

Health crisis 2000

Dr John Smith

The title of my last article for Family Practice was 'Health for All by the Year 2000'.¹ As we enter the last two decades of the 20th Century, I take as my new theme the disturbing title of a book² by Peter O'Neil which I commend to all 'Health Crisis 2000'. It is with pride that I can say to you that the Academy has seen that crisis approaching for many years. Though it is written under the auspices of the World Health Organisation Regional Office for Europe, its theme is just as meaningful here, maybe even more so. The WHO warns that there could be a health crisis by the year 2000 unless radical steps are taken by the public, the professions, industry and governments. This is no idle warning. A careful analysis of trends in health and disease has shown signs that health policies have set us on a dangerous course.

He asks whether we are fooling ourselves by continuing the development of enormously expensive technology to deal with, say, heart disease when good primary health and medical care, by and for the individual and the community, could reduce the risk of most heart conditions. Only the foolish would say we do not need science, technology and research. We need them - but in the right place and at the right time. Up to now most countries have developed disintegrated systems of health care dominated entirely by specialists.

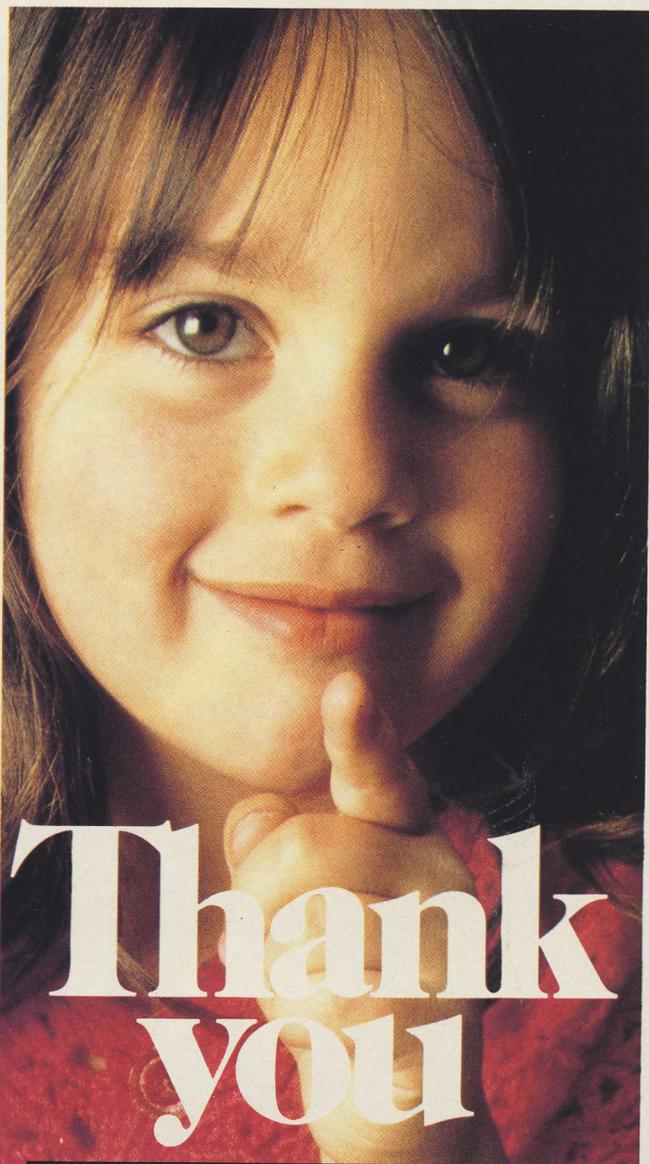
There are three overlapping themes in their suggested strategy to avert the crisis :

- health as a way of life
- the prevention of ill-health
- care at community level for all

The implication is that health is the responsibility of the whole state and its citizens: firstly, by individuals reappraising their lifestyles. Illness is often caused by neglecting these factors in our way of living over which we could have complete control if we wished to exercise it. The second strand of the strategy is to prevent disease or reduce risk by immunisation on the one hand and on the other hand by making real plans to cut road accidents, etc. Many examples of this theme require governmental intervention.

The 'new' diseases of alcoholism, smoking and road accidents take up major proportions of most countries' health budgets and will not disappear with antibiotics and high level expensive technology.

The third strand of the strategy is to ensure that people have access to health care at the appropriate level. At the moment, the system is overburdened at the top, and minor illness that should be tackled effectively at the first sign, often by the individual himself if properly



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informed, too often becomes a major problem in a hospital, when frankly it is often too late. Hospitals can only cure between 10% and 20% of disease. Therefore more resources must be directed to community-orientated health care services.

The new strategy, Peter O'Neil states, must be put into effect by individuals in and through their communities and by those who work in the health professions.

Dr Mahler, the Director-General of WHO, has this to say about the Medical Profession :

"Any thoughtful observer of medical schools will be troubled by the regularity with which the educational system of these schools is isolated from the health service systems of the countries concerned. In many countries these schools and faculties are, indeed, the proverbial ivory towers. They prepare their students for certain, high, obscure, ill-defined and allegedly international 'academic standards' and for dimly perceived requirements of the twenty-first century, largely forgetting or even ignoring the pressing health needs of today's and tomorrow's society.

Most of the world's medical schools prepare doctors not to care for the health of the people but to engage in a medical practice that is blind to anything but disease and the technology of dealing with it. Sometimes, even the cynical question is raised : does it really matter what kind of doctors we train?"

THE NEW HEALTH STRATEGY

It is reasonably fair to assume that the health profession will wish to play a leading role in the direction society must take to achieve the new health strategy. The Academy has been playing that role since its inception and as our numbers grow, so will we be more effective.

Dr Mahler recently posed the following questions regarding the newly qualified doctor :

Do graduates think and behave in terms of 'health' rather than 'disease'? That is to say, do they apply techniques of prevention and - health promotion and not only those of cure and rehabilitation?

Do graduates think and behave in terms of the family and community rather than in terms of the individual sick patient?

Do graduates think and behave in terms of membership of a health team consisting of doctors, nurses, and other health workers, as well as social scientists?

Do graduates think and behave in terms of making the best and most effective use of the financial and material resources available?

Do graduates think and behave in terms of the country's patterns of health and disease, and its relevant priorities?

I believe that with our new project of service and vocational training in doctored areas, all the doctors involved will be able to answer in the affirmative.

The changes needed must be the object of adequate or imaginative research, especially in the design of the primary health care programmes and of new training courses that are community-orientated and integrated with the local health services.

To improve cost-effectiveness and quality of service inter-country collaboration in health services research and development will be essential and the Academy already has the contacts for such exchange of knowledge and ideas. Consequently, it is ideally placed for involvement in the new venture.

The use of health teams and community involvement may well rival the more sensational technological advances in the next two decades by mobilising communities at the grass-roots and activating them in decision making and self-care. Here will be an opportunity for those who join this scheme to learn modern family practice so that they will be more adequately prepared to meet the health needs and expectations of a rapidly changing society.

Since time began, clinicians have asked themselves two questions about their patients :

'What is the diagnosis?'
'What is the treatment?'

If they asked instead :

'What is the problem?'
'What is the cause?'
'Is it preventable?'
'Why was it not prevented in this case?'
'What can I do to help this patient, this family, this community?'
'What can they do to help themselves?'

and we try to find answers to all these questions and to act on them, great advances are possible in the health of communities, and also incidentally in the field of medicine in general.³

References :

1. Smith JA. Health for all by 2000. *SA Family Practice* Feb 1980; 24-25
2. Peter O'Neil, Health Crisis 2000, WHO, William Heinemann Ltd, London.
3. Mossop RT & Fehrson GS, (1983), *Family Medicine*, Academia, Pretoria.