

3: Response from a Family Practitioner

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The article by GP Masters raises some general issues on health care in South Africa, but, as so often happens in the progressive health sector, it is full of rhetoric, on one hand, and coercion, on the other. We in the health sector must learn to keep apace with what is happening in the rest of society rather than waiting to accept all the burdens of society.

In my opinion, "family practitioners" (the term private practitioners has too many connotations and is often surrounded in mysticism) have to accept certain challenges if we are to grow in the future. These challenges are:

(a) Do we want to be in the front line of providing health care in South Africa? There are approximately 10 000 family practitioners in South Africa with approximately 3000 to 4000 patients on their lists. We, therefore, are providing a valuable service to the majority of our people and I would argue that the future primary health care team be built around and with the family practitioner.

I accept the argument that health professionals are situated around our cities and towns. However, we have to accept that people migrate to the cities and in addition apartheid has left us with a legacy of 50 years of mismanaged social engineering.

(b) Family practitioners must enter the debate over future funding of health services now. If we are truly concerned about accessible and equitable health care for South Africa, then we have to clearly accept that the present system either in the form of medical aid, or cash payment, is inadequate for many reasons. Health care must be free at the point of source for everybody. Any departure from this will take us back rather than forward. It is interesting in this light that a recent survey of family practitioners in Britain came out in support of a salaried service.

I agree with GP Masters that the private system is not going to disappear overnight. It is therefore extremely important for us to see if

there are other ways of attracting family practitioners into a National Health Service. I would argue that we should intensify research and conduct pilot studies on:

- payment of family practitioners;
- encouragement of preventative health by providing incentives;
- the possibility of funding new practices and especially group practices; and
- encouraging the TPA and the City Health Department to undertake joint projects with the community and locally situated family practitioners.

The bottom line for me is that we must build on present structures (chaotic as they are) rather than reinvent the wheel. Family practitioners are ready for this challenge.

GP Masters raises some relevant general issues on the role of general practitioners in a democratic South Africa, but at the same time makes some sweeping recommendations which belong more in the realms of coercion than of democratic discussion.

Understandably a democratically elected government is going to inherit a topsy-turvy situation in all aspects of life, for example, high unemployment, high illiteracy, and a housing backlog. The list appears enormous and all consuming. In health, as in all sectors, chaos rules. Having said that we are also inheriting a relatively sophisticated structure which, given the difficult political structures that we have had, has coped remarkably well. Nonetheless, the system has been lacking and is definitely ready for a complete overall.

Before entering the debate about accommodating family practitioners, we need to answer a more fundamental question - who is going to provide services at primary health care level? In South Africa this has been done by a cross section of health services, ranging from our tertiary institutions to village health workers. I raise this point because as a family practitioner this fundamental question begins to give substance to my own role.

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