

Classification of diseases in Primary Care

By Dr B M Fehler

For the past thirty years or more there has been a concerted effort to organise, classify and arrange the innumerable problems, complaints and diseases in family medicine and General Practice.

In 1958 a report of studies conducted by members of the (now Royal) College of General Practitioners in the United Kingdom demonstrated that almost half of the problems brought to family physicians could not be assigned "a diagnosis" — at least at the initial visit, that was compatible with the rubrics of the WHO International Classification of Diseases (ICD).

A classification consists of a number of basic elements arranged so that elements with most common and alike attributes are placed next to each other and arranged in a systematic manner.

Thus, an idea to formulate a uniform classification of the problems which constitute the daily work of the primary care physician, namely, the General Practitioner, became a dream without substance.

Workers in several countries developed a theoretical basis of primary care, which was applicable only to certain areas. Therefore it was not surprising that an international classification of diseases and problems as seen by the primary care physician was an urgent requirement.

At the fifth World Conference held in Melbourne in 1972, a committee of eminent research orientated family physicians was appointed to address and investigate this problem.

After two years of field testing in 300 practices in nine different countries and in over a thousand patient encounters the first versions of the international classification of health problems in primary care were ap-

proved and accepted (abbreviated to ICHPPC).

Some thirty South African General Practitioners took part in this original assigned trial. The committee has since been increased to representatives from sixteen different countries.

Incredible though it may seem, the lengthy and detailed work of devising this classification, of debating each rubric, of testing it in the original nine countries, of revising it, and preparing it for publication, was accomplished by mail.

The committee met only at Wonca conferences for a few days every two years to discuss and debate contentious issues, and to renew the sense of friendship and unity of purpose which was the motivating force behind this group of enthusiastic family doctors from various countries.

Today ICHPPC has been accepted and approved by the WHO and has been partly subsidised by the Rockefeller Foundation in New York. It has been made compatible with the ninth revision of the International Classification of Diseases (ICD).

In this ICD there is a choice of several thousand possible diagnoses most of which were defined by specialists as pertaining to hospital conditions.

It is claimed that about half of those seeking guidance and help from their General Practitioners are afflicted with problems that by their nature are not genuine diseases. These cannot be assigned to any rubric due to insufficient information or are not real diseases.

For example, how many patients seek our assistance for "stomach ache", headaches, insomnia or general weakness, lethargy and counselling for various problems etc?

These are symptoms and problems of some illness, which should be classified, for the patients have genuine complaint.

In a patient who has all the signs of heart failure, classification is simplified.

If this patient complains of abdominal pain and diarrhoea, does this require a new coding?

This is one of the innumerable problems which arise in this coding process.

ICHPPC is a grouping of these problems which comprise the content of primary medical care and is so devised that valid, reliable, statistical comparisons may be made between morbidity or workload reports from front line primary care centres and private medical practices anywhere in the world. The full spectrum of first contact medicine is covered.

The General Practitioner of the future in South Africa will find it increasingly difficult to function on his own. He will have to be a member of the health team, comprising nurses, social workers, para-medical aids, teachers, various specialists, assistants of various types such as secretaries etc., with himself as the leader of the team.

In this setting, ICHPPC will be an essential requirement for daily functioning and for research purposes.

ICHPPC can be used comfortably by health workers of various disciplines in any setting from single handed rural practice, to the emergency department of a university hospital.

It should be used as an essential item for the medical aid societies that exist in South Africa, where coding is preferable to the naming of a confidential diagnosis.

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