

FAMILY MEDICINE IN PRIMARY CARE IN **South Africa**

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The differences between public and private sector primary care in South Africa have been so emphasised that we have forgotten that both are grounded in the need we all have for care when sick. In focussing on the unjust disparity in the coverage offered by the over-supplied private sector and that offered by the undersupplied public sector, we have forgotten that these sectors have much ground in common. Although they differ widely in context, scale, premises, locale, staffing, and financing, both sectors need staff trained in family medicine to satisfy their clients' essential needs for care. In concentrating on their differences we have delayed family medicine's emergence here and denied South Africans early experience of its benefits. This delay has been compounded by a public sector dominated by the tertiary hospital which has not incorporated family medicine's strengths.

The principles of family medicine: continuity, co-ordination, community, comprehensiveness, prevention, and family, reflect the fundamentals of the care we all need when sick. Sooner or later we will all need that care best supplied by those with training in family medicine... whether we seek it from a private general practitioner or a nurse in a rural clinic. To ensure that those needs can be met, some staff in all primary medical care facilities should be trained in family medicine.

The sooner we define this common ground the better will we, in academic family medicine, be able to train health professionals to work effectively and

with satisfaction in South Africa's diverse public and private primary care settings.

We must see to it too that a future unified ministry of health knows precisely how and where family medicine could improve health care delivery in South Africa. We in family medicine must help that ministry meet its responsibilities to the people of South Africa. We need to devise a system of health care capable of offering a compassionate human face to an essential human need. For if it is true that health statistics are "people with the tears wiped off", then health planners must remember, while planning health services from such statistics, that when people go for help those tears are still "on". Family medicine, comfortably familiar with tears, can help deliver such a service.

Family medicine is not a luxury to be supplied by an inflated private sector to an over-privileged few, it is a vital component in any modern state's health system; even one with as grievous a history of deprivation and neglect as South Africa. The "space" that family medicine offers the distressed patient may be the only private caring space available to that person whether he comes from a shack or a mansion. The joys and the woes of the individual in the family respect no boundaries of colour, class, or wealth; they are an ever-present reality for us all. Our health system should be so structured in future as to be able to offer a compassionate human face in response to an inescapable human need.

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