

A fresh start to learning

To the Editor: For many years the task of providing health services in third world countries fell under a cloud; a fallout from the first world (“upside down” as those terms may be historically). In years past, most doctors in our rural areas had been trained in the first world or similar institutions, where specialisation prevailed. We experienced some of the restrictive aspects of professionalism, and not always the best.

Consequently, when we practised in rural areas, we had to learn, as if it was something new, to listen to communities, instead of talking at them; to talk, for example, about food that they could recognise, and about staples instead of “food groups”. We were looking at the problems of rural communities on our own terms, and handling them in inappropriate ways. It would take us quite a time to get over such handicaps.

But we did begin to introduce new kinds of health programmes, such as GOBI-FFF¹ (growth monitoring, oral rehydration therapy, breastfeeding, immunisation, family planning, female education, and food supplementation), and other health education and nutrition programmes. Even so, we had to learn how to introduce and talk about them. To whom did they belong: to us in the profession or to the communities? We had to learn how to carry this out within rural communities.² You planned your work in an operating theatre within boundaries that were your own. You could run a ward as it was done in your training. When people were admitted to your hospital, they were expected to conform to your ways. But as soon as you thought about programmes such as the ones mentioned, you were no longer within four walls of your own department, your own recognisable specialty. But the people, the patients, were not captive. We started to fumble.

Those programmes involved everyone in the service, although they may not have realised it. When you established a nutrition rehabilitation unit, the hospital staff might say: “Now, that we have a nutrition rehabilitation unit, we can refer ‘malnutritions’”. The danger lay in failing to expand their own approach to malnutrition. They would think: “Now there is another ‘department’ that will handle this in their specialised way”. Whereas, the nutrition rehabilitation unit was a component of a nutrition programme, and not a solution in itself.

It was the same with health education, i.e. not something that was job of the health assistants or health educators only to perform. They would improve the programme, but we were all involved in it.

Of course much has changed by now. Today’s doctors start further along the road. They are often better oriented with good ways of networking. They attend Rural Doctors Association of South Africa conferences and there are examples of good leadership. But there are also new kinds of difficulties. Top-down aspects of health service organisation may handicap hard learnt and innovative approaches to health promotion and care.

Each of us may have different feelings of security about our professional identity. You may be able to eliminate some of the things in which you were trained, like daily ward rounds to every inpatient, and adopt new and different standards. I once said so at a conference of rural doctors. It was received with shock! I vividly remember how it felt to find myself, a generalist, “trespassing” in the territories of urologists, ear, nose and throat specialists and others: a general surgeon performing mastoidectomies!

This was my experience of educating myself about how to contribute to the needs of the community in which I found myself. But to achieve this, a health team was needed. Yet it is the very doing of it, the very finding out of how to do it, that actually builds the team. This is the problem. You need a team to do it, yet the team is built by the doing of it! Allowing for that, and allowing for what might well be called “factions” today, i.e. professionals or seniors who are not with you, is part of the planning. I hope that these opinions find a helpful place, or are already reflected in your own work experience.

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References

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