THE SOFT EDGES

Absent Members – Chris Ellis

For over ten years I have been performing a consultation that now greatly disturbs me. In the word picture of the consultation there are four players on the stage, which is a rural clinic. The doctor is standing in a white coat. A Zulu nurse is by his side and a Zulu child with malnutrition is lying on the bed. The mother of the child is standing beside the bed.

The mother now hands a ten rand note to the doctor in the white coat. I am the doctor. It is a transaction that occurs in some form or another many thousands of times each day in Africa.

The consultation then proceeds in a time honoured way and contains the orthodox history and examination followed by the ritual handing over of antibiotics for the sores and multivitamin syrup for the malnutrition.

In the picture is a bubble coming out of my mouth. It contains a pep talk on nutrition, breast feeding and some tit bits on family planning, hygiene etc, etc. I say it in Zulu. My nurse who knows it by heart often repeats it or gives it herself. The scene now ends with the mother and child departing into the hills clutching the medicine and the new knowledge. I depart into the town clutching the ten rand note.

For the actors the story may end here. I will have collected many ten rand notes from that day and shall build myself a castle. The mother returns into Africa well pleased with her trip too. She is pleased with the day because her obligations and expectations have been fulfilled. If they have not, she will go elsewhere.

For many years I also was pleased because I had provided "good" medicine. But "good" and "bad" medicine are personal judgments taken within the framework in which one is trained and practises. Firstly, "good" medicine is judged by whether or not the way we practise satisfies us, the patient and our peers. This does not necessarily mean it is "good" medicine. It is "good" in part if the needs of the patient are satisfied and the medical ideology of a correct diagnosis is made and appropriate treatment is given. Success, as already said, depends on your frame of reference.

Even if all these criteria are met, is it "good" medicine if the ultimate condition is unaffected?

The condition is ultimately unaffected because, in the word picture is a large bubble which is empty. It is for the absent members of the consultation. It might contain the father, the grandmother or the rest of the patient's immediate society or even the conscience of a nation. It is rather a large bubble.

The story now continues with an initial improvement in the condition. The sores start to heal. The client's goals are being met with a visible effect. After a week the antibiotic and multivitamin syrup are finished.

Far away, an absent member is being stabbed in a drunken brawl at the Western Deep Levels hostel. He is unable to get to the post office for two months to send money to his wife, the mother of the child. To exist she goes out to work and leaves the child with the next absent member, the grandmother, who never heard my talk on nutrition.

Scene two is six months later. It is a

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repeat performance. I am again the doctor in the white coat, the nurse is giving the talk, the same child with malnutrition is on the bed. I may not even recognize them unless they have brought their card. The mother or the grandmother is handing over another ten rand note. And so it goes on. A system of unending and inescapable social impasse. I get richer in an ecosystem that keeps the patient unhealthy. The queue to the revolving clinic door remains as noisy and long as ever, as Africa passively absorbs twentieth century technology.

What then is the answer? It has to be the last absent member of the consultation; the patient's society.

At the University of Pofadder Medical School we have created a *Department of Social Health Care.* We run a course called *Political Therapeutics.* It is a compulsory course for all students. The basic logic of the course is that if the causes of such illnesses as malnutrition, rheumatic fever, and tuberculosis are political then the treatment must be political.

The policies of the department are to promote individual and collective methods of improving the patient's health via sociopolitical means. We don't encourage protest marches with indignant hordes of GPs marching on Church Square and shaking angry enema tubes in the air. The methods taught are to increase awareness and educate doctors in orthodox sociopolitical activity. It does not matter what party political allegiances the student has, either to the left or the right, nor does it concern the politics between the medical profession and the government about working conditions or remuneration of doctors. It only addresses the sociopolitical action necessary to improve local and national health.

There are several arguments against the medical profession taking a political role even in this limited way. The first is that it is not a legitimate area for us to be in and does not concern us by tradition or profession. This is not strictly true. The early medical professions and traditional healers in many societies had political roles in addition to their medical ones. The western medical systems have left behind these wider roles as they reduce themselves into scientific ones only. By doing so, they moved outwards to become impotent peripheral figures by default. We now spend most of our working lives isolated in our consulting rooms from the public as a whole, and delivering health care of varying qualities in a fragmented way.

Another argument comes from the *grain of sand* school. This is based on the feeling that we are but a grain of sand on the beach. It is this sense of powerlessness that an individual doctor's work does not affect society. This is not strictly true either. Many thousands of family doctors treating patients on a one to one basis has an effect, despite us being isolated from each other. One of the modules on the *Political Therapeutics* course is methods of educating the public and politicians on health matters. After all, one of the original roles of the "doctor" comes from the latin, *docere* to teach.

Is the *Department of Social Health Care* taking away the right of the patients to solve their own life problems in a sort of interfering paternalistic way? It may be, but many health problems arise solely from economic and political factors that can only be changed by doctors and politicians acting in a common cause or by collective action. Patients cannot look after themselves if they are physically unable to, or are constrained by cultural or governmental laws.

If the only cure for malnutrition is to treat the absent members we had better get on with it. In the words of Charles Reich "there is a revolution coming. It will not be like revolutions of the past. It will originate with the individual and it will change the political structure only as its final act. It will not require violence to succeed. Its ultimate creation will be a new and enduring wholeness, a renewed relationship of man to himself, to other men, to society, to nature and to the land".

What are you sitting there waiting for?