expose students earlier, we may have more of an impact on their career decisions. The ideal, which only happens with a handful of students in this country at the moment, is for students to develop a relationship with a particular rural site early on in their training and to continue to visit the same site throughout, thus developing relationships and understanding along the way. This has been done very successfully in Australia, in various States, usually through the mechanism of Rural Student Clubs.

Another problem is the length of stay. Here I will stick my neck out and say that a two week block, as seen in some medical schools, is hopelessly inadequate. My aim when hosting such students has been to achieve no more than giving them a little insight into the functioning of a rural hospital and what rural health

is about. Thus, when they are neurosurgical registrars in the urban academic complex and they receive patients from a rural hospital, they will have some understanding of the patient's and the referring doctor's context, which may influence their management plans. The extreme of this was a programme, planned by a paramedical department, which wanted to send students up to Manguzi for one day only (with the flying doctor service). I refused to accept them, not because I had anything against the individual students nor because I thought they would learn nothing, but rather because it seemed that the department saw it as a way out – they could claim they gave students rural exposure – and I was not prepared to let them off the hook. (No doubt they went elsewhere and the department has presented papers on their rural programme!)

What is the ideal length? As long as possible! I always feel that it takes a few weeks for someone to find their feet and begin to feel comfortable in a place, after which real learning can start. I always preferred not to accept any student who was coming for less than 4 weeks. In an exciting innovative programme in South Australia, students at Flinders University can elect to spend the entire final year in a rural area. Initially there was much reluctance, but this attitude changed when those students who had been on this programme performed amongst the best in their class.

The next question, for me, is what the students should do during their rural attachment. Obviously this depends on

which department is sending them, for how long and with what objectives in mind. On the one hand, I would try to ensure exposure to as wide a range of activities associated with the rural health service as possible – including wards, OPD, clinics, mobile clinics, community programmes, home visits, local GPs, traditional healers, special programmes (e.g. TB or AIDS programmes), etc. On the other hand, there are great advantages in letting students spend time in one area in order to develop a deeper understanding of patients, and relationships with patients and staff. In resolving this, it is best to put the various options to the students, and let them decide on the programme that suits them best. Above all, though, my aim has always been to try to ensure that the students have a good time, so that when they leave, whatever they have learnt, the concept of rural practice will evoke a positive emotion in them.

Related to that is the area of supervision. Often students are left to the newest, youngest recruit for supervision. That has the advantages of enthusiasm and of greater similarity

in age, and often doctors get very involved in the lives of their students, and vice versa. More senior doctors can offer insights and perspectives from years of experience, and are important role models. However, they are often tired of reaching out to the ever-changing medical staff and training new doctors, leaving them without energy for students. Ultimately the person who wants to do it should be the one doing it, wherever possible, and should ensure exposure of students to different staff members (not only doctors).

I have always had a dilemma when it comes to students from abroad. I recognise the value of exposure to health care in another country during a student's training. Yet, at the same time, I struggle with the knowledge that the overseas students are unlikely ever to return to work here (especially given the current position of the Department of Health), though there are certainly exceptions, and some of them just want to use our patients to gain practical experience, which is lacking in their own country. My negativity is not helped by some wealthy students from developed countries who come and go

without much in the way of gratitude, certainly in terms of material offerings. At the same time, I have had extremely positive experiences with foreign students, who have brought ideas, energy, enthusiasm, and ongoing material support. Our approach at Manguzi was to accept students from abroad, for limited periods, at times when South African students were not expected.

A stay at a rural hospital can be a life-changing event for a student. My elective at Charles Johnson Memorial Hospital as a fifth year medical student certainly confirmed my future plans to make a contribution to rural practice. I believe that medical schools are becoming more open to sending their students out to rural areas, partly because of pressure from government. Rural doctors should work constructively with universities to ensure as much exposure as possible, in the most effective way.

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☀ SATELLIFE FREE INFORMATION SERVICES ☀

For all of you who do not have easy, safe internet access, don't despair when you read the internet articles that we have elsewhere in the journal, as this column outlines exactly how you can access the web by using only e-mail!

I. Global Electronic Discussion Groups

SATELLIFE provides a forum for discussion, so you can talk to your colleagues about various health topics of interest or concern to you. The discussion groups are moderated by experts and take place through e-mail.
AFRO-NETS: African Networks for Health Research and Development
E-DRUG: Essential Drugs in the

Developing World (English version)
E-MED: Essential Drugs in the Developing World (French version)
INDICES: International Network on Drug Information Centres
ProCAARE: Program for Collaboration Against AIDS and Related Epidemics
ProCOR: Global Electronic Conference on Cardiovascular Health in the Developing World.

To subscribe to any of these discussion groups, please write to: majordomo@usa.healthnet.org and in the body of your message, write:
subscribe 'name of discussion group'
For AFRO-NETS, the text of your message should be:
subscribe afro-nets
For E-DRUG: subscribe e-drug

For E-MED: subscribe e-med
For INDICES: subscribe indices
For ProCAARE: subscribe procaare
For ProCOR: subscribe procor

II. Electronic Publications

SATELLIFE distributes health publications via e-mail that include up-to-date abstracts and full text articles from leading medical journals, as well as primary health care information.
HealthNet News: features current, peer-reviewed, practical, clinical and public health information (ONLY distributed to the DEVELOPING world) **HealthNet News-AIDS:** features current, peer-reviewed, practical, clinical and public health

information specifically on HIV/AIDS (ONLY distributed to the DEVELOPING world)

Child Health Dialogue: concentrates on issues of primary child health and disease prevention

AIDS Action: provides practical information on issues of AIDS prevention and care

Health Action: emphasizes the implementation of primary health care programs worldwide

CBR News: provides practical solutions for disabled individuals to work within their community

WHO Library Digest for Africa: contains WHO-generated research and material for librarians

To subscribe to any of these publications, please write to:

majordomo@usa.healthnet.org and in the body of your message, write:

subscribe 'name of publication'

For HealthNet News:
subscribe hnn

For HealthNet News-AIDS: subscribe hnn-aids
For Child Health Dialogue: subscribe chd

For AIDS Action:
subscribe aids-action

For Health Action:
subscribe health-action

For CBR News:
subscribe cbr-news

For WHO Library Digest:
subscribe who-digest

III. Access the World Wide Web via E-mail: GetWeb

GetWeb is available to health professionals who only have e-mail but who wish to access information on the World Wide Web. GetWeb processes an e-mail message containing a request for a particular Web document or site, retrieves the text content of it, and then returns it as an e-mail message.

A. To retrieve text from specific Web pages:

1. Compose a new e-mail message to the following address:
getweb@usa.healthnet.org
2. Leave the Subject line blank. In the body of the message, type the command 'get' followed by the URL of the Web page you want to retrieve.

We are what we repeatedly do. Excellence, then, is not an act but a habit.

You can't trust your eyes if your imagination is out of focus.

3. Type 'begin' before your request, and 'end' after your request. (If your mailer software automatically inserts unwanted text (a signature, for example) at the beginning or end of your message, an error will occur. The GetWeb server ignores any text that appears before or after the block.)

For example, to retrieve the SATELLIFE home page, your message will look like the following:

```
begin
get http://www.healthnet.org
end
```

4. Send your message. You should receive the requested text in your mailbox shortly.

B. To search the World Wide Web:

Web pages often reference other Web pages by what is called a hyperlink. You may use GetWeb to retrieve hyper-links from the World Wide Web.

1. Compose a message to:
getweb@usa.healthnet.org
2. Leave the Subject line blank.
3. Type 'begin' before your request and 'end' after your request. An example search message is below:

```
begin
search altavista
pediatrics and HIV
end
```

4. Send your message. You will soon receive the information you requested in separate messages.

In addition to Altavista, you may also use the Yahoo and Infoseek search engines to retrieve information from the Internet. Instructions on how to follow links as well as how to utilize GetWeb's many other features can be found in the on-line Help document.

To retrieve a copy of GetWeb's on-line Help document, send a message to: getweb@usa.healthnet.org. The text of your message should be:

```
begin
gethelp
end
```

* For any questions on SATELLIFE's information services, please send an e-mail to information@usa.healthnet.org or write directly to our Information Officer, Sarah Sheldon at: sarah@usa.healthnet.org.

☀ BOOK REVIEW ☀

TEXTBOOK OF RURAL MEDICINE

In his foreword Thomas Allen Bruce, former Dean of the College of Medicine of the University of Arkansas, notes the need to have a new look at the problems specific to rural areas experienced by health workers. Although it is written in the United States by Americans and mainly for North America, it is surprising how many of the difficulties of working in non metropolitan practices are common to developing countries as well as to the Western World. He notes that "past solutions have tended to emphasize various ways to access services, ..But..access may be the least of the important issues that need to be addressed."

Some of the authors of chapters note that while improved transport, communication and bringing specialist services to the rural areas, either physically or by means of telemedicine, have no doubt improved health status, the standard of health in remote regions remains inferior to that enjoyed by urban populations. This is a global phenomenon. Some are advocating as a possible solution, improving the competencies of practitioners already in rural practice to reduce the need for referrals.

To quote Bruce again: "Another fundamental concern is the need for integrated community development". He could be speaking in any developing country.

The book is divided into five parts.

Part I gives an overview of Rural Health Care and is an excellent description of the problems of Rural Health. Again one is struck by the global applicability of American concepts.

Part II looks at Special Clinical Problems and Approaches to Rural Health Care. Of particular relevance are the chapters on Emergency Care, Obstetric Care and Perinatal Care. American solutions can serve as reference points even if they are not always immediately applicable elsewhere. The protocols are especially useful. The author of Chapter 10 bemoans the disappearance of the rural practitioner able to do essential surgery and the diminishing numbers of general surgeons able to cover all the surgical disciplines including trauma. He says: "Doctors practicing surgery in rural areas need specific training - more breadth and less depth."

Part III deals with the Organization and Management of Rural Health Care. It contains extremely valuable information for anyone involved in hospital or district management or for that matter in managing a private practice. Funding of Rural Health is also a universal concern. Many smaller rural hospitals in the US are closing due to lack of funds. Medical Informatics and Telehealth are well dealt with in some detail with useful websites for rural practitioners. There is a special chapter on Community-Oriented Primary Care and Rural Health Development.

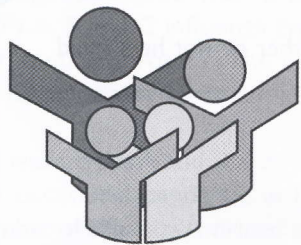
Part IV is on Education for Rural Practice. It ranges from Undergraduate training, through Postgraduate to Continuing Medical Education. The special, specific needs of rural practitioners are stressed throughout and they encourage the training of community based teachers. Many Medical Schools have special rural streams at all levels of training. Chapter 24 on CME is particularly interesting.

Part V is entitled Lessons from Abroad. There are chapters on rural health in Canada, Australia, the United Kingdom, South Africa and China. The conditions in China are so different that this section is mainly of general interest, but there is much to learn from the other countries.

To quote Bruce again: "Those who are interested in rural health should swim the widest river and climb the highest mountain for this book". It certainly contains very valuable information for all those working in rural areas, for anyone concerned in rural health and indeed, for those who should be concerned about rural health.

Editors: John P. Geyman, Thomas E. Norris, L. Gary Hart.
New York: McGraw-Hill, 2001.
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*Reviewed by:
Pierre Jaques*



INVITATION TO ALL COMMUNITY SERVICE DOCTORS

You will be receiving several free copies of SA Family Practice during this year. If you find the journal interesting and informative and would like to continue receiving it after this service ends, please contact Penny Bryce at the South African Academy of Family Practice / Primary Care on (011) 807 6605.

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