



Dr J.A. Smith

Health for all by 2000

“HEALTH FOR ALL by 2000” is the goal that has been set by Dr. Halfdan Mahler, Director-General of W.H.O. Though this goal may sound utopian, it is worth seeking, because ill health is a costly burden to the patient, to the family, to the community and to the country.

The philosophy of the United Nations in the sixties was to help install the infrastructure of Western Industrialism in developing countries in the belief that it would be the launching pad for economic take off and that the benefits would spread to the people. It did not happen. In fact, the poor have increased in numbers in rural areas and in slums around the big cities.

Up to the sixties health services had expanded from central hospitals outwards with rapidly rising costs

without visible and meaningful improvement in services and health. In addition, it is realised that over half the ailments seen at the primary level are preventable or could be better managed if patients were better informed and educated about health and disease prevention. This is what Health Year 1979 is all about.

Consequently, all forward looking planners have inverted the health care pyramid. No longer does the super modern hospital

occupy its traditional safe place at the top of the pyramid where it monopolises most of the attention and most of the expenditure. The first step is to find out what people themselves want and need and then get their participation. It is better to do things with people than for people.

This is the philosophy of the new Health Act and as stated by Dr J de Beer, Secretary of Health, emphasis will be on health services in the community, by the community and for the benefit of the

community irrespective of race, colour or creed.

PRACTICAL IMPLICATIONS

To provide such a service economically as formulated by the World Health Organisation, requires that “the majority of health intervention should be undertaken at the most peripheral practical level of the health service by workers most suitably trained for performing these tasks”. In other words it requires that no one should fulfil a role which some one less qualified can carry out as competently, and implicit in this

statement is the assumption that there must be patient acceptance, professional acceptance and legal acceptance.

Health is primarily related to housing and sanitation, nutrition, education and job opportunities. These are the cornerstones of health. Onto this foundation has been added the four levels of care:

Self care by the patient, the family or community

Primary or first contact care

Secondary or specialist care

Tertiary or super specialist care.

Intervention at any of these levels may be

Primary or health promotive and disease prevention

Secondary or curative

Tertiary or rehabilitative.

Health care must be economically viable. Wants are infinite, resources finite. We must face economic realities by providing a cost effective service.

Only a few decades ago primary medical care was given by one person — the general practitioner. Times have changed, populations and knowledge has increased and most countries have accepted the responsibility to provide health services, as a right, to all its citizens. To-day the modern family practitioner fulfils a role in which he manages with the resources available to meet the needs of a large number of people and he has become the leader and coordinator of a health team.

THE MEASUREMENT OF HEALTH

Too few people involved in providing health services as laid out in the New Health Act realise that they, like anyone else, are selling a commodity to those people who live in their community. Even if they have realised that the commodity is health, very few know how to measure it.

What is health? Health has been defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.

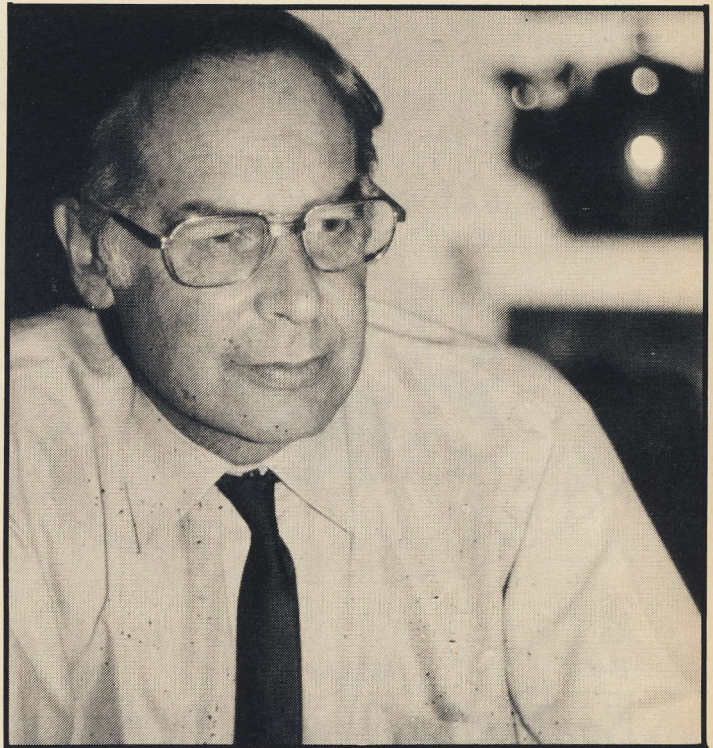
Unfortunately there are no known direct parameters to measure health status in general use. Usually health is measured and assessed in terms of certain negative indices "negative" because they measure the absence of health, namely disease!

In practice, clinicians regard health as being the absence of disease and this may well be the most practical, although over simplified, view to hold in the coming years.

THE FUTURE

Since Dr. Halfdan Mahler took over as Director-General of W.H.O. a major change has occurred. It has been realised that "primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community can afford".

To provide "health for all by 2000", we must face the realities of maldistribution of doctors between rural and urban areas as a fact of life which cannot be solved by simply training more doctors. The Government of the United States has increased expenditure on health manpower programmes



ten fold in ten years and in spite of this, they have not succeeded in persuading enough doctors to live in rural areas. Consequently more emphasis must be given to roles rather than staff categories and to the use of health teams. Since time began clinicians have asked themselves two questions about any patient. These are "What is the diagnosis?" and "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, his family, his community?" and we try to find answers to all questions, and to act on them, great advances are possible in the health of communities, and also, incidentally in the field of medicine generally.

ABOUT THE AUTHOR:

1951 Qualified M.A., B.M., B.Ch (Oxon); 1968-1971 Chairman, Cape of Good Hope Faculty of General Practice. Since 1971 Treasurer, South African Faculty of General Practice. Since 1972 Medical Superintendent of the Day Hospitals Organisation. 1975 F.R.C.G.P.(U.K.). South African Representative at the 6th World Conference on General Practice/Family Medicine held in Mexico City 1974. Member of the Committee on Medical Record to date.