

## 2: Response from a Family Medicine Specialist

*Bruce Sparks*

There are many viewpoints to the issues raised by "G.P. Masters", and while not being an expert in this regard, I wish to present one such view.

I am willing to criticize the Nationalist Party as vehemently as anyone else for the horrors of apartheid and what they have done, or not done in the past to the health services. However, when will authors resist the temptation to blame the government for every aberration in society and thereby discredit themselves and look ludicrous? For example, does G.P. Masters really believe that the Nats are responsible for a worldwide trend where doctors congregate in metropolitan areas?

While being rightly critical of the Nationalist Party for the repressive policies of their rule, the author, in the same article, advocates similar measures himself - forced removals of general practitioners, salary ceilings and phrases such as "compelled by law" and "compulsory transfers". I believe that such draconian measures would alienate practitioners from the very system which we wish them to embrace and may well lead to mass emigration. Other measures must be sought.

The geographical maldistribution of doctors in general is an international problem and the concept of community service is one which I have supported. The South African Academy of Family Practice has attempted to address this problem of maldistribution. This has been undertaken not by coercion, but by encouraging practitioners to enroll in vocational training programmes in underserved areas, in the belief that "if one trains in an area, one usually stays in that area". The programme has been fairly successful but is relatively short-lived as many practitioners will return to the towns and cities after a few years when their children require schooling. Training of these practitioners has required an infrastructure of teachers, academic support and adequate and appropriate facilities for training, accommodation and subsequent employment. This is being met with the assistance of the academy's Family Health Foundation.

G.P. Masters has raised the hackneyed statistics of 20 % of the population being served by the private sector. This, I assume, is based on the number in the population who are members of medical aid societies. What has happened to all the "cash practices" that some critics have taken to task for "ripoffs" of the population? Surely these should have added to the 20%! Anyone who has been in private practice will know that many of the patients seen are not on medical aid. A proportion of patients seen in public clinics and hospitals state that they also attend a private doctor occasionally. No accurate statistics exist but I would venture that close to 40% of the population utilize private practitioners. In addition, a proportion of those who use the private practitioner also utilize traditional healers, homeopathy, naturalists and other alternative health sources, either exclusively, or as supplementary services.

While the care meted out to the community may not be ideal or even ethical in some circumstances, there are many family practitioners in South Africa who are providing an excellent caring service, often seeing pro-deo patients in the course of a day. To imply that the general practitioner sector "has failed to meet the health requirements of 80% of the South Africa population" is absurd. The anonymous author surely doesn't believe that this is the GP's task! Should they do the State's job? They are self-employed and not salaried and surely could never have been able to deliver a service to the greater population at large and survive! In addition there are insufficient of them.

While I disagree with the strategies suggested by G.P. Masters he has raised an extremely important issue. How should the general practitioner be incorporated in a new health system? What should the system be and what are the possible financial implications? What are the functions of the "new practitioner"? It is important that these issues should be debated. It is equally important that the general practitioners themselves should begin to define how they will address the health needs, and not only the disease management of their practice populations, and how they will take responsibility for a larger community's needs. If THEY don't define it, someone else will do it for them and they may not like it!

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