

Reflections on the second general practitioners conference...

By Dr B Fehler

The framework of this congress began some years ago. The energies, sacrifices and frustration of the organising committee were reflected in the superb arrangements made by this committee in both the scientific and social programmes.

It followed on the heels of the inaugural General Practice Congress held in Johannesburg in 1978.

The congress was held at the Holiday Inn in Cape Town under the combined auspices of the Faculty of General Practice of the College of Medicine of South Africa, the National General Practitioners Group of the Medical Association of South Africa, the Unit of General Practice, University of Cape Town, the Department of Community Health, University of Stellenbosch, and the Day Hospitals Organisation.

Over 250 doctors plus their spouses registered for the congress. Many had come from neighbouring territories and from overseas, including the distinguished guest, Mrs Enid Balint-Edmonds from the United Kingdom.

From midday, Monday 24th delegates began to arrive, registration reaching its climax at 10.30 a.m. on Tuesday, when a big crowd, renewed friendships, exchanged friendly greetings and smiles, swapped experiences over coffee and tea, reliving the past, and awaiting the next few days with the highest expectations.

Tuesday 25th

Due to urgent Cabinet commitments, the Right Honourable Dr L.A.P.A. Munnik was unable to be present for the early morning presentation of papers, but he officially opened the congress later in the afternoon, reaffirming the important role the General Practitioners will play in the future of medical planning in South Africa, particularly in their activity

as dispensers of primary and continuing care to all the different racial groups in the country.

Dr Basil Jaffe presented his keynote address as the opening paper in his capacity as Chairman of the Congress Committee and also as Convenor of the Faculty of General Practice of the College of Medicine of South Africa.

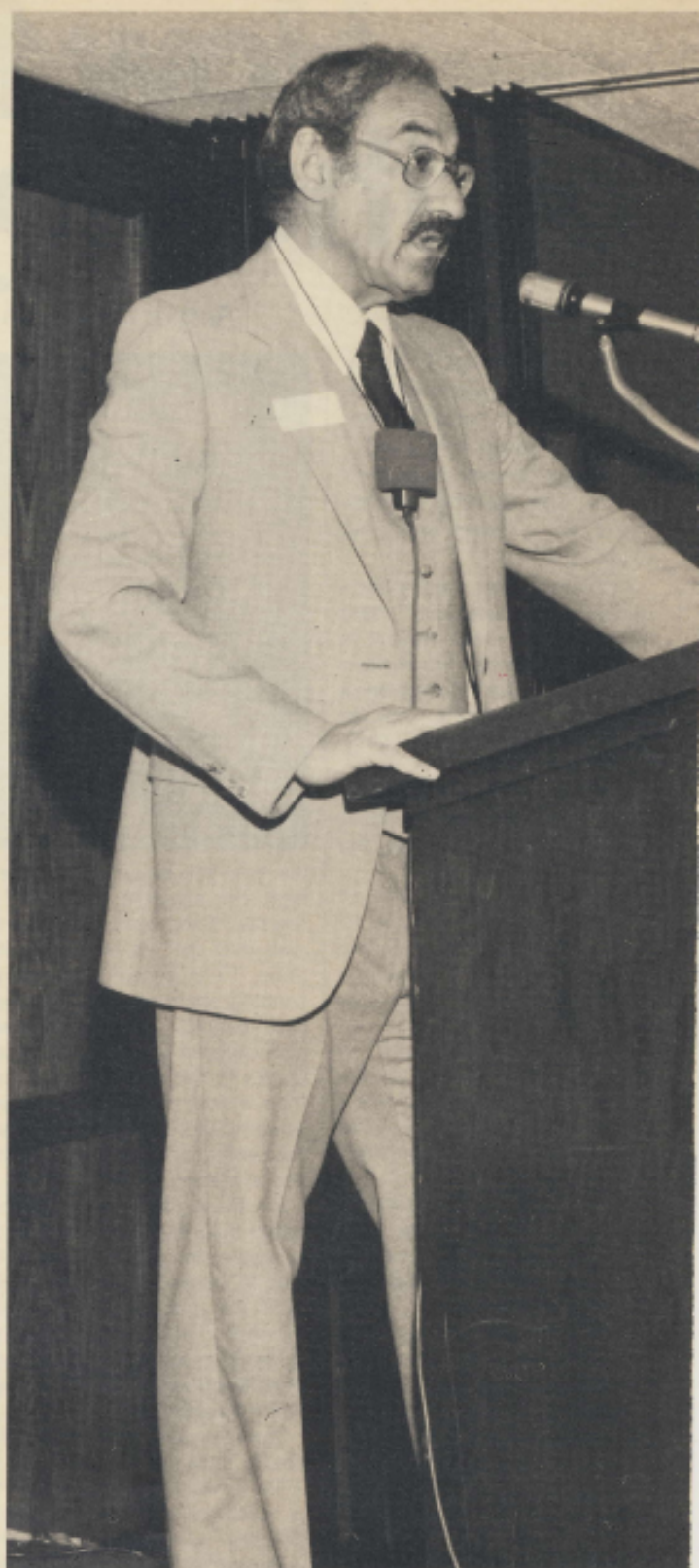
He mentioned the resurgence of General Practice, quoting James Knox, who said: "For too long general practice has been considered to be an ailing patient whose demise had been expected — but had refused to die" — today this patient is alive and well and full of activity.

He mentioned our excellent standing in the international field of Family Medicine and our outstanding contributions to WONCA.

He stated that after amalgamating with the College of Medicine ten years ago, the expectations which we had hoped to fulfill had not been attained. To this purpose, general practitioners throughout our country had come together to form the South African Academy of Family Medicine/Primary Care.

This is to be an autonomous academic body, the only qualification necessary for membership being a commitment to continuing medical education, and a dedication to practise the highest standards of our discipline.

Mrs Enid Balint-Edmonds, the wife of the late Michael Balint, then presented her masterpiece on "The Doctor-Patient Relationship in the 1980's" — mentioned



Dr B Fehler, past chairman of the General Practice Congress, opened the "Symptoms in General Practice".

that doctors recognise and understand their patients' complaints, not only in terms of illnesses, but also in terms of personal conflicts and problems, and then should use this understanding for a therapeutic effect.

The doctor of the present and future must undertake research into the nature of the doctor-patient relationship in General Practice situations.

The General Practitioner must be trained to listen and observe patients in all settings, to scrutinise and be open-minded, to beware of anything that would be useful or throw light on the patient's ailment.

After lunch, three workshops were held, all of which very well attended.

- 1 Difficult patients.
- 2 Therapeutics.
- 3 Devising Clinical Record



GP Congress in Cape Town and also addressed the 250 delegates on

System.

From 19.00 to 20.00h, we were entertained to a sumptuous mayoral cocktail party — in the new Cape Civic Centre.

Wednesday morning got off to a good start with four plenary session papers.

1. Psychosomatic Families and the General Practitioners — Dr Stanley Levenstein — who gave a most interesting address on problems that occur in everyday

practice.

2. Sexual Counselling of the Family — Dr Bruce Sparks. Bruce has taken a special interest in this subject, which is of importance to all, and his paper was presented from the experience of an expert.

3. Ageing and Mental Problems in the Family Context — Dr M. Silbert presented his paper in the typical fashion of a loving, dedicated G.P. pleading for the

continuing and personal care of our geriatric population.

4. Marital Problems — Mrs Enid Balint-Edmonds again gave us the views of an expert in dealing with one of the greatest problems which test our skills as competent general practitioners.

After the reassessing of papers during the tea break held next to the pool, participants divided into three groups to attend the different sessions of free papers on subjects dealing with:

- 1 The Consultation in General Practice.
- 2 The General Practitioner in the Health Team.
- 3 Clinical Problems in General Practice.

The addresses contained information on subjects as varied as Symptoms in General Practice, Communication Disorders, The Use of Antibiotics in General Practice, and Pulled Elbows — all were excellent and of tremendous value.

The afternoon saw a demonstration by the Cape Town Balint groups and also discussion in Balint groups.

The evening was fully occupied by a fabulous Congress Dinner, held in the Lilliebloem Room.

The main and honoured guest was the Director General of the Department of Health, Welfare and Pensions — Dr. J. de Beer.

He spoke on the future of the General Practitioner in South Africa and the important role he plays in the health of the peoples of the Republic.

He mentioned the confidence he had in the members of our discipline, and was fully aware of our activities.

Following the Congress Dinner, where we dined and drank sumptuously, some of us visited "Sallies", a disco in the Holiday Inn, where we joined in with the celebrations in honour of the visiting Argentinian Rigger side, who were victorious over the University of Cape Town that afternoon. This was a memorable party.

Thursday was a beautiful Cape day. It was warm, and the view of the mountain and the docks were truly magnificent.

All delegates were present at the plenary session which included four outstanding papers.

- 1 Joe Levenstein spoke on Research in General Practice — who else but he, who has made outstanding contributions in the research field. He spoke with expertise on one of his subjects.
- 2 Dr Frank Dornfest addressed us on "Problem Solving in General Practice". For the

many unenlightened delegates of the congress, this was a well-researched paper.

3 Prof A van den Berg presented his paper "Medical Care Evaluation" with the expertise of a Professor of Family Medicine. It is understandable to all that were present why his department functions so smoothly. A well presented address.

4 Dr George Davie presented his short but concise address on "Screening in General Practice". Participants were thwarted, however, by its brevity, and would have preferred a longer discourse.

After the morning tea, the delegates again broke up into three groups to hear papers on

- 1 Research in General Practice
- 2 Psychiatric aspects of General Practice.
- 3 Clinical Problems in General Practice.

Papers varied from clinical trials in general practice, alcoholism, the hidden alcoholic in the African Polyclinic, coping with stress, through transcendental meditation, sexually transmitted disease, and the sexually seductive patient in general practice.

This last paper hit the headlines of most newspapers in the Republic. It has probably made patients more aware of their ability to seduce — so Doctor, beware!

So, on to the free afternoon of the congress, and the visit to the historic Nederburg farm and vineyards and winery.

Four full busloads departed from the Holiday Inn in convoy, travelling through the picturesque Cape Flats. It was a most beautiful and delightful afternoon, and it is certain that no delegate should have missed the outing.

After a tour of Nederburg, we were given a sparkling wine to quench our thirst, and there followed a wine tasting session under the direction of a very strict "teacher". After the sixth wine, most of us were beyond being able to taste anything, but we certainly were happy. We were then taken through the beauties of Stellenbosch and Paarl to Libertas, where the Stellenbosch Farmers Winery entertained us at a wonderful reception with snacks and more mature wines.

We eventually returned home — thankfully no delegates were busdrivers — and we certainly enjoyed the delights of Bacchus. This was, I suppose, for many the highlight of the Congress.

Then came the final day, **Friday**, which commenced as usual with the Plenary Session of four papers.

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1. Dr Attie Baard presented his paper on "Die Plattelandse Algemene Praktisyn" — who better than he for this outstanding contribution.

For the city practitioner this was an insight into how our colleagues function in the platteland. He made innumerable suggestions as to methods of improving the platteland G.P.'s service to his patient.

2. Prof. Dawie van Staden addressed us on "Die Hospitaal Primêre Sorg Dokter". He spoke as an academic who possesses the expertise of an experienced active general practitioner.

3. Dr John Smith's presentation of the "Day Hospital Doctor" was excellent, but then being the Director to the Day Hospitals Organisation gives him the know-how about this excellent service to the people of the Cape. One wonders why similar organisations do not function in other provinces of the Republic.

4. Dr Guy Dayns presented his paper on "The Mission Hospital Doctor". He demonstrated what a tremendous contribution these noble doctors make in the primary health care of their group of patients.

5. In contrast, Dr Joe Levenstein gave us an address on the "Urban General Practitioner and an Overview". He reviewed what part the city G.P. plays in the health care of the population. He also discussed the impending important role this urban G.P. will contribute to the population.

After a tea and coffee break at the poolside, where much discussion on the morning papers took place, delegates divided themselves into four groups to hear discussion on the following subjects.

Management issues in General Practice

Continuing Education and related inner in General Practice.

Learning Disabilities — the Role of the General Practitioner

Clinical Problems in General Practice.

Papers varied from The Early Diagnosis and Management of Acute Sports Injuries, The Management of the Menopause,



Members of the Second General Practice Congress Committee: (Left to Right); Dr IR Berell (Medical Director for Lilly Laboratories), Dr J Levenstein, Dr JR Smith, Mr LM von Essen (Director of Industrial Relations for Lilly Laboratories), Dr F Dornfest, Mrs C Dornfest, Dr B Jaffe (Chairman of the committee), and Dr S Levenstein.

An Evaluation of the General Practitioner Teachers Course in 1979 — a training course for G.P. teachers held in Johannesburg 1979, Hearing Disabilities — an Overview, Role of the Remedial Teacher, Hypertension in Patients on Oral Contraceptives.

After luncheon, three workshops were conducted on:
Undergraduate Education
Sexual Counselling
The Future of Primary Care in South Africa.

After tea, we all assembled in the Lilliebloem Room for the Closing Address by Prof. David Mackenzie — the Dean of the Medical School of the University of Cape Town.

He acknowledged that there was a need for academic homes for General Practice, which may not be served by the available present resources, but warned not to extend these resources too far to the exclusion of our specialist colleagues.

During the congress, the Academy of Family Practice/Primary Care/Akademie van Huisartspraktyk/Primere Sorg was formulated by delegates. Eight trustees were elected:

- Dr Attie Baard
- Dr George Davie
- Prof Sam Fehrson
- Dr Boz Fehler
- Dr Basil Jaffe
- Dr Joe Levenstein
- Prof Gavie Pistorius
- Prof Andries van den Berg.

They were entrusted to draw up the articles of association and to reassemble in a month.

The main objectives of the Academy are:

- 1 To promote continuing medical education, research and practice management.
- 2 To facilitate areas of vocational training
- 3 To establish publications of General Practice interest,



Delegates relaxing during a tea break at the second General Practice Congress in Cape Town.

and self-assessment programmes.

- 4 To promote and encourage the highest standard in the fields of Family Practice and Primary Care.

The social arrangements for the wives were high-powered and interesting and will be memorable events for many years to come for our spouses.

Suddenly it was all over. What was achieved in those four days could not be measured in finite terms. It was magnificent that all the presentations, which were of an extraordinarily high standard, were delivered by general practitioners in all work situations in the Republic. This indeed was a thrill.

This congress will add something to the quality of the care that all patients will receive from their family doctors.

We were sadly bidding farewell to one another, but truly we never say goodbye, because the friendships that were made at the first congress and renewed at this congress will again be renewed when we meet at the third General Practice Congress.

We enjoy the common bond of providing primary and continuing

care for our patients and their families.

Thanks, Basil Jaffe, and your Congress Committee: Drs S Levenstein, J Levenstein, F Dornfest, J Smith, A.W. Spratt, H. Home and Prof C. Wicht. A sincere thanks to Carol Dornfest for her social arrangements.

On behalf of all delegates and for General Practice in South Africa, we must pay tribute to Lilly/Dista Laboratories for their generous sponsorship of this second congress of General Practice.

In particular, their Medical Director, Dr Ralph Berell, and their Public Relations Officer, Mr Llew von Essen.

The future of Family Medicine/Primary Care in the Southern tip of Africa is very bright indeed. The next decade will see tremendous changes in primary and continuing health care.

The sweat, frustrations, and tears that have been spilled in the past will not be in vain in the "fight back" to preserve and enhance our chosen discipline of medicine, in which we believe, and which our patients demand, when all around us foresaw our demise.