

South African Rural General Practice

This section presents a problem orientated approach in the context of rural practice.

The context is the store at Pungulelwani in the Northern Transkei.

It is a remote rural GP or government clinic treating low income or poverty stricken patients. The roads to the clinic are difficult to travel on and may require a four wheel drive at times. There are no facilities for investigations, no X-ray facilities etc. The constraints of poverty and unemployment dictate that medicines that are dispensed are generic or cost effective and may be based on the essential drug list (see **Resource Section**).

Most patients that attend the clinic are illiterate and can only speak and understand their own vernacular language.

At present this clinic functions, mainly, on the basis of the traditional medical model. The patient enters, the doctor asks what the matter is, examines the body, and prescribes medicine.

There are many patients to see with a high percentage of pathology. The problems they present with are usually infections (chest infections, gastroenteritis, skin sores and cellulitis, STDs etc), antenatals, arthritis, soft tissue injuries etc etc.

It is a hands-on, problem orientated, therapeutic clinic treating the presenting symptoms. (Also called "Cookery Book Medicine")

It is an important and vital service of

diagnosis, management, education, treatment and referral.

Is then a patient-centred clinical method applicable in this situation?

Is it just a luxury for the first world, the educated and the affluent?

Is it possible to be patient-centred with such a heavy work load in addition to working through interpreters?

A study (see Henbest and Fehrsen, 1992, in the references) found that in similar contexts near Pretoria (a busy hospital outpatient department, community-based clinics etc) that:

Patient-centredness helped resolve the concerns of the patients and also their symptoms and was associated with a positive outcome.

It was found that an interpreter need not block good communication. In fact, the consultations involving interpreters were significantly more patient-centred.

The frequent assumption that it takes longer to conduct a patient-centred consultation was not supported, ie they took slightly less time.

The consensus is that patient-centred care is **universally applicable** whether in a rural practice or a large urban outpatients department.

WE NEED YOUR HELP

Your comments on this CME Section are welcome:

We need help to provide an ongoing education that is appropriate to practice. We invite you to make up MCQs or ideas on benchmarks, rural practice etc.

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