

FAMILY PRACTICE

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THE CHANGING WORLD

Nobody likes change. We all resist it. It is uncomfortable and disturbs the equilibrium. We prefer the status quo, even if it is not ideal. Indeed, one of Newton's laws states that unless a force is exerted on a body, it will not change.

At the moment there are numerous forces exerting pressure on the medical profession in general and the family practitioner in particular. New managed health care organisations or conglomerates are urging us to 'join' them as preferred providers, for which we will be guaranteed a certain level of remuneration. Medical aid schemes are becoming increasingly restrictive. They no longer allow general practitioners to request expensive investigations and prescribe certain medicines. Their members are likewise restricted to certain benefits and service-providers. Patients are advised that they must consult certain practitioners (approved) for chronic conditions. This is creating a situation that can only lead to further fragmentation of medical care, probably increased medical costs and is not in the best interests of the patient.

The pharmaceutical industry is also facing enormous changes. There is talk of changing patent rights on medicines. The use of generic brand medication is being strongly promoted. Many pharmaceutical companies have merged, which suggests strong economic pressure towards more cost-effective manufacture, marketing and distribution of medical products.

The evolving concept of recertification in CME could require family practitioners to attend various meetings approved for this purpose. Increasing regulation is slowly eroding the autonomy of the family practitioner.

The changes listed above are just a few of the many facing both the medical profession and patients. These changes are unsettling and everyone reacts in a different way. We can run away, bury our heads in the sand or face the challenges, develop a system that is better than the present one and that will work for the future.

This issue of *SA Family Practice* presents some of the issues central to the changing scenario. Guest editor, Saville Furman, urges us to learn from experience. Dr Marietjie de Villiers outlines the Academy's viewpoint on unity. Dr Mablati's discussion document outlines some options and suggests three possible models of unity. Prof Pierre de Villiers presents a personal viewpoint on the structure of a new organisation.

However, this issue also emphasises the important role of the family practitioner - from the art of holistic care to ethical issues that arise in managing patients with HIV infection.

The SA Academy of Family Practice/Primary Care represents the interests of the family practitioner and is closely involved in the whole process of unity and the restructuring of medical organisations. *SA Family Practice* will keep you informed of developments and welcomes your comments. Do not miss the next issue.

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