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VAN DIE REDAKSIE *EDITORIAL*

Gesond Hou Teenoor Gesond Maak

Die mediese beroep sal almeleë swaar sluk aan enige halfgaar dokter. Dit is 'n onderwerp wat telkens weer sy kop uitsteek en daar is reeds oor die jare 'n lang lys name vir hierdie gedeeltelik opgeleide persone voorgestel. Feldshers, doktersassistente, hulpdokters en nog 'n hele spul ander name is al bespreek, maar wat ons hulle ook al sou wou noem, die basiese weerstand van die geneeshere teen sulke half-opgeleides sal altyd bly voortbestaan. Die Geneeskundige en Tandheelkundige Raad en die Mediese Vereniging gooi steeds wal teen die ontstaan van sulke vis-nog-vlees 'kollegas'.

Dit is geen nuwe begrip hierdie nie. Jare lank al word daar gepraat oor die noodsaaklikheid om persone op te lei, veral wat betref die platteland en Bantoe-tuislande, sodat daar ten minste 'n mate van mediese versorging kan wees, liewer as niks nie. Op papier klink dit natuurlik na 'n aanneemlike gedagte: As daar nie genoeg volwaardige dokters is nie en daar dus mense is wat geen mediese dienste kan bekom nie is dit tog sekerlik beter om semi-opgeleides die veld in te stuur wat ten minste iets tot stand kan bring, selfs al is dit nie van volwaardige mediese standaard soos ons dit ken en graag wil sien nie.

Die gedagte wat egter gereeld gedurende die polemieke oor die aangeleentheid verlore gaan is die definering van die presiese rol wat sulke half-opgeleide dokters sou moes speel. Ons is almal geneig om die diensbehoefte te wil omskryf in terme van siek mense gesond te maak. Dan sal die Feldsher-gedagte natuurlik ernstige teenstand kry. As daar van diagnose en behandeling in enige mate sprake is sal alle dokters neig om vierspoor vas te steek, want mens kan nie halfgaar kollegas aanvaar nie. Mens is òf 'n dokter òf jy is nie—daar is nie 'n niche tussenin waar so 'n semi-opgeleide effense dokter hom in kan versteek nie. Hier geld die alles-of-niks wet eweveel as in die fisiologie.

Maar wat van 'n persoon wat nie siek mense versorg nie maar wat slegs belas is om toe te sien dat die gesondes gesond bly? Is dit 'n onaanvaarbare konsep? Geensins nie, en op dié gebied doen ons reeds baie om die doktersaanvraag te verminder.

Iedereen wat reeds by 'n buitepasiënte-afdeling gewerk het, en wat die moedbrekende heropnames van dieselfde babas met gastro-enteritis moes aansien, bloot omdat die moeders nie oor die kennis beskik of wil beskik nie wat sal toesien dat hul kinders nie die gevreesde maagaandoenings ontwikkel nie, het al gewonder of daar nie iets aan gedoen kan word nie. Dit help nie om groter en groter hospitale te bou en meer en meer klinieke te stig waar die immer toenemende aantal pasiënte versorg kan word nie. Ons moet so te werk gaan dat ons kleiner en kleiner hospitale nodig sal hê omdat daar minder en minder pasiënte is wat hulp soek. Slegs dan sal ons in alle eerlikheid kan sê dat ons 'n volwaardige mediese organisasie in ons land tot stand gebring het.

Elders in die **Tydskrif** publiseer ons 'n artikel oor die belangrike werk wat deur 'n aantal verpleegsters gedoen is wat betref voorligting insake gesondheidsaangeleenthede. Dit is werk wat vanuit die oogpunt van resultate gesien, sekerlik nie in belangrikheid hoef terug te staan vir die mees gesofistikeerde terapeutiese ingrepe nie. Daarin lê die oplossing van ons mediese mannekragtekort; nie soseer meer dokters of halfgaar dokters nie, maar minder pasiënte.

Hierdie opvoedingswerk word reeds intensief onderneem, maar dit kan en moet nog op veel groter skaal toegepas word. Ons moet met volle stoom voortgaan om gesondheidsvoorligters op te lei. Hiervoor is die verpleegsters van die verskillende etniese groepe sekerlik besonder geskik en met slegs 'n mate van verdere opleiding kan hulle die opheffingswerk onderneem. Maar daarbenewens soek ons ook nog 'n ander kategorie wat heeltemal buite die mediese milieu sal staan. Die verpleegster skep steeds by die publiek die indruk van 'eers siek word en dan hulp vra'. Ons wil by veral die minder ontwikkeldes die benadering skep van 'glad nie siek word nie weens besit van kennis'.

Kom ons vra ons universiteite om dit te oorweeg

om heeltemal losstaande van die lofwaardige opleiding en werk van die leerskare van verpleegsters, ook nog mans en vrouens op te lei om as voorligters onder hulle eie groepe kennis te gaan versprei oor hoe om te eet, te bad en te lewe ten einde gesond te bly.

Off to a Good Start

Bad habits are difficult to cure. It is far better to ensure that they are not acquired in the first place. At this time of the year the interns start thinking of their future practices and of how they are going to begin. The first few months in a practice, be it specialist or family medicine, are virtually the most important, for during this time the pattern of work will be established for almost the rest of the active life of the doctor, and any unfortunate habits which develop during this initial period will affect the practice and the patients for many years.

Most interns have noble ideals and are sure that they are going to practise medicine as it should be practised. Every patient will be carefully assessed and all the records will be meticulously kept. Apparatus will be well cared for and regularly used and the entire organization of the practice will be geared to ensure maximum efficiency and benefit to the patient. But, alas, these are ideals and they are inclined to become easily watered down in the face of the stark reality which awaits the enthusiastic new practitioner.

The decision to give every patient the full and undivided attention he deserves has to be revised in the light of the need to cope with a clinic where 50 and more patients present themselves in an afternoon. The older practitioner has learnt to sort out the serious cases from those that merely require a spot of diagnosis, but the newcomer either must take chances or he must get bogged down under the apparently impossible work load. And once he has started taking short cuts and found that he can get away with it, the pattern is set and his dreams of meticulous care have disappeared for good.

It is not only the purely clinical approach which must be carefully directed from the start. Keeping good and practical records is an art, and one that requires a considerable amount of planning. Very often a young practitioner finds after a few months or even a year that his particular system of record keeping does not really work as he thought it would. By that time it is extremely difficult to make any changes, partly because of practical considerations and partly through sheer mental inertia.

It is not only the practitioner who starts off on his own whom we are concerned about. Even an assistant or a junior partner in a large firm must be guided during the initiation period in order to prevent unfortunate work patterns developing. In this respect the senior partners have a very important duty towards their young colleague. Very often the backbreaking work of a practice, such as the open clinics referred to above, are delegated to the newcomer and with a sigh of relief the older doctors withdraw to that part of the practice which they enjoy. This is quite wrong, for by so doing they are inculcating habits in the new doctor which will hang like an albatross around his neck for the rest of his life.

We therefore wish to appeal to our newly qualified colleagues to give the most meticulous consideration to the various aspects of their intended practice organization as well as their clinical attitudes. It takes time to formulate a satisfactory system which will cater for all the needs of a busy practice and now is the time to start, for once the hurly-burly has commenced, there is seldom time to pause and reconsider.

The older doctors must help by giving guidance, but they must take care not to perpetuate their own bad habits by virtually forcing them upon the newcomer. Do not tell the junior assistant that he need not keep records merely because the older partners have always been too lackadaisical to do so. Not to keep records is bad; to keep them is good, and no amount of experience or argument is going to alter the fact. Let us therefore not create the impression that slip-shod methods of practice are acceptable. If need be the senior doctor should be willing to swallow his pride and say: 'Don't do it my way for I am wrong.'

Advice is certainly in order and where the misdirected enthusiasm of a newcomer is obviously going to land him in a mess he must be helped to find the correct methodology. The important thing to remember is the need to establish good habits from the start. The first 6 months are the crucial ones—let us all turn our attention to them now.