INTERVIEW

With Dr Basil Jaffe

Q. YOU HAVE HAD A LONG CAREER IN MEDICINE. TELL US ABOUT IT.

BASIL: Yes, I started my training at UCT in 1941 and qualified in the conventional six years. At medical school I was in a class with some illustrious names… There was Donald Ross who became the cardiac surgeon at Guy's Hospital. Jannie de Villiers who became Rector of Stellenbosch University and Chris Barnard.

I opted for general practice because it had become a family tradition to enter this field. It has been a happy choice and I regard myself as a fortunate man for having made it.

You note that I tend to use the term general practice rather than family medicine. This is in the British tradition which I much admire and has greatly influenced me.

After a two-year internship at King Edward in Durban, I spent two years as an assistant to a superb old GP who taught me a great deal and was a fine role model.

I then went to Britain for three years partly for postgraduate medical study but also to expand my vision and broaden my education. I loved Britain and there caught my first glimpse of the National Health Service. I found that it offered scope for excellent medicine. Subsequent visits confirmed my view that the NHS based on the GP as the doctor of first contact, was an excellent health care system.

In 1954 I returned to South Africa and set up in solus practice in the southern suburbs of Cape Town where I have practiced continuously for the past 40 years. The first baby I delivered in private practice turned 45 in June – she is still my patient! I have several second generation deliveries.

Q. YOU HAVE BEEN INSTRUMENTAL AND AN ACTIVE MEMBER OF THE SOUTH AFRICAN INSTITUTIONS ASSOCIATED WITH FAMILY MEDICINE?

BASIL: Yes, in South Africa we started in 1959 as faculties of the British College of General Practitioners. This continued for ten years until

1969 when the South African College of General Practitioners was established. The following year we amalgamated with the specialist colleges to form The College of Medicine of South Africa.

This proved to be a frustrating period of our history. Our activities were restricted, our growth stultified and initially we had limited control of our own membership examination. In 1980 we founded the SA Academy of Family Practice/Primary Care to remedy this situation. We did not leave the College of Medicine but all our energy and drive went into the Academy. I was the first Chairman and after three years became President. I still sit on Council and have never lost my interest and involvement.

It was exciting in those early years defining the academic discipline of family medicine, meeting some of the great intellectuals in our field like Ian McWhinney, Pat Byrne, John Horder, John Stevens and Gayle Stephens – all great minds and inspiring people.

I became involved in teaching as early as 1956. In the face of an unwelcoming attitude from the UCT medical hierarchy we instituted unofficial GP attachment schemes during the student vacations. About 15 years ago a Unit of General Practice was created at UCT of which I was the first Head, to be followed by Joseph Levenstein. The negative attitude of my alma mater to our discipline has been one of the great disappointments of my career.

Q. DO YOU THINK THERE ARE MORE PRESSURES IN GENERAL PRACTICE NOW THAN WHEN YOU FIRST STARTED?

BASIL: I think that the pressures on GPs have changed. When I started we could give all our attention to practising medicine without having to worry too much about the financial aspect. Perhaps our expectations were more modest, but we seemed to be earning enough for our needs. I don't think we were different people, we just did not have the economic pressures of today.

Perhaps we were a bit more patient and prepared to wait for the mercedes or the swimming pool but I really think that one has to work much harder today to achieve an equivalent level of economic well-being.

The free market has many advantages but it has opened the way for big corporations to enter the health field. Clearly their motivation is profit and this is leading to greater commercialisation of medicine. One has witnessed the growth of the medical aid movement over the years which has had many positive features for our patients and ourselves. On the negative side, however, it has interposed a third party between doctor and patient and we are now seeing the extent to which this third party is calling the tune and undermining our independence.

Perhaps the greatest change for the worse that I

have witnessed has been the encroachment of the specialist into the primary care field. In my early years the specialist acted as a consultant seeing patients by referral. I believe that direct access of our patients to specialists is destructive of the whole fabric of medicine. It has increased the cost of medical care and has been to the detriment of our patients and ourselves. We must continue to fight this issue at every level.

Q. HOW DO YOU FEEL ABOUT DISPENSING?

BASIL: I have never approved of doctors dispensing except in poor areas where they dispense as a means of providing their patients with cheaper medicines. Clearly there are material benefits for the doctor but it is sad that economic necessity has induced doctors to augment their income in this way.

Q. WHAT DO YOU CONSIDER LIES AHEAD FOR GENERAL PRACTICE IN THE NEW SOUTH AFRICA?

BASIL: The ANC Health Plan correctly draws attention to the major health problems in this country such as the need for housing, clean water and sanitation. Although it stresses primary care, it fails, in my view to understand the role of the well-trained family physician and the extremely valuable role he can play in the medical system. One gains the impression that there has been too little input from general practitioners in the ANC plan.

People who are troubled, or in distress, come to the doctor to seek help. We function at the personal level. This is the nature of medicine – traditionally, historically and culturally.

General practice has survived in this country in the face of its many difficulties and challenges. We must take advantage of the infrastructure that exists and build our new medical system on the foundation of the well-trained versatile general practitioner. Our health planners must understand that it matters not whether one works in the private or public sector, under a national health service or in the free market, the principles and ethos of general practice/family medicine/primary care are the same.

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Q. IF I WAS TO MAKE YOU MINISTER OF HEALTH TOMORROW, WHAT WOULD YOU DO?

BASIL: As Minister of Health, I would certainly improve the standard of primary care by allocating the resources to provide adequate personnel and accessibility to primary care. It is no good having to queue up, as they do in Khayalitsha, from 6 o'clock in the morning and being told at 8 o'clock that you cannot be seen because they are full for the day. This only creates anger and antagonism. Neither is it desirable to place foreign doctors into

the sector because you cannot get anybody else to do this work. You must make the work and the conditions attractive enough to get your best doctors into this field. You need your best doctors in the frontline because this is the most difficult branch of medicine.

The frontline is the real challenge and I believe that your medical system will stand or fall by the quality of the personnel in this field. There is unlimited scope for research given the resources. At all times there must be an emphasis on teaching and learning. A large part of undergraduate teaching should take place in the primary care situation and continuing medical education should be vigorously encouraged for all personnel.

I have reservations about the adulation of the health team. There should be as few barriers as possible between doctor and patient and the ideal is direct interaction between doctor and patient. Responsibility for the patient is often dissipated in the team.

Q. LOOKING BACKWARDS, WHAT HAVE YOU ENJOYED MOST ABOUT YOUR WORK IN GENERAL PRACTICE?

BASIL: I have always loved and enjoyed people, so caring for them has been a natural and rewarding experience. I treasure the relationships that come from sharing the woes and joys, the fears and aspirations of my patients. They have always been encouraged to regard me as a "challengeable equal" rather than an authority figure, to question my decision rather than accept blindly. I have always tried to demystify medicine and seek rational answers – hence my aversion to alternative medicine. Thus I have enjoyed an easy and honest relationship with my patients that has been mutually rewarding.

During my own life crises, like bereavement and after major surgery, I have been sustained by my patients who have been incredibly supportive and considerate. I have enjoyed the need to be needed and over the years general practice has taught me as much about myself, as about my patients.

Finally you must understand that medicine has not been my only interest in life. I have always loved sport, music, art and history. Above all I have loved the Cape and its magical mountains, trees and streams and its wonderful indigenous vegetation – the fynbos. These interests I have shared with my patients who have taught me so much over the years.

Interviewed by Chris Ellis
Portraits by Graham Abbot