

## SEXUALLY TRANSMITTED DISEASES

Again we have an article on AIDS and another on STDs. Fountain and Coetzee give us a further reminder that somehow medicine and the medical system is not so smart at delivering prevention and cure.

The STD epidemic is increasingly in the news but is it of enough concern to the man in the street? Are we South Africans waiting for more friends and relatives to die before there is any adjustment in the way we view and express our sexuality?

The syndromic approach to the management of STDs is promoted by WHO and accepted as the way forward for first line management of STDs by the Department of Health. As far as I know three provinces have already made a start and introduced the syndromic management of STDs.

In support of Coetzee I want to make a plea to departments of health, both central and provincial to introduce this innovation in a manner that will be more sophisticated than the old style of merely sending out a circular. Changes in practice are not easy to come by, they have to be earned and maintained and both activities are not for free.

S O U T H A F R I C A N  
**FAMILY  
PRACTICE**

Clinicians need to be convinced that the new way of practicing has merits and that change will have a worthwhile improvement in outcome. Good clinicians will also want to know if they will still be doing the best possible for individual patients within their unique circumstances with the new regimes.

Once change has happened, it needs to be monitored to see if it has had the predicted effects. If this is demonstrated then the innovation should flourish and the outcomes improve in this battle against STDs that we are probably losing at the moment.

The quality assurance cycle is the ideal vehicle for introducing innovation and building on it. Practices and health systems, however, need to budget time for this quality improvement work as a legitimate part of normal duty otherwise it will not be sustainable. Too many administrators and planners of primary health care think of clinicians as people that have completed their training and should just get on with the job thereafter at the rate of 60 patients a day (or whatever their mythical norm is!)

*Sam Johnson*