Complacency versus Courage

Yes, we have been bombarded with articles on Violence against Women, a television advertisement on rape and the subsequent debacle around its removal, journal articles on the frequency of domestic violence, etcetera, etcetera.

Why?

Do you see many women who have been raped, battered or abused in your practice? What about children, or the elderly, or men?

If the answer is no, or few, what does that say? That these things don't happen in my practice population - they happen elsewhere? My patients aren't like that!

But they are. These patients are there, in each and every practice all over the world, in every race and ethnic group, in every social class.

November 25th was International Day for the Prevention of Violence against Women. Violence against women is recognised locally and internationally as a human rights violation and increasingly, as a public health priority.

We should take this opportunity to think about our own attitudes to these issues, lest our discipline is also accused of complacency in the face of this epidemic. Do we convey to our patients (young, old, male, female) that we are willing and able to hear about the violence being perpetrated against them and that we can help them?

How did you deal with the last woman who came to consult you for a "black eye"? Did you take at face value her story that she walked into the cupboard? What about the last toddler whose mother brought her to see you with a pulled elbow? Did you take at face value the explanation that something happened while they were playing?

We need to take a look at our own abilities to not only perceive these problems of our societies, but also, if any of our patients did ever tell of such an occurrence, at how we would deal with it.

Do we actually ask any questions about abuse, or are we afraid of offending our patients by exposing such socially unacceptable things to the cold light of day? We ask about smoking with great ease nowadays, we ask about alcohol use a little less comfortably, how easily do we ask about sexual habits and preferences and whether our patients are ever made to feel fear by their partner or parent? Might this be a door that we do not feel skilled enough to open? If we don't ask questions are we open to the discomfort that might occur in us if a patient actually wanted to discuss these things? Are we open to facilitating such discussions, or would we ignore our patient's cues for all we were worth and revert to superficially treating their evident presenting clinical problems?

There are many reasons why we need to address the issue of abuse in society. These are pertinent to not only medicine, but also to our own humanity.

Domestic violence was significantly associated with Post-Traumatic Stress Disorder and major depression in a recent South African study. Pregnancy is a major predictor of violence. Studies in the USA indicate that one of every six pregnant women is battered during her pregnancy with twice the risk of miscarriage and four times the risk of having a low-birth-weight baby. Children who witness domestic violence often suffer Post-Traumatic Stress Disorder, are themselves at risk of assault and of developing adjustment problems during childhood and adolescence. They are also at increased risk of becoming abusive as adults. Low maternal confidence and lack of self-esteem (common in abused women) impact on child health, and studies have linked woman abuse to poor nutritional status of their children.

Many women perceive abuse as their "lot in life" and both men and women often believe domestic violence and rape are at times justified. There is a pervasive sense of male entitlement to sex.

As a discipline based on having the interests of the person at heart, how can we not respond to this call to take up the fight against assumptions such as these, that diminish and denigrate more than half of the people that we care for?

Maybe we need to look at ways of dealing with our insecurities in dealing with these issues. Should Continuing Professional Development courses be provided that would make us more confident in searching for the people in our practices who are being abused? Do we need skills in handling discussion of such difficult and emotive subjects? The

Domestic Violence Act was passed in November 1998, but has not yet come into operation. Given the impact of domestic violence on the mental and physical health of women, as well as on children who witness it, the implementation of this act is urgent. The new Act allows anyone in any kind of abusive relationship to get a Protection Order, including children and elderly people, against their caregivers. It also extends the definition of abuse beyond battery to include emotional and financial abuse.

There is a 24 hour, toll-free helpline (0800-150-150), established by the National Network on Violence Against Women (NNVAW) together with the Department of Justice, which will provide on-line counselling as well as referral to ongoing support at community level through its countrywide database of all service providers.

Still complacent? Or have you made the decision to courageously take up the challenge to do what you can to make sure that your patients feel that they have a doctor they could talk to about problems such as abuse?

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Wounds, Ulcers, Burns
Fever in Adults: an approach to diagnosis and treatment.
Hospital Mortality Meetings: are they essential?

Millennium Message from the National Chairman

Dear Friends

When I was asked to write a Millennium message for the members of the SA Academy of Family Practice/Primary Care (Academy) and the readers of SA Family Practice, I had to seriously contemplate the idea for a few days. For instance, what does the Millennium really mean to us? Certainly it is a "once-in-a-thousand-years" experience, but none of us is going to live long enough to boast about it at the next Millennium! Naturally most of us are planning the party of our lives for the 31st of December 1999, but when we open our eyes on the 1st of January 2000, we will still be in the same bodies and still be plagued with the same thoughts. The sun will rise as usual in the east, the wind will blow in Cape Town, and it will most certainly be hot in Pretoria. (And all our computers might still be functional) Anyway, the US Library of Congress and the National Institute of Standards and Technology declares that 2001 is the first year of the 21st century. So what's the fuss?

As with all New Years and new beginnings, we human beings have a quest for renewal - making New Years resolutions, believing that life can be different and fresh. Perhaps this is the chance that the dawn of the Millennium presents us with, the magical three 000's after the 2, almost a super renewal opportunity.

In order to be able to start afresh, we need to examine our values that govern the principles we live by. For the members of the Academy it means a recommitment to our mission, namely to continuously work towards increasing the standard of our patient care through our own professional development. These are words that should not be lightly spoken, as they have grave implications. On a personal level it means that I must not only know what is good for my patients, but I must also acknowledge my deficiencies. It may mean that I am under too much stress and urgently need a rest, or it may mean that I need to review my priorities to my family and friends. On a professional level it could imply that I should attend that refresher course which I have been continuously postponing. Given obligatory recertification in the new Millennium, it certainly means that I must assess my learning needs, and fulfill these with appropriate adult-education, continuing professional development activities. Not because I have to harvest points, but because I owe it to my patients and myself.

Most importantly, we must recommit ourselves to ethical practice, and serve our communities with a sense of social responsibility. Respect for our patients and their autonomy, especially in life and death decisions. Also, we all know the injustices in our respective environments. May it never be said again that we looked away, that nobody was prepared to stand up and say no longer and no further.

In conclusion, let us enter the Millennium lightly, with a song in our hearts and peace in our minds. Let us be compassionate, tolerant and patient, but resolute in living our values and principles. Let us not rely on the Millennium to bring us happiness, as that possibility is already inside each one of us.

Happy Millennium!!

Marietjie de Villiers