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# From the Editor

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## Pipe Dreams?

*SA FAMILY PRACTICE* was relaunched with the 'Pipe Issue' in January 1984. It has been well received. The only negative feedback is published in the letter column of this issue. The SA Academy of Family Practice/Primary Care and this journal have a few dreams which are certainly not pipe dreams. They are materialising in front of our eyes.

We see advances in Family Practice/Primary Care disseminated within our ranks by the journal, the small group meetings and our biennial GP Congress. We visualise therefrom a continuous stimulus to improve, leading to further feedback and growth in our discipline. We observe the reciprocal influences of the private and public sectors on one another. We see an understanding of community developing in the former and an appreciation of the crucial importance of the person and the family growing in the latter.

This change in attitude is very encouraging and a fundamental part of any vocational or even undergraduate training programme. One of the attitudes most needed in the teacher/learner or doctor/patient relationship is that of being non-judgemental. In trying to bring about change, one can use powerful words, aggression and even insults. It produces either capitulation and a very poor kind of compliance — a dehumanising kind or a stubborn resistance. We do have the option though, to allow the other person to remain a human adult. We seem to have the spectrum of attitudes represented in the responses to the pipes. It would be interesting to get feedback from readers or their reaction to these letters. Is it any different from our daily face to face interactions? Are the outcomes the same or do we change our lifestyles and attitudes differently through written communication?

My eerste reaksie was: 'n Pyp is die mins-skadelike vorm van rook. Dr Fox was 88 jaar, gesond en het geen newe-effekte gehad nie. Ek ken albei die pyprokers (Fox en Jaffe) al lank, en ervaar hulle as manne van integriteit. Hulle pype was al deel van hulle persoonlikheid en hulle sjarme. Hulle sal my nie maklik oorreed om te begin rook nie, maar ek gun hulle hul plesier — hulle teruggryp na die 'orale fase!'

Mediese studente weerspieël dikwels ons dubbele standaardie ivm tabak en alkohol. Hulle dra gereeld pasiënte voor en sê die sosiale geskiedenis van Mnr X is dat hy nie rook óf drink nie! Ons staar ons blind teen hierdie twee probleme en kyk min na die geheelbeeld van mense-gewoontes en verhoudings.

Ons droom van huisartse wat meer en meer die vermoë sal ontwikkel om as geïntegreerde, gewone mense platvoet in 'n gewone gemeenskap die sout van die aarde te wees. Dr Carstens gee ons 'n prentjie van dokters se probleme. Dit sal ons help om naas ons pasiënte en diegene wat ons so graag wil verander, te staan; en nie bó hulle nie. Dr Silbert doen dit dan ook vóór ons almal as hy vir ons sy persoonlike ontwikkeling skets sonder om gebreke weg te steek.

Laastens sien ons, soos bespreek in die Februarie-uitgawe van *SA Huisartspraktyk*, dat beroepsopleiding aan die ontwikkel is. John Smith is reeds druk besig met sy voorbereidings en sal idees van oral af verwelkom.

Without dreams there is no vision of the future. Without vision there is stagnation and death. We don't need any pipe dreams and perhaps we need no pipes either! Let's do our best to realise our healthy dreams for the future.