Dr Russell Kirkby MBChB, MPraxMed (Medunsa), DA, MFGP, MSc (Sports Medicine) (Pret), BSc. (Hons) (PU for CHE), Principal Family Physician

PATIENT-CENTRED CARE:

A towering dream and coalface calamity

Patient-centredness is one of our big buzz-words in family medicine. For the battler at the coalface and the patient himself, these must often seem like more Academia-speak than reality. Two experiences recently put this into perspective in the real world of current South African medicine.

An electrical contractor appeared at our community hospital to investigate the area where we wanted some improvements made in ventilation where the patients wait to obtain their files. This is a large, low-ceilinged room with a tin roof. In the Pretoria summer this poorly ventilated room behaves like an oven. The temperatures and airlessness must be experienced to be believed when more than four hundred people pack into the room. A healthy person is stifled just walking through the room. What of some poor soul with a raging fever waiting for a few hours to obtain medical assistance?

The contractor had visited a number of hospitals in the region where there had been similar requests. He said that he had been shocked to see the unsatisfactory conditions that ill patients had to endure in some of the hospitals. He also made the wry observation that the bureaucrats authorising the installation of the fans for the crowded masses were sitting in air-conditioned offices with one body to twelve square metres of air-conditioned bliss.

A discussion with a colleague trying to organise the free primary care clinics also proved enlightening. These clinics only use medication on the essential drug list which has a limited formulary. Patients requiring referral must attend state hospitals which use a different formulary.

Once sorted out, the state hospital refers the patient back to the clinic for continuation of therapy. Big mistake! How can the clinic continue the therapy when the medicines prescribed by the state hospital are not in their dispensary? My colleague also mentioned the overwhelming patient load driving disillusioned health care workers into the private sector or overseas.

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Getting through the patient load may be providing a service but let no one be fooled. This is not good or even reasonable medical care, let alone patient-centred care.

When the edicts flow from those air-conditioned edifices about free care for all at clinics, free abortions at hospitals and free ante-natal and paediatric care I am sure that the decision makers consider themselves very patient-centred. After all, most of them have worked in the clinics and in the overworked hospitals before filling their present positions.

They know of the patients' need for care. If this need is to be met in any meaningful manner then the staff and facilities must be provided concomitantly.

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Until then, for the majority of patients and health care workers in South Africa, patient-centred care remains an idealistic pipe dream. ●

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