



From the editor • Van die redakteur

Dispensing doctors

Mr Landers, the Deputy Minister for Population Development, speaking in Pretoria on behalf of the Minister, Dr W A van Niekerk, asked doctors and pharmacists to give one another the hand of friendship. In this issue Attie Baard¹ makes a very strong case for the dispensing doctor. I shall not repeat his paper except to say that his argument hinges primarily on the doctor-patient relationship. He emphasizes the added quality of relationship that can be achieved when the consultation includes dispensing, as opposed to giving a script.

It is only since their survival was severely threatened by a change in regulation that dispensing doctors started to speak to one another in a meaningful way. People who for years have been apathetic towards both academic and medico-political matters have suddenly come alive and become involved. For this we must thank the pharmacists. Having been in an identity crisis for some decades, they attempted to solve their problem by putting down doctors and especially dispensing doctors. Their fury has been counter-productive and did us a world of good.

Doctors and patients are now more aware of the issues involved. More doctors are starting to dispense, some even at the request of their patients. Dispensing can, not only improve the relationship between doctor and patient, but also reduce costs for the patient. When all the arguments against dispensing doctors are over, the patient and the medical aid schemes end up paying less. If this does not ensure the dispensing doctor's future, the whole drive by the government to privatise and encourage the development of a freer market has no meaning. To get an adequate standard of primary health care to all in South Africa we need to economize. The health authorities in our country are well aware of the costs of employing pharmacists. Partly for this reason most rural hospitals and clinics function as

dispensing doctors. In most instances it is a doctor, but mostly a nurse, who does the dispensing.

For friendship to develop between the pharmacists and general practitioners we need a few things to happen. Each will have to recognize the other's right to exist. We will have to face the economic realities squarely. We must not lose sight of our obligation to achieve a more equitable distribution of health care to reach all in the country.

We will have to do more than what Bruce Sparks asked for in a Southern Transvaal Academy Newsletter once. "Have you hugged your pharmacist today?" he asked. As Dr Van Niekerk² has said, we must start with an adequate primary health care policy which must include some serious manpower planning. If matters are left as they are things can only get worse. We probably have an oversupply of pharmacists and pharmacies already and there is a possibility of an oversupply of doctors³ in the near future. A major effort will be necessary to get two hungry groups to develop a positive regard for one another and work together harmoniously in the health team – for the patient's benefit.

Sam Felsen

References

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3. Botha JL, Bradshaw D and Gonin R. How many doctors are needed in South Africa by 1990? S Afr Med J 1986; 69:250-4.