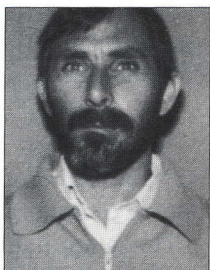


Private general practitioners: What do they think about the environment?



Curriculum Vitae

Jannie was born on a Karoo farm, grew up in the western Free State and studied medicine at the University of the Orange Free State (MB ChB in 1979 and M Fam Med in 1985). He worked in Qwa Qwa before joining Medunsa Department of Family Medicine in 1989 as a family physician and teacher. He is the secretary of South African Doctors for the Environment (SADFE) and is also involved in the Odi Primary Health Care Forum and the Christian Medical Fellowship. He and Margaret, an occupational therapist, are living with their four children at the foot of the Magaliesberg in the North West Province.

Department of Family Medicine,
PO Box 222
Medunsa,
0204

Summary

A qualitative study on the perception and ideas of private general practitioners in South Africa about the environment is presented. Two focus groups and six individual interviews were done. The analysis showed that all the GPs are concerned about global and local environmental issues. Major themes that emerged were pollution and its impact on health and the environment, recycling, interaction of factors in the environment and the importance of education. Participants responded to environmental issues in terms of themselves and others, they were aware of dilemmas and shared some hope. For some of them nature is very precious and beautiful while others are more aware of the effect of social breakdown on people and the environment. Participants approached the issue from three different angles, firstly from the angle of nature's beauty, secondly from the angle of social breakdown and lastly from the angle of others and education. It is suggested that all these approaches are important and should be catered for in a society for South African Doctors for the Environment.

Introduction

We are not always aware that we share the risks of a damaged environment with our patients. Environmental issues and the effect on people's health are reported frequently in all media.^{1,2} General practitioners (GPs) can be in the forefront of addressing environmental issues for example through active involvement in environmental matters in the community, sensitivity to environmental influences on health and having an environmentally friendly

Dr J Hugo
MB ChB M FAM MED (UOFS)

S Afr Fam Pract
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medical practice.³⁻⁶ A group of general practitioners initiated the formation of a society of South African Doctors for the Environment (SADFE). The Department of Family Medicine at Medunsa was asked to study the views of private general practitioners about the environment.

Aim of the article

The aim of this article is to present the study in a way that would do justice to those that participated, enabling the reader to identify his or her own relation to the environment and encouraging those who want to be more active in environmental issues.

Method

The qualitative part of the study was done to establish how private general practitioners think about the environment. For the interviews GPs were chosen that are known to be interested in the environment in the Gauteng area, the eastern Cape and a rural town in the Western Cape, including private GPs that work in urban township areas. Two focus group discussions and six individual free attitude interviews were done by the author and other family practitioners.

In each interview only one question. "What do you think about the environment and ecology?", was asked and the discussion led by what was said by the participants. The free attitude technique used in the individual interviews is somewhat like a patient centered consultation in that the ideas mentioned by the interviewee are summarised and reflected back in such a way that it helps the interviewee to unpack his or her ideas with minimum distortion and influence by the interviewer. The same is done in the focus group discussion with an added aspect of getting information from the interaction between the participants.

Interviews were video- and/or audio-

recorded, transcribed and analysed. The major themes in the interviews were identified and the contents organised under these themes with "cut-and-paste" method. After understanding each theme, relationships between the themes were explored with the help of a schema. This was done for each interview before all the interviews were compared and worked into a single model. The analyses were validated by discussion with some of the participants and other GPs. (Readers can find more about the rationale and methods used in the bibliography.)⁷⁻¹²

Results

A tremendous amount of information both in breadth and depth was found in the study. Only the major themes as listed in Table 1 will be discussed.

Table 1
List of major themes

Local and global environmental concern
Pollution
Impact
Recycle
Interaction
Education
Self and Others
Dilemma
Hope
Nature precious and beautiful
Social breakdown

Local and global environmental concern

"...the environment is extremely important" came through strongly and clearly in all the interviews and that "this is an issue that concerns all of us". One said: "environment to me is not just 'green' or 'pollution' ...it is now a way of life."

Medical aid schemes were mentioned as part of environmental abuse!

We share the risks of a damaged environment with our patients.

Private general practitioners

cated.

Self and others

The relation of SELF or OTHERS to the environment and the interplay between the two concepts forms an important phenomenon. Some people mostly responded in terms of themselves, how they are part of the environment, are influenced by it and are doing things themselves. Others mostly responded in terms of how others impact on the environment and what others should do.

Self

When SELF was discussed it was in terms of self as person, as family, as a doctor or collectively as doctors. "...I think each one of us should be doing something in his own circle..own practice..own patients". "All of us in a greater or smaller extent destroy our environment without even thinking." And "I am personally throwing away a lot of paper .."

Participants mentioned their own commitment to action. "...in industrial medicine and I find it important... to actually assist with environmental control programmes"

Some examples of action were to plant trees, run an anti-tobacco campaign, do recycling at home, tell patients about the value of natural food and clean air and take staff members on a trip to a farm to enhance awareness.

The following ideas about what doctors can do for the environment were discussed:

- * to tell patients that what they are doing in industry to pollute is costing money and has an effect on the health of people,
- * to speak to patients about the environment;
- * to discuss environmental issues during CME meetings and write about it in publications.
- * to use money for community education to teach the community about

the environment,

- * to keep their eyes open for the early presentation of illness related to environmental pollution, to document these abnormalities early, research and publish them;
- * to network with others and make best use of available information and resources; and
- * not to just talk about the environment, but to do something that can be publicised.

Others

Others that were mentioned included the government, industrialists, patients, other doctors, uneducated people, Parks Board, medical aids and other countries. The government is expected to make strict laws to protect the environment, apply these laws strictly and provide incentives to promote nature conservation. "Other civilised countries ...like Switzerland, you hardly see a piece of paper lying around," and "in Singapore you can get a fine of R500 for throwing a cigarette on the ground," but in South Africa "...nothing exists, no incentive, there is no law, no nothing..."

People destroy the environment: "You can think..what kind of people can do this, if they break down their own things,they don't think a lot about chopping down trees and the environment around them."

There was some hopelessness in this aspect of the theme. "There is nothing we can do without laws and authorities." And about people organising recycling of paper, "but they don't come regularly and they don't leave a container." And the action suggested: "If someone is polluting, let him do community service.It would be the right lesson for the right person."

Dilemma

Ideas and examples of action were often followed by the statement of a dilemma. These dilemmas added to the concern and worry but were followed a

"Pollution. Invasive plants"

Just look at your own refuse bin.

"Somebody else" should do something about recycling.

few times by a solution.

Examples of such dilemmas:

- * The power of money and industry is stronger than that of the law or the government.
- * There is not enough public money and manpower to enforce the laws.
- * The global environmental problem is too big to do anything about.
- * Conflicting interests eg. the building of the new HF Verwoerd Hospital that destroyed a beautiful koppie.
- * Communication and cultural problems makes education difficult.
- * GPs are too concerned about money and medical aids and would not be interested in environmental issues. "I'm alright Jack, bugger the rest".
- * GPs are part of the problem of abuse eg. with medical aid schemes.
- * Conflicting research findings that confuse issues.
- * Education and knowledge about the environment would not necessarily lead to a change in behaviour.
- * Time spent in nature is interfering with family life.

Hope

Hope for improvement and a few success stories were discussed. Our children will do better than us and GPs are also much more aware of the environment now than 10 years ago. This theme did not come through often and it being in the model may be due to bias from the author who would not let go of the slightest glimmer of hope.

Nature precious and beautiful

This theme was very prominent for some participants while it was absent for others. Many detailed examples and emotional connotations that demonstrated the values that participants hold about the environment, came through this theme.

The picture is that of a relationship between man and the environment where on the one hand "...it is like a precious child that you have to care for very specially" and on the other

"...nature has meant a lot to me. ...you might be diving.. and you feel the environment - it is really an exhilarating experience."

Beauty and cleanliness that can be observed, experienced and enjoyed is an ideal for nature. Even in the city "we must have parks where the city can breath." God can be met in nature while a healthy body and healthy mind can be found in a healthy environment. These are values that move through generations, "...my father... we went camping... fishing, and he showed me ... the beauty of nature." And.. "I want to impart this to my children."

Social breakdown

The social environment and harsh realities of crowded urban townships stood in contrast to the theme of beauty and enjoyment. This is the context in which some of the participants experience the environment while others hardly mentioned it.

The environment is seen in a broad social sense that includes most aspects of life. Social aspects like violence, politics, family breakdown and unemployment, physical things like garbage on the streets, flies, leaking blocked sewage pipes and even the medical environment of abuse and confusion with medical aid schemes were discussed in depth. The detrimental effect on peoples health is addressed much more here than any of the other themes. "In almost all the patients who come in and see us you know you can trace the problem back to nutrition, poverty, pollution, political uncertainties and violence". There is lack of privacy and "...drug abuse, alcoholism, sexual abuse, child abuse and they manifest as illness."

The natural environment is also at stake; "A woman chopped down trees to make her own shack." A colleague of one participant had her surgery burnt down "...if people can burn down a

Does the industry know their pollution is affecting the health of the people?

"Nature ... an exhilarating experience!"

Private general practitioners

facility that they use, then...where are we going?"

Integration of themes

During the integration of the different themes, the schema in Figure 1 emerged as a model that represents the approach of private GPs to the environment. All the participants shared the LOCAL AND GLOBAL ENVIRONMENTAL CONCERN and that forms the background of the model. Three possible approaches towards this model became clear and the model is clarified by approaching it from these three angles as Dr. A, Dr. B and Dr. C.

Doctor A.

Dr. A approaches the environment from the angle of NATURE PRECIOUS and BEAUTIFUL. She is a nature lover, spend time in nature and is emotional about environmental issues. She would rather think about SELF than OTHERS in terms of POLLUTION and its IMPACT and is actively involved in RECYCLING. Her awareness of INTERACTION would be mostly positive, she would have HOPE and solutions for the

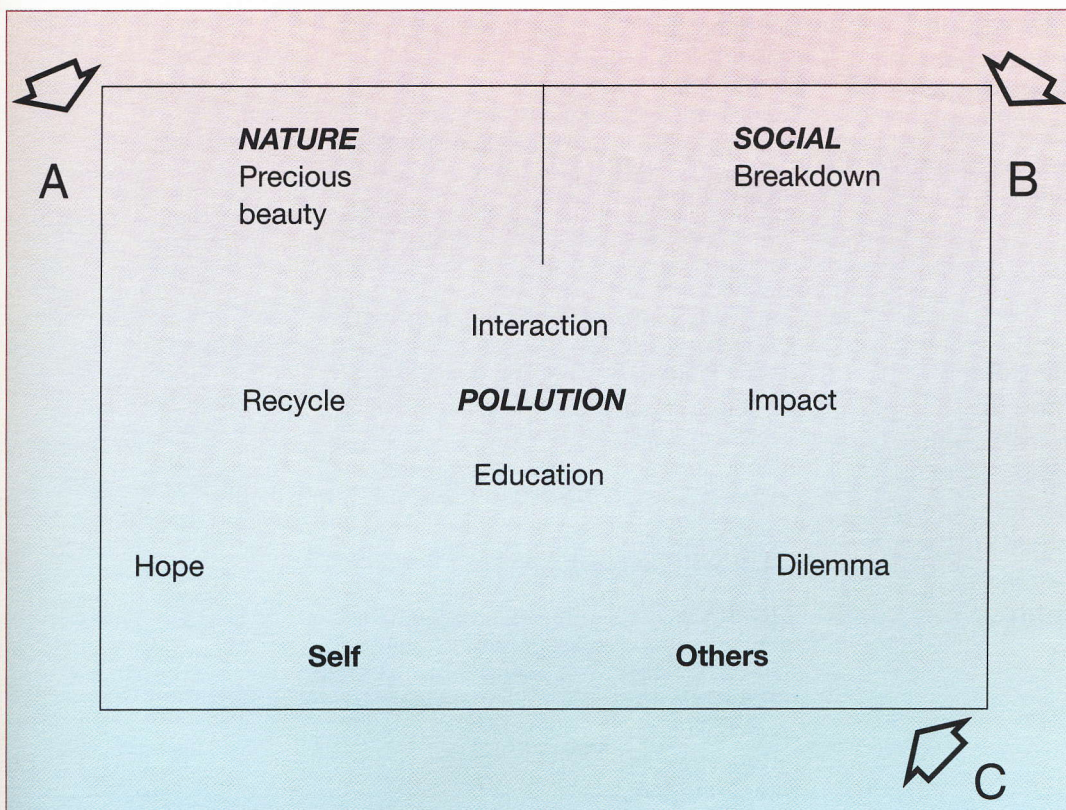
DILEMMAS. The realities of SOCIAL BREAKDOWN and conditions in a large part of society will be mostly unknown to her. Dr. A would like to have personal involvement in the EDUCATION through example and guidance of people close to her and is very keen to be active in environmental issues.

Doctor B

Dr. B approaches the environment from the angle of the harsh social realities of mostly black society. Issues of family and SOCIAL BREAKDOWN and poor infrastructure confront him daily in his practice. He is very aware of POLLUTION and the IMPACT it has on the health of people, while RECYCLING is less important. Dr. B is more aware how OTHERS, mostly the patients, are affected by the environment and shows less SELF involvement. INTERACTION of factors, mostly socio economical, that negatively affect his patients, concerns Dr. B while he thinks that EDUCATING his patients would be of some help. The BEAUTY OF NATURE is rather far from Dr. B. He sees the DILEMMAS mostly about social difficulties while HOPE is

"In almost every patient you can trace the problem back to nutrition, poverty, pollution ..."

Figure 1: Local and global environmental concern



out of sight.

Doctor C

Dr. C approaches the environment from the angle of OTHERS and EDUCATION. He is very aware of POLLUTION caused by OTHERS and the IMPACT it has on OTHERS. Intervention by OTHERS, especially the government, is suggested with EDUCATION on a large scale as the most important thing. Involvement of SELF is at a lower level, HOPE is not discussed and he is very aware of the DILEMMAS faced in addressing environmental issues. Dr. C is aware of the BEAUTY OF NATURE and SOCIAL BREAKDOWN, but neither of them is close to him. RECYCLING is important and he would participate if OTHERS take the initiative.

Discussion

The qualitative methods made it possible to find a wide variety of concerns, perceptions and ideas about the environment and the pattern of three approaches was regarded as sensible, by people who reviewed the results. The responsibility of the researchers, to do justice to the researched persons, was strengthened by the fact that they were colleagues and friends. The author trusts that the same awareness would be present with other studies, even if the researched persons are further from the researchers and have less power.

The different approaches can partly be understood, as a difference in experience and context of work and living areas. It highlighted the wide range of problems that we face in caring for the environment in South Africa. Although some participants could be seen as typical Dr. A, B or C, other participants moved between approaches. It is encouraging that GPs have a variety of experiences and ideas in addressing environmental issues.

Some important environmental issues, for example reduced consumption and environment-friendly practices, were

not discussed. That a high standard of living leads to more pollution, even if it is not so visible, was absent as well as the sensitiveness to the problems of poverty and environmental degrading.

South African Doctors for the Environment (SADFE), that aim to involve private GPs in environmental issues, should be aware of the different approaches and provide space for it. There is a wealth of ideas amongst private GPs that can be unlocked and many of them can be challenged with new ideas and to translate their own concerns and ideas into actions.

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