

INITIATIVES TRAGEDIES

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In this issue Jacques Kriel¹ looks back over a few centuries at some of the long-term changes in the doctor-patient relationship. Advances have demonstrable benefit but simultaneously leave disadvantages in their wake. Ian McWhinney² says that the present upsurge in the worldwide Family Medicine movement is due to this phenomenon. Unbridled growth in science and technology has had a dehumanizing effect. People are rejecting this and asking for something different. We cannot simply return to the past. In no way do we want to do away with science and technology. We are being asked to bridle and limit them to become the servants of people. Too often we are intimidated into subservience; processing patients through machines with clinical efficiency. In so doing we destroy something of our humanity. Have you been wheeled into a scanner with everything around you cold, clean and silent leaving you ever so lonely with all your fears and questions?

To address the problems in medicine today the Academy of Family Practice/Primary Care has embarked on important initiatives this year. The first five trainees started in the KwaZulu Vocational Training Programme³. We've had a very successful Trainers Workshop in Natal and a National workshop to draw up a blueprint for vocational training. In all this activity we are saying that an appropriately trained generalist is the most crucial shortcoming in our health care system today. It is of little value to change the structure of health care or the distribution of doctors alone. The wrong man in the right place is not likely to practice good medicine. Who will hire a plumber if he needs an electrician? In the same way Urologists do not train Neurologists! It is only when generalists with an understanding of the issues at stake are in control of their own training at an undergraduate and postgraduate level, that the generalist of the future can be provided. Our communities need them. If our venture succeeds we are on the brink of a revolution.

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No sentient, thinking South African can look back at 1985 without concern. It has been a year of escalating and often

indiscriminate violence. On both sides of the fence anger, fear and hatred have escalated and many have died or have been maimed as a result. Simultaneously we cannot fail to see rays of light. There are still those who make every effort to seek reconciliation and negotiation rather than confrontation and extinction. We as doctors are ethically committed to serve all factions from neutral ground. Are our surgeries, clinics and hospitals perceived as such? Can the people, swallowed up in tensions and swept along by tides of group behaviour, really safely uncover their innermost problems to us?

The police, the military and the people who rush headlong into confrontation with them are all our patients. Most are ordinary peace-loving people.

Many are caught up in group attitudes and reactions. Almost all of them consult us sooner or later, many having suffered violence themselves. From our experience with people in many consultations all of us know how aggression begets aggression. We have also seen how an accepting, empathetic or gentle response can turn a violent psychotic person to restfulness. Perhaps we in primary care can, in 1986, provide neutral ground and an atmosphere in which hatred and violence can be turned to mutual respect and positive communication. Each consultation holds a small opportunity, perhaps even one minute. If we add all the consultations in one day, month and year, we as a group can turn these small acts into a big effort. An effort to turn anger into positive aggression; to divert fear into understanding; to turn hatred that devours self and others, to mutual respect and even positive regard. We collectively have an opportunity to influence peoples' attitudes and behaviour. If we fail our patients, the spiral of violence has the potential to rise and devour us all. It is unlikely that there will be any bystanders.

REFERENCES:

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3. Smith JA. Vocational Training Column. *SA Fam Pract* 1985; 6: 149-50.