

TRAILING COAT-TAILS**KLIP-IN-DIE-BOS**

Primary Health Care

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One of the most urgent problems in this country is the health care of all its inhabitants. Too few people are aware of this, and too many are disinterested. Too many highly qualified persons are involved in primary health care when their skills could be used in the more complex problems of diagnosis and treatment. This is not a problem unique to us, for it is shared by even the most technologically advanced countries. More and more people are accepting the principle that health care is a fundamental human right and not a commodity available to the privileged by virtue of their buying-power or to the poor through charity. The problem of inadequate health care is a source of bitter controversy. One has only to look at the editorials and correspondence in the *Journal* over the past 4 years to see that this is true. Similarly, the medical journals of other countries reveal that their problem is of the same magnitude as ours; but ours is more acute and urgent and a solution must be found.

We must examine the problem without prejudice, and use the experience gained in other countries to our advantage. Two factors must be recognised at the outset—firstly, that it is good for the nation to have healthy citizens, and secondly, that the private sector, and governmental and non-governmental physicians and institutions have been performing the service of health care in an unsatisfactory manner.

Fundamental to the concept of better health care is a sound education. More hospitals, clinics, 'barefoot doctors' and nurse practitioners can achieve little if the patients are uneducated and illiterate. The present system of education and the high rate of illiteracy must account for the poor follow-up noted in centres delivering primary health care. It must also account for the delayed admissions of many patients suffering from curable diseases, and is responsible for the fact that many of our hospitals are museums of pathology. The answer to this problem is a free and uniform compulsory education for all the citizens of this

country.

Equally important is the question of medical education. The present system whereby 5 medical faculties exist for Whites and one for all the rest, is out of touch with reality, even though two of the White faculties do accept about 250 non-White students per year. The one medical school in Durban has produced 167 doctors in 16 years for a population of 18 million. It has to turn down over 200 potential candidates for medical education each year. The other medical faculties should expand their facilities, drop their petty ideologies in the national interest, and admit more students regardless of race, colour or creed.

No country could have been faced with a more pressing problem with regard to medical care for its 700 million than China. In 1949 they made 2 decisions: firstly, that traditional Chinese medicine had to be revitalised to supplement scientific Western medicine, and secondly, that medical care had to be available to *all people*.

To get medical care to its rural population more than a million 'barefoot doctors' exist in China today. The 'barefoot doctor' is the frontline medical corpsman who has a small dispensary at his or her disposal, and acts as a neighbourhood first-aid man, having access to the regular physician for that area. Besides treating such ailments as colds, cuts, sprains, minor infections and diarrhoeas, they carry out inoculation programmes and keep up-to-date health records of the masses. Strenuous mass antiprostitute, antisnail, antily and antipollution campaigns have been responsible for the near-eradication of venereal diseases, schistosomiasis and many other communicable diseases. Family planning and birth control are encouraged by mass education. If this is what China achieved in 20 years for its 700 million, why can we not solve our problem with 20 million inhabitants? Let us have action and not debate, and let us have our version of the 'barefoot doctor' in every rural community in this country.

Two recent reports from North America have conclusively shown the role of the nurse practitioner in primary health care.

A fundamental principle in the concept of nurse practitioner is that in any primary care practice a large number of patients have problems that do not require the skills of a physician for effective management. A registered nurse, with additional training primarily in physical diagnosis and medical management, will have the skill to provide effective safe care for patients equivalent to the care of a physician. Two controlled experiments to prove this hypothesis, in Ontario and North Carolina, show that nurse practitioners were able to manage between 67% and 76,9% of patients without consulting the physicians. These data have significant implication for all practitioners involved in primary care whether or not they subscribe to the concept of the nurse practitioner. The nurse practitioner with her background and training will prove to be additive, and complementary, to the role of the physician.

An even more important aspect is the health care of the rural population. A nurse practitioner can live in this area and have access to modern

urban centres when the need arises. It is an accepted fact that the well-trained primary care physician is unlikely to establish practice in the smaller community with no hospital or sophisticated medical facilities.

The present system of fees for service favours therapy rather than prevention, and expensive in-patient care rather than ambulatory care. It inflates costs and discourages many who need medical care from seeking it. There is little protection for those with long-term illness and its attendant high medical bills. Only a portion of total personal health expense is covered by medical aid schemes and insurance. There is a serious maldistribution of physicians by geography and speciality. The poor, the uneducated and the unsophisticated have little access to medical care in pleasant surroundings. Recently even the middle class has begun to feel the pinch because of inflation.

The fragmented approach to delivering health care by an increasingly complex system is inadequate and antiquated. The ever-increasing cost of medical care is in part due to the disorganised, archaic medical care system. The answer is a national health service that directly organises, finances and delivers health care to every human being in this country.