

Do we really need primary health care?

We are on the eve of a large government initiated programme to train managers for primary health care (PHC) – district and other managers of health care. It is also true that the needy areas of South Africa suffer from an enormous overdose of poor and non-existent management. No, I'm not saying it is the fault of the new government. They are the ones who seriously want to remedy the problem.

My concern is that these managers will effectively distribute the disasters we have in PHC. This could lose any government a large amount of votes. On the other hand, people might be satisfied as they have become used to the way western scientific medicine has been dished up to them. Twenty years ago Elliot asked,¹ "Is PHC the new priority? Yes, but..." It is now 1995 and I think his fear that PHC "will do the same kind of violence" to patients as the rest of medicine does, is still appropriate today.

It is my experience that three fundamental issues are not being substantially addressed in the programmes for the accelerated delivery of PHC. I'm not talking of the rhetoric or much of the documentation. Many of the words sound right. It is the practice that disturbs me.

PHC is still a servant of the bio-medical model and mostly practiced in a selective and fragmentary way. The understanding of illness in the new courses on offer are still embedded in this paradigm.

Power games and autocratic behaviour are still the method of choice to make sure that PHC is delivered. It would be so nice if there could be more experiences of a democratic and participatory approach to the development of PHC systems.

Thirdly, patients are getting a raw deal in large parts of South Africa. Apart from start stop services, there are often shortages of equipment and the most basic drugs and vaccines. Within such structures it is difficult for even the most dedicated to continue caring. There is a problem with the quality of what we are doing. It might be too deep to uproot with the kind of short cut training programmes that are underway. It is surely indefensible though, not to uproot a system of PHC that is more occupational therapy for health workers than health care for patients.

If we as PHC workers are unable to:

- give up our adherence to the insufficient biomedical view of illness and persons;
- give up our urge to use power and autocratic tactics; or
- give up poor service,

we are likely to destroy a potential asset and the new managers will be distributing a certain liability to all in South Africa.

I am aware that I have been rather critical. I would like to close by saying that this is the first time in many decades that there has been enough action and commitment to PHC to have anything substantial to critique. That surely is a good sign. If we put our minds and hearts into it, we can still avoid a monumental catastrophe.

Reference:

1. Elliot Charles. Is Primary Health Care the New Priority? Yes, but... Contact 1975;28:1-8.

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FAMILY
PRACTICE

Sam Johnson