
EDITORIAL

The GP, the District and the Region

After the election we will be operating within nine new regions. There is an immense opportunity ahead to restructure health care away from a very wasteful fragmented system into a more effective integrated one. People claim that much improvement can be achieved without spending more money. We just need to be smarter in the way we spend our money and better deploy our ample resources.

One of the pillars of good Family Practice/Primary Health Care is that doctors and other health workers should be responsible for a defined population. Resources can be used more rationally if there is a formal contract between doctor and patient that includes health promotion as well as care during illness. There is no need to make this an imposed relationship. In many countries this is an association between doctor and patient which gives both freedom of choice.

Presently both our State and Private Sector health care is haphazard. There is a tremendous amount of doctor shopping, duplication of investigations and wastage of unused medication as patients move from one carer to another. From one sector to another. They even have free and direct access to specialists. Primary care is likely to be a function of local government with some input from regional government and an overall guideline policy at national level. This means that those of us functioning at the level of patient care will be more able to talk to the "authorities" and "head office" as

they will be closer and more accessible to us.

When doctors in the private and public sector are accountable within smaller units such as a district it will also be easier to integrate services and rationalise the care of all in that particular district. Perhaps the day when we will be able to tell our colleagues in more organised countries who our practice population is, is not so far off anymore. This is not only likely to contribute to improved patient care but to greater job satisfaction as well.

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