



## The Grand Vizier and the new African model of medical practice

In 1970, more than 40 years ago, I was an obstetrics and gynaecology registrar at Edendale Hospital near Pietermaritzburg. Each day, it was very busy and crowded with gynaecology outpatients. They included both referred and emergencies cases from the towns and rural areas of inland Natal. To cope with the numbers, someone had designed the handling of the gynaecological outpatients so that one registrar could manage all the cases efficiently and with a minimal waiting time.

The patients came into the waiting area and were met by three staff nurses who had been trained to take a short history, routinely test blood pressure and urine, carry out a pregnancy test on the urine if required and conduct a finger-prick haemoglobin test as well.

There were four examination cubicles side by side. The patients were placed in the cubicles and informed as to how to undress, depending on the history. The registrar for the day was in the area behind the cubicles. He or she walked into the first cubicle to find a patient who had already been prepared with a short history recorded in the notes (approximately three lines) and all the other recorded tests at the top of the file. He or she then took a further history and examined the patient using gynaecological sets, of which there were about 10. These included all the usual speculums, pap smears, swabs and forceps. On completion, the registrar went to the next cubicle to examine the next patient while the first patient got dressed and was replaced by a new patient. At the back, in easy reach, were stools on which we could sit. All the necessary forms for blood test and X-rays were available and placed neatly on cut-out shelves.

In those days, we usually came to work in white safari suits and shorts with white socks and white shoes upon which we put blanco shoe polish. The gynaecological registrars were allowed to come in to work in running shoes and track suits because we were on our feet all day. It was a flow model that we all thought was a fine African adaptation to ensure the delivery of efficient care without too much delay for the patients. In a busy clinic, we found that the best ratio was three staff nurses assisting one doctor.

The flow model had come into operation when the logistics of seeing the doctor were reversed. Instead of an unprepared patient going in to see a doctor in the hallowed consulting room, the doctor went in to see the prepared patient in a rotating flow system. It was really exciting to be working in a team that worked so efficiently and it gave us an exhilarating sense of service. Not only was it a new flow system, but it required a new image, status and attitude from the doctor.

Contrary to this were the medical outpatients who were seen according to what we called the Grand Vizier model, where the doctors sat in their consulting rooms like Grand Viziers. The patients came in unprepared and the long ritual of the Western medical consultation began. A halting history was obtained by interpreters of varying skill and then the patient was invited to undress and climb onto the examining couch. The examination was performed and then the doctor waited while the patient climbed down from the couch and laboriously dressed and finally exited. The next patient was then ceremoniously ushered into the presence of the enthroned Grand Vizier. We worked out that it probably took about three to four times as long for a patient to be seen via the Grand Vizier model.

The rotating flow system may sound a bit like conveyor belt medicine, but in practice it gave the doctor more essential time with the patient. Our subjective assessment was that if we had carried out comparative studies, the rotating flow system would have improved many outcome measures in the context of a busy state hospital. It was based on the greatest good for the greatest number principle.

We suggested to the others departments that they change to the New African model and who do you think was the most resistant to change? Absolutely, you are right first time.

### **Dr Chris Ellis**

Family Physician, Pietermaritzburg, KwaZulu-Natal  
E-mail: cristobalellis@gmail.com