guest editorial

THE RDP AND US: CHANGED PRIORITIES

Great achievements depend on small things done well. Reconstruction & Development is becoming, more than a housing and community development Programme, a dynamic for renewing South Africa. We, in Health, are involved too. And shall be, in its failures as well as successes.

Here are my "New Year Resolutions" which, except for the first, apply personally.

Define Academic excellence

Everyone is nervous about academic excellence and tertiary care budgets. We want to say cut the latter, but are flat-footed by Academics who prophesy doom to this excellence thing. Please may we define what academic excellence really means before crying about it? Because, whatever it is, it is not dependent on out-moded curricula and high technology.

Medical Education and CME

I want to sort out how, really and in practical terms, to improve the quality of my work. (Note I did not say my knowledge.) Very little of what I listen to at CME lectures, or scan in the journals if I get round to them, carries over to what I do. I've discovered for myself that I learn best (and most enjoyably) when I start from problems of the day and go to the resource(s). So I must organise my resources.

Caring

This poor public image we have acquired. I shrivel as I listen to the stories my wife relays. I must admit I understand many of the reasons. It took me years to realise that there was a Me inside the professional front I was trained to present, and then used as a protective device. I do care for people, my patients. Let me have the humanity to show that I care.

Tolerance of other Healers

Let's stop being so defensive about scientific medicine considering how unscientific much of what we do is. Let me be generous towards patients (or at least turn a blind eye) when there are other kinds of healer. They may be better at this holistic thing than I.

Some basics of health improvement

There are relatively simple measures, like immunisation, that are known to make a lot of difference. Let me organise or delegate the doing of these for as many of my patients as possible, over and above their other or presenting problems.

Computer-based information

As I said, I'm going to have a good look at how to handle my CME. I need my energy (and the best of my aging neurones) to think, not spend it on updating and remembering facts of all sorts. Let me accept that, whatever my antipathy towards these computers in general, they can bring me information at the touch of a couple of buttons when I most need it.

Quality vs Quantity

In the UK (where I photographed this ambiguous sign!) I find people at the same time critical of GPs' care and yet very sympathetic to the impossible demands on their time – "if he has to see 60 patients a day what can you expect?" Strange that no-one would expect a surgeon to take short cuts yet allow it in a GP! My GP friends in Britain complain that they will be paid to achieve promotive health targets and not to address the problems of chronicity and low-level distress that they encounter. But to deal poorly with 60 problems a day is a waste of everybody's time and resources. In all our work, as easily understood with surgery, the best interventions depend on early and adequate assessments. Hard as it may be to turn the situation around I believe the best in the short and long run is to give patients quality attention.

I said these were personal resolutions. But I do think that, whatever budgets are or are not available, these kinds of costless renewals can change a health service, don't you?

Ronald Ingle