

INTERVIEW

With Prof Joseph Levenstein



Joseph Levenstein recently returned to South Africa from the United States of America as a guest speaker at the 9th Family Practitioners' Congress at the Cape Sun, Cape Town. He was interviewed by S A Family Practice.

Q. JOE, YOU'VE BEEN OUT OF SOUTH AFRICA FOR FOUR YEARS NOW. HOW HAVE YOU FOUND FAMILY PRACTICE IN AMERICA? IS IT DIFFERENT?

JOE. Well, it's exactly the same really. I've practiced and taught in many countries throughout the world and it's virtually the same wherever I've been. I've spent months in Canada, I've practiced in Hong Kong, and taught there, and also in the United Kingdom. In all countries it is similar,

although the academic expression of General Practice/Family Medicine and its institutionalisation, is dependent on the medico-political situation in each country.

In America, bearing in mind how superspecialised it is, it is ironic that family physicians are so involved in admitting patients to hospital and their management in hospital.

As a GP in South Africa, I was never as involved in the admission and management of patients in hospital as my colleagues are in America. I, myself, practice in a similar way to the way I practiced in Cape Town. Another difference may be that in America, if you think of a test you do it, whereas in South Africa, you think it over more, but in our unit we keep a close tab on our referrals and investigations. Our own figures are far lower than the American average but, I have the feeling, I'm doing more investigations than I might have done in Cape Town.

Q. WHAT DOES YOUR JOB INVOLVE EXACTLY?

JOE. My job is massive. I'm head of the Department of Family and Community Medicine at Rockford, which is one of the four campuses of the University of Illinois. I'm executive head of all four departments of Family Medicine at the University of Illinois and Chairman of the curriculum committee and we're in the process of turning the whole curriculum upside down. We are aiming at a valid curriculum for a community based doctor.

Q. HAVE YOU FOUND A DIFFERENCE IN YOUR WORK WITHIN THE “AMERICAN CULTURE”?

JOE. Certain things strike you, for instance, a single parent is no longer a phenomenon in America. If you were to ask “how do you feel about being a single parent?” or “how do you feel about having a baby when you’re fifteen?” they’d look at you like you’re nuts.

Q. BECAUSE IT’S COMMONPLACE?

JOE. Yes, very commonplace. I would say sociological change is more marked and more accepted by Americans. A school pregnancy, for example, might be a reason for a lot of consultation, angst and gnashing of teeth in South Africa but far less so in America (as long as it’s other people’s children and not your own!).

Generally speaking 57% of American babies are born out of wedlock so you are almost dealing with the norm.

Q. IS YOUR PRACTICE AFFECTED BY THE BREAKDOWN OF THE AMERICAN FAMILY UNIT THEN?

JOE. You get a lot of divorces, which are the most catastrophic things in the world, sometimes far more catastrophic than death, but in America, it’s almost as if they’ve gone beyond that to a certain extent. They’re not getting married as easily so the actual divorce rate isn’t that great. I would say we were

seeing a different phase in the evolution of the family or rather in a break down of the barriers in a system. Society is saying to us “you can be family doctors but not the type of family doctor that you thought you were.”

Family practice, in many ways, is far more rewarding in America because the patients are so excited when they get the type of care that a comprehensive doctor gives them. The patients tell you how lucky they feel that they have now got a doctor who is interested in them. Only 17% of American doctors, perhaps less, are family physicians, because the whole power of medicine is in the hospitals.

As an experiment our Family Practice Office looked after 2000 Veteran Administration patients, who traditionally were only treated by military hospitals. 90% of them said it was the best care they’ve ever had in their lives.



Q. LOOKING IN FROM THE OUTSIDE, WHAT ARE YOUR IMPRESSIONS OF THE STATE OF FAMILY PRACTICE IN SOUTH AFRICA AT THE MOMENT?

JOE. South African General Practice/Family Medicine is very remarkable considering the number of Family Physicians/GPs we have. There has been no institutional

support for South African Family Physicians and we have had to develop our own academic infrastructures, the Academy, our own research thrust and our own journal. It does testify to the

commitment of family medicine/general practice in this country. South Africa's position in world bodies such as WONCA are in some way indicative of the role we play and to the recognition we have. There is no doubt that the cause of South African Family Practice would be enhanced if there was formalised compulsory training. Countries like America and England have an obvious advantage over South African doctors, who are literally thrown in at the deep end. If South Africans want cost effective quality care they have got to start pouring some resources into training and research for general practice/family medicine instead of into their ivory towered tertiary care disease palaces.

Q. SO YOU WOULD SAY THAT WE HAVE FALLEN BEHIND THE REST OF THE WESTERN WORLD IN THIS RESPECT?

JOE. True, and sooner or later this will impact on you. The undergraduate training and dedication of South African doctors is probably as good as anywhere in the world, and some may argue even better, but you are being left behind because there is no way you can compete with people who have had formalised training. There are not too many Mozarts around and most of us have to go and have a formal training in how to write music.

Q. WE HAVE RECENTLY INTRODUCED THE CATEGORY "FAMILY PHYSICIAN" IN SOUTH AFRICA, IS THERE AN EQUIVALENT IN THE USA?

JOE. Yes, you have to be board certified which requires a 3 year residency and then write the American Board of Family Practice examination. Once you are board certified – you have to obtain re-certification every seven years by CME points accumulation system and examination.

Q. WHAT SPECIAL PRIVILEGES DOES BEING

BOARD CERTIFIED IN FAMILY PRACTICE CONVEY ON YOU?

JOE. Well, interestingly enough it gives you hospital privileges. Also a lot of insurance companies may not pay you. For example, Medicaid, which is a government agency has insisted that they will only pay board certified family physicians. You are dealing in America with lots of factors in licensing, board certification and insurance companies and each of them have different regulations. By and large, if you are not board certified, you have got a lot of questions to answer.

Q. WHAT REGRETS HAVE YOU HAD IN THESE LAST FOUR YEARS AFTER LEAVING SOUTH AFRICA?

JOE. My biggest regrets are my friends, my family – and obviously, of course, my patients. Also of leaving my colleagues in Family Medicine and of leaving South Africa which I never accepted as a permanent move. Emotionally I am still here in South Africa and I rationalise that I'm doing a long visiting Professorship. I have no regrets from a job point of view. In terms of advancing the discipline of Family Medicine and impacting on medical education and the scientific basis of Family Medicine and caring for people, it's been tremendously fulfilling.

If anything, the University of Illinois has delivered far more than they promised, they have been exceptionally generous in supporting creativity and have been anxious to hear what I have to say both in Family Medicine and in Medical Education. I feel as comfortable pursuing the agenda in the USA that I pursued in South Africa, but there is actually a very deep anger that I'm doing it there and not

here. A deep regret that I can not do it here in South Africa. I'm saddened mainly by the territoriality of the South African medical situation that has clung to a certain value system in our medical establishment. The most important change that needs to take place is in the medical establishment. Even MASA may not be the main problem but the universities and medical schools are and the English Universities behave in exactly the same way as the Afrikaans Universities. In fact they are even more entrenched. For instance, the first Department of Family Medicine in South Africa was in Pretoria.



Q. AND WHAT ABOUT THE FUTURE OF FAMILY MEDICINE IN SOUTH AFRICA?

JOE. Medicine must be made to meet society's needs and society must be asked what their needs are. If they are going to move from one organisational process to another, let it not be on the basis of social engineering but on the basis of providing care for the people in the community. Change is not necessarily going to mean reform. One's got to be careful as change can sometimes be a bad thing. I would be hopeful that General Practice/Family Medicine in South Africa can play a part in serving the South African population and that their role will be the basis of future health care. Resources should be given to the medical schools to help change the value system to produce the right type of doctor. I would caution against simplistic solutions to

health care problems such as was enacted by the Chinese with millions of so-called field workers or barefoot doctors delivering primary care. The only outstanding thing about that was its failure. You will get social engineers on the one hand and the medical establishment on the other hand, giving

the New Government advice that Primary Care is so simple and they must let untrained people do it.

In saying this, I am not pointing a finger at any group of health care workers and denigrating their valuable role.

There are two major adjustments I think the discipline of General Practice/Family Medicine will

have to make in order to meet the needs of society in the 21st century. One relates to a greater knowledge of the community, in other words, the basic sciences of community medicine have to become part of family medicine. People need to be responsible for the areas they serve.

The second major thing is to talk about team work and to create models to encourage teamwork as opposed to all the divisive rhetoric and politics that are about at the moment.

**Interviewed by Chris Ellis
Portraits by Graham Abbott**