Comment Kommentaar

Voorskrifte vir die bejaarde

Hierdie onderwerp geniet al hoe meer aandag in die mediese joernale. Tans is 14 per sent van die bevolking van Brittanje 65 jaar en ouer. Hierdie syfer is waarskynlik geldig vir Suid Afrika ook.

Toelating tot die Johannesburgse Hospitaal van hierdie ouderdomsgroep is seker verantwoordelik vir omtrent 60-70 per sent van die daaglikse opnames in die mediese eenhede.

Die syfers geld ook vir ander hospitale dwarsdeur die land en 'n toename in hulle kan verwag word.

Dit is verbasend hoeveel middels die bejaarde soms verorber oor lang periodes.

Sekere middels in hulle besit word identifiseer deur handelsname en ander weer op 'n generiese grondslag, sodat duplisering van sommige middels deur die verskillende hospitaal departemente soms geskied.

Die huisarts is ook nie altyd onskuldig nie. Die toename in medikasie het ernstige gevolge.

Die pasient se ouderdom word selde opgelet deur die dosent.

Hoeveelheid en duur van behandeling by die ouer pasiënt word nie spesiaal op gelet nie alhoewel dit goed bekend is dat talle middels op 'n gewysigde manier metaboliseer en uitgeskei word.

Studente word ingelig omtrent pediatriese voorskrifte maar die oues van dae geniet nie dieselfde aandag nie.

Die rede vir hierdie toestand is moeilik om te begryp en skep 'n probleem nie net in ons land nie maar oor die hele wêreld.

Prof. T.D.E. Knox, Direkteur van die Skotse Huisarts Navorsingseenheid van die Universiteit van Dundee het 'n bylae tot die 'Journal of the Royal College of General Practitioners (supl. 1 Vol 30 April 1980)' publiseer waarin hy die nuutste opvattings in die literatuur omtrent voorskrifte vir bejaardes weergee.

Hy wys egter daarop dat die gegewens verkry vanaf hospitaal baseerde ondersoeke nie sondermeer toegepas kan word in die praktyk in die gemeenskap nie.

Huisartse is maar te bewus hiervan as hulle die 'pêrel' wil wegneem waaraan ouma soveel jare al glo.

Prescribing for the elderly

This topic has emerged with recurring interest in numerous medical journals. At present 14 per cent of the population of Great Britain are aged 65 years and over — this figure probably applies to South Africa as well.

Admissions to the Johannesburg Hospital of this age group must make up approximately 60-70 per cent of the daily admissions to the medical units. This applies equally to the other hospitals in the Republic. No doubt this figure will increase in the years to come.

It is amazing how many drugs old people receive on a regular and continuing basis. Some drugs are identified by generic terminology and other by trade names; many receiving duplication of drugs from different departments in the same hospital and also from their own Family Practitioner.

This increases in the amount of drugs prescribed resulting in dire consequences.

Seldom is the process of ageing stressed by the teachers of medical students. The dosage and duration of medication are not considered relative to the geriatric patient although there is evidence that innumerable drugs are metabolized and excreted differently in the elderly.

Students receive tuition on paediatric prescribing but geriatric patients are not accorded the same respect.

The reason for this is difficult to understand and is a problem not only in our country but throughout the world.

Prof. T.D.E. Knox, Director of the Scottish General Practitioner Research Unit at the University of Dundee has published a supplement to the Journal of the Royal College of General Practitioners (Supplement No 1 Vol 30 April 1980) in which he reviews the current literature on prescribing to the elderly.

He stresses that hospital based studies should not be extrapolated into the community setting without careful thought. Family practitioners know this only too well. How difficult is it not for the patient to part with the "pearl" he has held sacred for many years when a new doctor deems it unnecessary.

Boz Fehler

Aanvaarding van Onsself

In ons land is daar baie huisartse wat interessante ondernemings in hulle alledaagse praktykvoer aanpak.

Party doen ingewikkelde sjirurgie en ander voer gereeld groepterapie sessies.

Sommige het seks klinieke en ander doen gesofistikeerde laboratorium werk.

Wat is 'n huisarts? Wanneer oorskry hy sy perke? Is daar duidelike afgebakende grense binne die mediese professie?

Hierdie is 'n paar van die probleme wat die Akademie sal moet help opklaar.

Terwyl dit plaasvind sal dit ook die benodighede vir aanvaarbare algemene praktyk moet herkou.

Een van ons grootste struikelblokke sal wees persoonlike oordeel.

Die arts wat nie sjirurgie onderneem nie is geneig om te dink dat operasies nie deur huisartse gedoen moet word nie en meen gewoonlik dat die vaardigheid benodig nie in algemene praktyk opgedoen kan word nie.

Die man wat nie belang stel in sielkunde of psigiatrie nie beweer dat jare se opleiding nodig is vir doelmatige psigoterapie.

In hierdie deurmekaarspul gaan ons moet minimum en optimum bakens neerlê.

Hierdie grense sal duidelik moet aangedui word. Aanvaarding vir mekaar se sienswyse sal uiteraard absoluut nodig wees.

Ons kan nie verwag dat ons spesialis kollegas ons sal aanvaar indien ons so maklik iemand anders se optrede verdoem nie.

Dit is belangrik dat die baanbrekers op verskeie gebiede hulle verantwoordelikheid teenoor die groep besef en die moeite doen om die res van ons in te lig oor die ingrepe wat hulle onderneem en waarom hulle dit doen.

Hulle moet ons ook inlig oor hoe die nodige kennis en vaardigheid bekom word.

Hierdie tydskrif is die geskikste plek om sulke idees in te deel. U word aangemoedig om te kommunikeer in welke vorm ook al.

George Davie

Self acceptance

Throughout the country there are many GPs doing remarkable things in their normal daily practice. Some undertake major surgery and others have regular group psychotherapy sessions.

Sex therapy clinics are controlled by some and others undertake sophisticated laboratory work. What is a family physician? When does he overstep his boundaries? Are there any boundaries within the medical profession?

These are some of the problems the Academy will have to help sort out. While it does it will also have to formulate the requirements for an adequate general practice.

One of our biggest problems will be the overcoming of personal bias. The doctor not orientated towards surgery often feels that it should not be attempted by a GP and believes that the expertise required cannot be gained while in general practice.

The person not interested in psychology or psychiatry is of the opinion that years of training is necessary to acquire competence in the field.

In this chaos we are going to have to establish minimum and optimum limits in family practice. These limits will have to be spelled out clearly. In doing this everyone will have to be involved.

Tolerance for one another will have to be the hallmark of these discussions. We cannot expect tolerance from our specialist colleagues if we are ever so ready to condemn ourselves.

It is important that the pioneers realise their responsibility to the group and make an effort to explain to the rest of us what they do and why they do it. They should inform us how to go about gaining the knowledge and skill required.

This journal is the ideal vehicle for sharing your thoughts and you are urged to communicate in whatever form you choose, letters and articles.

George Davie