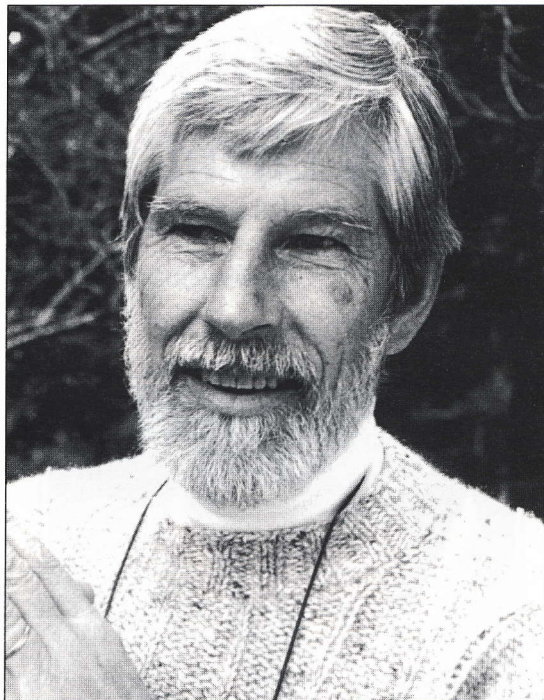


SAM FEHRSEN

Editor steps down after 13 years at the helm of *SA Family Practice*

Will the journal be the same without him? It's probably an imponderable question. But Professor Sam Fehrsen answers convincingly enough. 'The philosophy of the journal is now established,' he says, 'it's no longer dependent on me.'



Professor Sam Fehrsen – changing roles

It's a reply which prompts an immediate array of secondary questions. What is this philosophy? How was it developed? Is it still relevant as family practitioners in South Africa face an uncertain future? For the moment, though, Fehrsen is more interested in the reality of his voluntary abdication.

'I know I have to deal very seriously with my desire to control,' he admits. 'I think most GPs are very controlling people – it's one of the reasons we go into medicine. But I know equally that I must give others the freedom they deserve. I'll be taking over the compilation of the Family Practice Manual, and I'm sure I'll be sufficiently busy with this not to unduly meddle in the activities of my successor on the journal. The new people there must be given every opportunity of developing their own style.'

Generous words from the person who has guided the *SAFP* from small beginnings in the early 1980s to the authoritative general practitioners' publication it is today.

Fehrsen outlines the basic history. 'When the Academy of Family Practice/Primary Care was formed in 1980, the *South African Journal of Family Practice* was launched by a commercial publishing house in conjunction with the Academy. But this arrangement was hardly successful, and finally the journal was donated to the Academy as something of a floundering exercise.'

Then in 1983 Fehrsen was recruited by Dr George Davie, the journal's first editor, to edit and manage the fledgling *SAFP*.

Fehrsen recalls: 'We managed to get enough suitable material to keep the journal going and growing. In fact, within three years it was financially self-sustaining. But we didn't want it to become too big. We found that one of the things busy GPs appreciated about the journal was its compactness. But the inflow of advertising revenue was such that we were soon able to launch the Medical Sex Journal and the Family Practice Manual as quarterly supplements.'

Much of the work of producing the journal was done, literally, in-house: in Fehrsen's house, in fact, where bookkeeping, secretarial and editing functions were routinely performed. But while the financial foundations of the journal were being laid in this way, so was the philosophical basis for the journal being developed. The question returns: what was this philosophical basis?

In 1977, Fehrsen had joined the staff of the newly-established Medunsa where he founded the Department of Family Medicine.

'I saw the *SAFP* as a means of helping to build the discipline and, more essentially, of helping to achieve the paradigm shift which many of us believed was necessary for medicine as a whole. The kind of medicine being taught and practised was still locked into a mechanistic view of health and illness. This led, and still does lead, to very dehumanising experiences for both patients and doctors. Those of us involved in the journal believed that the future lay

The PRACTICE Interview

in a much more holistic understanding of the patient and his or her environment.'

There can be little doubt that the *SAFP* has consistently tried, as Fehrsen described it, 'to pull away from the mechanistic towards the holistic' view of the general practitioner's work. 'Unless we can start thinking differently about illness,' Fehrsen adds, 'there is no future for the family physician in the broader medical scheme of things.'

This, in essence, is the philosophy which drives the *SAFP*, and it has manifested itself in an emphasis on the experiences of doctors and patients and, more recently, in applying rigorous qualitative research methods to these experiences.

'In this way we have tried to elevate research into the holistic nature of GPs' work to the same level as the double blind control trials so dearly beloved of medical science,' says Fehrsen.

Fehrsen believes that the success of the journal can be measured in the extent to which this philosophy has taken root, and given courage to a large number of GPs who want to move in this direction – away from the purely mechanistic towards the more holistic approach which Fehrsen and the *SAFP* have helped to promote in South Africa.

'The power of technology is wearing thin,' he points out. 'There is considerable disillusion. This is obviously not a signal to discard that side of science, but to incorporate a new, more human element into the equation. I believe that the GP is uniquely placed to do this at the interface between practitioner and patient – to the benefit of both, and to medical science in general.'

'The emergence of this new combination of skills has also helped to improve the GP's self image. GPs need no longer apologise about not being specialists. The role of the *SAFP* in thus enhancing the status and self-respect of family practitioners has been considerable, and I'm sure the journal will continue to play this role into the future.'

But what of the future of the general practitioner, especially in a country where health care is being so comprehensively transformed? Everywhere, the

emphasis is shifting to nurse-based primary care, especially in the previously under-funded rural areas.

Fehrsen is well placed to answer. After graduating from the University of Cape Town in 1962 and then doing his internship at Durban's McCord Zulu Hospital, he spent 10 years working in an erstwhile mission hospital in the old Transkei homeland. 'I was the only "public sector" doctor (although there were two private GPs) serving a population of 45 000. We had about 30 nurses and some peripheral clinics, and with this were able to give a reasonable service. But you want to know about the future.'

'My view is that South Africa has a golden opportunity of establishing an equitable health service of high standard. And GPs will be an important component – if only they can catch the vision of what's possible. The new health policy for district-based care is going to give GPs the ability, through accredited practices, state-financed session work, and of course through full-time posts, to distribute health care to all.'

'The challenge is: what sort of care will we distribute? I believe it'll be a disaster if it's the mecha-

nistic variety which is being practised in the average clinic today. GPs have a pivotal role to play in the necessary transformation, and I believe that private practice will grow rather than diminish. This will be especially the case if the state fails to be truly participatory at the district level.'

Fehrsen (now 58) will continue on the management committee of the *SAFP*, as well as assume the editorship of the quarterly Family Practice Manuals. 'In the manuals, GPs will increasingly learn the practical realities of making the paradigm change from mechanistic to holistic medicine. And I have no doubt at all that the *SAFP* and the Academy will continue to lead doctors in the same direction, not least in relation to their increasingly important role in health care in general in South Africa.'

'In this way we have tried to elevate research into the holistic nature of GPs' work to the same level as the double blind control trials so dearly beloved of medical science.'

David Robbins