

## WHO CARES?

Most black people in urban areas are dependant for their health care on services run by the government. For example, although there are about 20 doctors in private practice in Soweto, and a number of others in central Johannesburg who see mainly black patients, the vast majority of people in Soweto obtain their western medical care from one or other of the clinics. Not one of these clinics however provides comprehensive care.

Responsibility for public health services is split between the Department of Health, the provincial Department of Hospital Services, and the local authority Health Department. In most areas of Soweto therefore different services are provided by different authorities, usually in different buildings. Even within one authority there is often specialisation and one service may be run quite independantly from others. This division of responsibilities gives rise to a number of problems, and one of the greatest of these problems is the failure of the health workers in the different services to communicate with each other about their patients. Doctors and nurses seeing a patient concentrate on their particular aspect of health care, and if a problem arises that is outside their sphere they then refer the patient on to someone else. The difficulties and frustration that the patient may experience being "shunted around" are illustrated by the story of Mrs Khumalo. Although the story is fictitious it is perfectly possible that all this could happen to one woman. Certainly in the area of Soweto where the health services were studied by the Community Health Centre Research Project of the University of the Witwatersrand, the different referrals ascribed to Mrs Khumalo were seen to take place many times over.

Mrs Khumalo lived in Phiri in Soweto and when she needed medical attention she went to one of the local clinics, several of which were grouped together at a health centre.

She did not want to fall pregnant and so consulted the City Health family planning clinic.

She was found to be three months pregnant and was referred to the provincial (TPA) ante-natal clinic.

There she was found to have caries in her teeth and was referred to the Department of Health dental clinic.

Back at ante-natal clinic her blood pressure was found to be raised and she was referred to Baragwanath Hospital.

After examination at the hospital ante-natal clinic she was referred back for delivery at the health centre.

She was duly delivered by the TPA midwives and referred to the TPA family clinic.



Pelvic sepsis was then suspected and she was referred to the TPA polyclinic (adult section).

Apart from the sepsis they thought she had post-puerperal depression and referred her to the Department of Health psychiatric clinic.

Three months after delivery she brought her child to be immunized to the City Health immunization clinic.

Because Mrs Khumalo had not been well, the child had been staying with its grandmother in the rural areas and at the immunization clinic was found to be sick. The City Health staff therefore referred the child to the TPA polyclinic (paediatric section).



Having examined the child and taken an x-ray, tuberculosis was diagnosed and the child was referred back to the City Health TB service.

Within a year Mrs Khumalo had been to ten different clinics, nine of them within the same grounds at the health centre, but all with separate nursing staff and all with separate records. The child's immunization card and TB record were filed in one pocket together with a notification from TPA of its birth, but they were separate from the hospital record and from the other seven records scattered in different places through the health centre.

The only way for a health worker to piece together the whole picture of this mother and child was to take a full history from the mother and then to go round to all the separate records and to transcribe all the relevant information. It was reasonably easy, although very time consuming, for a nurse to do this from the records of services run by his or her own health authority. However the nurse needed the permission both of his or her own supervisors and of the senior officials in both health authorities before the nurse could gain access to the records of services run by another authority. This came out very clearly when a request was made for blanket permission to be given to allow City Public Health Nurses to examine the TPA polyclinic records of their patients. The relevant supervisors were horrified and permission was refused.

In the urban areas many different services are often involved in providing health care for a particular patient or family. The failure of these services to communicate effectively with each other about common patients is one of the major defects of the present health services in South Africa.