# Divided We Fall

The Government of National Unity is nine months old. We see many positive developments as the administration gets underway, slowly gaining control of their task of administering the country. Old enemies are holding hands in spite of many setbacks. Even the Conservative Party is talking to the government about monuments and statues in the Free State. As I move around I find that there is much more hope in the future now than there was last year.

In contrast, we in general practice/family practice in South Africa are still very much entrenched in our old divisions. The divides are of two kinds. We are divided along the lines of the politics of the old South Africa and we are divided along the lines of what I consider to be an old belief. This belief says, 'you have to have separate bodies for academic and political purposes in organised medicine.'

My own view is that both these divides are no longer tenable. We need to put both of them behind us. If we cannot develop a unified body and a unified approach in the near future, we are likely to end up in the dustbin in spite of the fact that primary care has become a priority. Other people will then decide for us what the doctor's role in primary health care is, and who will practice it where and at what remuneration.

The politics of protest is probably the easiest form of politics to get involved in. In itself, it is dangerous. It entails sacrifice, hardship and endurance to be effective. To move on from there to constructive and participatory styles of politics, we need more skills, endurance and commitment to succeed. We as generalists will never get there and make a contribution to the RDP and the building of a healthy nation, if we protect only our own income and interests.

It is probably self evident to most that we can no longer live with the old political divides in medical organisations. We should never have had them in the first place! It is perhaps not that evident why a single body should serve the medico-political, as well as the academic interests of generalist doctors.

Many of us have been arguing for the superiority of an integrated and holistic approach in our discipline rather than a fragmentary one. This makes good clinical sense. A person feels more human after an interaction in which he has been treated in an integrated way as a person; as one, where he has not been fragmented into different clinics and providers, for the problem presented for primary health care. We need to be congruent. Surely this principle also applies to us as a group.

If we have one group looking after the interests of doctors and their income, and a different one dealing with "clean hands" in academic matters, what do we get? We get mud slinging between people who should be working together and moderating one another's excesses. We get arguments about theory and practice as if there is a form of practice that is not predetermined by theory. We live under the false assumption that there are financial and organisational issues that can be divorced from quality of clinical care consequences, and visa versa. We increase our expenses and decrease our effectiveness by each building our own little infrastructure. Each asking for money from generalist doctors who already feel they are under severe economic pressure.

I suppose we can go into 1995 under the banner of 'survival of the fittest'. Our politicians at all levels of government do not consider this a recipe to build a new South Africa. Divided we fall. Perhaps not all, you may say. The reality is, that if we do not have an inclusive approach in a pluralistic society, a fairly small group can sink the whole process.

SA Family Practice wishes all a good 1995: for our patients, for primary care and the generalist doctors of South Africa. May we not only stand, but walk together.