



From the editor • Van die redakteur

Who cares for children?

In this issue Saville Furman reports on a very interesting symposium held in Cape Town under the title 'Whose Child?'. It is clear that the care of children suffers because of poor integration.

Presently primary health care for children is fragmented in two major ways. On the one hand there are those in the local authorities who practise preventative and promotive care, while a host of other health workers offers curative services; and primary health care is further fragmented by generalists and specialists competing for the child. I wish to address these two issues separately.

The watertight separation of health care into prevention, health promotion and curative work in which so many health administrators wish to believe is a myth. Sometimes even the 'superspecialoids' who do nothing but vaccinations have to answer questions about symptoms and illness, and give advice and even the odd treatment to the people involved. No family practitioner would be able to practise if such a split really existed.

Although each of us has our strong and our weak points, we nevertheless practise across the boundaries of prevention and cure with almost every child and adult patient we see. Each visit a baby or a child pays is used as an opportunity to assess development and to ensure that immunization is up to date and that a healthy lifestyle is being developed. The more we persist with fragmented services, the less skilled each one becomes in practising comprehensively – there is always someone else to catch up the slack!

Fragmentation of services in primary health care is not cost effective. There are too many points of overlap

between the functions of each group of health workers with an artificially narrow definition of responsibility. A specialist who deals with a single problem of great complexity and low incidence is a must, but not a specialist who has to serve every member of a community. One day when politicians get beyond the nonsensical notion of further fragmenting our health care system we might get to the stage where our energy can be directed into formulating a policy for the comprehensive integrated care of children.

Part of such a policy would be to decide whether it is advantageous for children to have generalists and specialists competing in the field of primary health care.

Economists tell us that competition leads to improved services. It would be interesting to see the results of a study of this question in relation to the care of children. For a number of reasons I feel that it would be better if specialists acted as consultants and not as doctors in primary care as well. They are trained in hospital on a population of children with a different disease spectrum, usually of greater gravity than those that the generalist doctor encounters. To be good consultants they need to master and keep up highly technical skills such as cardiac catheterization, and to keep abreast with a host of seldom used esoteric information. To be a good first line worker one needs to integrate and be an expert in things common. Part of this integration involves dealing with a child in the context of the family. It is only the generalist doctor or nurse who normally practises in such a way.

To improve the standard of care to children it will be better to support and upgrade the care given by generalists than to keep introducing new specialists into the field.