From the Editor ● Van die Redakteur

Dividing the Indivisible

Primary Health Care (and its overlapping partners, Family Medicine and General Practice) has become infiltrated by people who fragment the discipline from within and from without. The World Health Organisation has expressed concern on this issue in recent publications[1, 2] and those who are concerned about the trends in education of the health professions have been even more direct in their criticism of the medical establishment for the negative impact of over-specialisation on Primary Health Care.[3]

The Academy is in no doubt about the existence of a discipline of Primary Health Care/Family Medicine and the developing principles[4, 5] have been made even more explicit in Stott's recent book 'Primary Health Care — Bridging the Gap between Theory and Practice', which represents a major step forward in the development of principles which are applicable internationally.[6] Principles which are rooted in daily decisions at the front-lines of medicine have become strengthened and articulated by a framework of reference. The impact is an integration of skills and practices and a direct challenge to the more familiar fragmented approach to Primary Health Care which is practised in most places.

Why has Primary Health Care become so fragmented into specialised sub-units and target groups in the community? The answers to these questions are necessarily complex but the following forces have been operative:

● Health care and medical education are dominated by specialists most of whom are trained to plan specific solutions to specific problems. This reductionist approach sometimes produces quick results in the community but the impact is seldom sustained because competing specific priorities quickly squeeze out continuing actions and participation in decision-making at the community level is minimal.

● Older specialists often look back at their years in practice and wonder if they've improved the health of their communities at all. They then switch to Primary Care and often erroneously call it 'community medicine'.

● Over-doctored areas force under-employed specialists to dabble in Primary Health Care. This is as dangerous to the community as a general practitioner who embarks on heroic surgery without adequate experience and training.

● The specialties which are not system-based often find themselves working in the community without a full understanding of Primary Health Care. Hence community paediatricians, community obstetricians, community psychiatrists, etc. are being born. These variants of fragmented general practice seem to have arisen to fill the voids created by a lack of sound Primary Health Care personnel in some areas. Sometimes their work has been good but fragmentation at the primary level is incompatible with the principles of an efficient and acceptable discipline and so the future of the "community specialties" must remain uncertain. Are they to become an integrated part of Primary Health Care or will they retreat back to specialist reference centres?

● Private medicine is handicapped by a temptation to kindle more consultations or procedures than are strictly necessary. It is also disadvantaged by certain limitations on forming Primary Health Care teams which can facilitate the use of practices and skills typical of the modern comprehensive and integrated discipline.

● Muddle-mindedness in some high places about whether Primary Health Care and Family Medicine are different disciplines. The overlap between the two is so considerable and the differences are so marginal that any attempt to create a syllabus for them individually would yield essentially common results.

● Failure to be cognisant of international trends and experiments which point increasingly to the need for decentralised, person-centred, integrated Primary Health Care at the grass roots of medicine. Even those who function as general practitioners are often blind to these trends and continue to function like specialists.

Surely the time has come for a think-tank to consider the wisdom of reductionist thinking in planning health services at the primary level? Failure to stop the South African madness of dividing the indivisible could entrench forever a great double standard in medicine and nursing: cheap care for most, expensive care for a few and blatant disregard for the emergent international principles of Primary Health Care.

The professions of Medicine and Nursing have their reputations at stake : think before you press on!

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