



From the editor • Van die redakteur

Hope

Christmas is a time to remember the birth of a person who later claimed, as a mature person: "I am the resurrection and the life"¹. It is a time of hope and new life.

Medicine, dominated by the age of reason and technology is in crisis.² Yet many doctors can't see this point. They feel that medicine is riding the crest of the wave. It is primarily the patient in today's community that knows this crisis. General practitioners who have learnt to hear what their patients are saying are acutely aware of this crisis. Patients are the ones who lie unprepared, cocooned in big noisy machines, fearful and wondering. Is this thing working? Is it broken? The patient before me needed oxygen and resuscitation. Will I live and retain my sanity? Patients are the people who keep receiving sickening oncotherapy after it no longer serves any useful purpose. Patients are the ones who often suffer the consequences of inappropriate advice given with great authority.

I meet many students and young doctors from various medical schools. Their training has been so successful in cultivating them into this crisis. A gut reaction, in discussion on patient centredness, in essence symbolises the stifling domination we are locked into. Patients *must* be told, they *must* comply, we *should* explain and *tell* them what is wrong with them. This may happen long before either the patient or the doctor have accurately and specifically defined the problems.

The first signs of new life in medicine have been in the world for some decades now. Much of this is embodied in a new emphasis on the importance of the person and the subjective, and relationships in health and disease. In many places this has come through Family Medicine. As usual, South Africa is a few decades behind. We're ending another

year with only three of our seven medical faculties with full departments of family medicine. In spite of this, signs of growth and new life are seen in the Transkei^{3,4}, in advertisements for new posts in family medicine at UCT and the University of Natal and in the organisation of a conference on alternative forms of medical education at Wits. The alternatives in medical education revolve around two concepts that can lead us out of the present crisis in medicine. Students are trained in a problem based and a community based fashion. Education starts with understanding the patient's problem and then learning how to solve it. Traditionally we have spent much of our time studying diseases and fitting the patient into our understanding. In the new approach, education is community based, where people live, and not primarily in a high technology environment.

As Christ is celebrated this month let us also contemplate the new signs of life that are dimly visible in our medical system. We can become cemented into the past or work for and participate in nurturing this new life to maturity.

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References

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