
EDITORIAL

Family Physicians and Health Care Reform

Politicians are starting to meet again while the health sector leaders are still failing to get together to negotiate a future health care system.

Our present system with many health departments, a dying medical aid system and many under- and unserved people cannot take us into the future.

Individuals often express pessimism or even despair about the future. Perhaps such responses can be labelled realistic, but there are other ways of looking at things. Never have we had such an opportunity for change as history has given us now. How are we going to use it?

We can get involved individually and in an organised and corporate way. The two hang together. Whatever the leaders negotiate needs grass roots support, or it will fail.

In an article by Kirkegaard¹ many helpful ideas are given about the physician's role in health care reform. She quotes Pellegrino² as saying that, "we are 'the final common pathway' for everything that happens to the patient. No policy or regulation can be applied to our patient without going through us." We, thus, always have the potential to promote change and not rely entirely on leaders and governments. Most doctors have a compulsive tendency. This can work against us in promoting change if we practise defensively. On the other hand, it could help us each to doggedly work for change. Looking at cost containment for instance, we get paid a small part of the total health bill as doctors, but control the bulk of what gets spent, by our decisions. How many of us haven't had the experience, for instance, of making decisions in the "shadow of

our latest complication"¹.

To promote change for a better future for our patients and ourselves, we will have to practise reflectively and not defensively. Things are likely to change for the better if large numbers of us daily reflect on the issues we feel are important for a better system and discuss these reflections with patients and colleagues. Some of the themes we could consider reflecting on are: how does third party payment interfere between me and my patient in this instance? is my practise promoting comprehensiveness and continuity of care? does my decision adversely affect the equitable distribution of health care? are my and my patients' actions building or destroying the future of our system?

Many people, reflecting daily on and building a better future, can perhaps contribute more than a few overworked, divided leaders negotiating at a national level.

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References:

1. Kirkegaard, Margaret A. The Physician's Role In Health Care Reform. *J Am Board Fam Pract* 1993; 6: 163-7.
2. Pellegrino, E. The dark wood: medicine's moral malady. *University of Minnesota Med Bull* 1989; Summer: 2-5.