

SOCIAL RESPONSIBILITY OF

Individual Practitioner Associations (IPAs)

New directions in the delivery of health care has resulted from the introduction of Managed Health Care in South Africa. The objectives are to provide high quality care for all the people and to provide this care cost-effectively and efficiently, especially to that part of the population which lacks the means to belong to Medical Aid Schemes or the means to afford expensive health care. This has been in response to rapidly increasing health care costs which has been rising considerably faster than overall economic growth and other demographic, political and technological factors. Recently, legislative changes have allowed new systems to develop. Individual Practitioner Associations (IPAs) have now formed as a result of the perceived threat of Health Maintenance Organisations being in direct competition with private medical practices. This could serve not only to maintain their independence, their individual practices but to expand and protect their patient base and their incomes.

Individual Practitioner Associations (IPAs) are the most appropriate way for health service professionals to form multi-professionals, multi-specialty group practices to meet the needs of the enrolled population being served as this will result in the most efficient use of skills and medical manpower.

The rapidly changing socio-political and economic environment and the challenges posed by the amendments to the Health Act and the apparent threat to the private sector contained in the proposed ANC's National Health Plan for South Africa will have a major impact on the practice of medicine and on individual private practices.

Individual Practitioner Associations have come into existence at the right time. They have a major role to play if only they could move away from the strictly economic basis for their existence and re-define their role as the "patient's and community's advocates" on health issues, as the "gatekeeper" between the community and the health care system. I would like to argue that they could form an important component of community structure and, as such, have the potential of being the nerve centre for a co-ordinated, integrated, multi-disciplinary and multi-sectoral local or district health system. In this way they would have a vital role in not only ensuring high quality comprehensive, cost effective primary health care but also undertake research and then implement programmes that address health priorities in the practice population.

Medical care forms a small part of health (20%). Over eighty per cent of health is determined by social environmental and lifestyle issues. To be relevant therefore, IPAs will have to develop a well structured social responsibility programme that both government, health funders and IPAs assume responsibility for.

Some Guidelines to Social Responsibility

Their size, objectives, flexibility and independence makes it ideal for IPAs to practice social responsibility. This should be an organised educational process and receive constant attention from management. Although the social responsibility of IPAs will be limited by its finances, this should not be used as an excuse to ignore social responsibility. Attainable social responsibility

should form an integral part of IPAs planning. High ethical standards and good doctor-patient relationships and with high quality of comprehensive, personalised, primary health are two priorities in social responsibility.

(a) Social responsibility toward the community

IPAs are well placed in the community especially in rural areas to become involved in environmental health and environmental conservation. This should result in job creation which would form part of the broader responsibility towards the community.

Health promotion and disease prevention especially with regard to lifestyle matters is not only a medical responsibility but an important social responsibility for IPAs. Resource material, such as health booklets, health talks at schools, crèches, women's groups, the media, child and family welfare societies, youth clubs etc are some of the methods that could be employed. This may entail putting money into these programmes. Due to changing social needs and technological developments, the IPAs should maintain a socially acceptable business ethic. This will require a "people-orientated" approach and consulting the community and enrolled population with regard to decisions that may have an effect on their health.

(b) Social responsibility towards employees

Where possible IPAs through their membership should attempt to assist employees in respect of housing either through subsidies or allowances. Secondly, general working conditions and the work environment should receive special attention. The need for social freedom, healthy leisure time and recreation must be recognised.

Management training and special skills training, increased responsibility and delegation result in personal growth of employees. If IPAs or individual members implement these management philosophies in practice and develop the ability of their employees, this could be important positive benefits for the practice. IPAs could also fulfil its social responsibilities by subsidising social and medical services, sponsoring essential community services, maintaining occupational safety standards in factories and assisting in community development.

(c) Attitudes towards health authorities

IPAs should regard themselves as part of the health team. They should be represented in local health and district health authorities. They should have major influence over health matters of local regional and national importance. They should therefore be well aware of all the latest development taking place which will have an effect on people's health.

In underdeveloped rural areas and in periurban areas, the health of South Africans will be secured mainly through the achievement of equitable social and economic development such as improvements in the level of employment, the standards of education, and the provision of housing, clean water, sanitation and electricity. In addition, reduction in the level of violence, malnutrition and accessible health care services will have to be addressed. Involvement or facilitating such activities through the process of community development could have important reciprocal benefits for the IPAs.

In addition, the challenges that all IPAs in South Africa will have to face, given the shortcomings of the present health system, are:

1. How to make the best use of the limited resources.
2. How to make the benefits of an effective service available to all.
3. How to balance the conflicting demands for care from different classes, ages and interest groups in society.
4. How to resolve the tension between providing the best possible care to the individual patient on the one hand and meeting the needs of the community on the other.

IPAs have a central role in addressing some of these challenges in South Africa especially in linking services in the public and private sectors, in urban and rural area and in the inequalities of service provision.

IPAs have the potential through effective social responsibility programmes to make a meaningful contribution towards the general prosperity of the practice population and the community, the internal, social interests of its employees and be able to interact with other social structures for the benefit of the patients and its members. Although initially formed for different reasons, the IPAs could evolve into effective support structures for health planning and health delivery at the local or district level.