



# From the editor • Van die redakteur

## 1987 and the Generalist

Three hours into 1987 I was immersed in the initial care of a man with a mediastinal bullet wound. He was followed by many with mundane problems, intermingled with a multitude of stab wounds, a man sjamboked to near-death by unknown assailants, an alleged police assault, a group of people from a two-car accident and an elderly man with a volvulus. I wondered how many other general practitioners were also awake at that time to care for the victims of 'celebration', along with caring for the normal ills of mankind.

Let's hope we never get used to misery, violence, drunkenness and tragedy. Political violence has in addition escalated over the last few decades. We treat the victims of violence and counter-violence, of terrorism and repression. Have we any cure for these ills? We claim to practise prevention as part of our comprehensive responsibility to our patients. But only naive people have pat and simple answers for South Africa in 1987.

However, we do have something to offer. At least nine thousand generalist doctors practise in the area of primary care. We all see a fair number of patients daily. In many of our consultations it is clinically relevant to contribute to the healing of relationships and better communication at home and at the workplace.

We can further reduce different kinds of double standards in medicine. We must continue to address the disparities between care for black and white with the overlapping problems of the poor and the rich, and urban and rural maldistribution of manpower and services. There is disproportionate spending in both state and private sectors on tertiary versus primary care.

We in primary care need a greater sense of direction and common purpose to achieve major improvement. The scene is set for action in 1987. More and more doctors are getting involved with the two bodies that specifically represent the general practitioner/primary care generalist.

Have you joined either, or both? The SA Academy of Family Practice/Primary Care and the National General Practitioners Group with its Dispensing Doctors arm need your support to make further progress.

The SA Medical and Dental Council has decided in principle that vocational training for general practitioners is necessary. It is now asking us how this can be done. This month is buzzing with meetings and debate on the issue to prepare our memoranda for the Council's investigating committee. We invite you to join the debate by writing or phoning in to us. Academy members will receive the SA Family Practice booklet no. 2 in the post, entitled "A National Vocational Training Programme for Family Practice". Others who wish to read this are welcome to request a copy from our editorial office (PO Box 40447, Arcadia 0007).

The Academy has gone a long way in formulating policy regarding the issues facing us in 1987. We must continue to develop our understanding and practice so that all forms of primary health care are practised according to the same principles. If we fail in this area we stand accused of further institutionalising double standards. We have made progress in 1986 in improving respect and understanding between the private and public sectors. Will 1987 see us further down this road?

Dr W van Niekerk, the minister of National Health and Population Development, has for the first time included a subcommittee on primary care in the Department's planning apparatus. We wish him well in this and look forward to see the unfolding of a clear and practical policy. With a unified policy we can hopefully work towards unfragmented, open and equitable primary health care for every person in South Africa. It will then be possible to give substance to all the claims of excellence about medicine in South Africa.

SA Family Practice wishes all its readers a happy and rewarding 1987.

*Sam Felsen*