

THE DEVELOPING ROLE
OF THE
GENERAL PRACTITIONER
IN
PROGRESSIVE PRIMARY HEALTH CARE
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1. INTRODUCTION

Much confusion still prevails on the general practitioner's involvement in primary health care. This paper attempts to review general practice and define the general practitioner's role, in progressive primary health care. Is general practice, family practice, family medicine and primary care synonymous and interchangeable or constitute separate components of some undefined discipline. seeking to specialize in its own generality? The SAMDC (and public opinion) hold the view that a general practitioner (GP) is a doctor who is not on the specialist register, receives fees for his services (if he is in private practice), and is expected to deliver comprehensive medical care to individual patients and their families.

(Figure 1)

0 NON SPECIALIST

0 RECEIVES FEES.

0 PRACTICES COMPREHENSIVE MEDICINE

0 INDIVIDUAL PATIENTS/FAMILY

0 SAMDC

WONCA/WHO

PUBLIC OPINION

PROF. SPENCER

FIGURE 1: WHAT IS A GP?

There is not a single trade or profession in South Africa which is so controlled and regulated by legislation as general practice. It is also one of the few professions where there is significant restriction of free enterprise in a privatized, open market economy.

2. THE CRISES OF GENERAL PRACTICE

The persistent exploitation of the profession by medical schemes, the need to survive in an open market competitive environment and the fact that the race of the practitioner will determine his ability to deliver his expertise is creating a crisis situation in general practice. (Figure 2)

LACK OF CME
DEMANDS OF ALIENATION FROM SOCIETY
PRACTICE
COMPETITION FROM
CONSUMER COMMODITY COLLEAGUES
NATURE HEALTH
SERVICE COMPETITION FROM
SPECIALISTS
COMPETITION FROM
PHARMACISTS
MEDICAL AID
SICK BENEFIT SCHEMES
EFFECT OF INFLATION RAMS
MEDICAL SCHEMES ACT
RACE CLASSIFICATION MASA

FIGURE 2: CRISES IN GENERAL PRACTICE

Since 1970 inflation has increased by 880%, which if compounded amounts to 42% a year. As a consequence there is a perennial struggle, to strike a balance, between the deliverance of health care to our patient population on the one hand and how to counteract the effects of inflation.

Within this 'supermarket' approach to medical care, how does the practitioner maintain an ethical, legal, medical and professional responsibility to his patient population?

Due to various constraints the general practitioner in South Africa has two choices. Either he can remain in a state of perpetual crises, because the system won't allow development. This will inevitably decrease the quality of personal and professional life, to the detriment of the general practitioner, his family and his community. Or he can liberate himself and his community by redefining his role and becoming involved in Progressive Primary Health Care.

3. CONVENTIONAL PRIMARY HEALTH CARE (EH9)

Conventional PHC as defined in the Alma Ata Declaration is essential comprehensive care, for the whole population, conducted outside the hospital, integrated with hospital services, delivered by methods appropriate to the particular community at a cost they and the country can afford and with involvement of the Community. (Figure 3)

WHAT IS PRC?
ESSENTIAL COMPREHENSIVE CARE
WHOLE POPULATION
OUTSIDE HOSPITAL
INTEGRATED
APPROPRIATE METHODS AT A COST THE COMMUNITY AND COUNTRY CAN AFFORD.
0 THE PEOPLE ARE INVOLVED AND THEIR OPINION CO-OPERATION AND
ASSISTANCE IS OBTAINED, i.e. INVOLVEMENT OF THE COMMUNITY

FIGURE 3: WHAT IS PHC?

In the current system no general practitioner can fulfill his accepted professional responsibility in PHC. He functions outside the hospital and does not meet the minimum requirements of PHC. (Figure 4)

i 0 SIMPLE i
i ' ACCESSIBLE i
i ' APPROPRIATE i
X ' ADEQUATE i
h ' AVAILABLE i
i____-i
0 ACCOUNTABLE
' EXTENDING
0 EFFICIENT
0 EFFECTIVE
' ECONOMICAL
h 0 FITS INTO CULTURAL BACKGROUND OF THE PEOPLE i
i 0 INVOLVES COMMUNITY DECISION MAKING h
i ' SUBJECT TO CLOSE SUPERVISION and CONSTANT
i EVALUATION

FIGURE 4: EVALUATION OF PHC

General Practice at present forms a major component of PHC, which is inextricably linked into community medicine in working towards community health.

Community Health involves the achievements of the best attainable levels of physical, mental, social and environmental circumstances in a given Community.

4. PROGRESSIVE PRIMARY HEALTH CARE (PPHC)

PPHC goes beyond the attainment of community health to attaining Health for All as a prelude to attaining democracy. The thrust in PPHC is always at the level of the Community i.e. involvement of the Community. (Figure 5)

CONVENTIONAL VIEW

i GP
i Interlinked /
i PHC () COMMUNITY MEDICINE /
i i
i i /

i COMMUNIT HEALTH

DEMOCRACY - FOUNDATION

FOR 'HEALTH' IN ITS

WIDEST INTERPRETATION

PROGRESSIVE VIEW

i MULTIDISCIPLINARY TEAM

i /

t Interlinked /

i PPHC COMMUNITY HEALTH /

i :L SERVICES /

i

i COMMUNITY HEALTH

i xL

i HEALTH OF ALL

i

i DEMOCRACY

FIGURE 5: G.P. in PPHC

Whether the general practitioner is to play the rightful role of being one of the important contributors of the PPHC team which is required of him in this country, will depend to a great extent on his political philosophy, his sensitivity to the just needs of deprived and disadvantaged communities and to his willingness to sacrifice material professional benefit. In the deliverance of Comprehensive Care the conventional PHC approach stops at the third level of medical responsibility. The thrust in PPHC is at the third and a proposed fourth level of medical responsibility (Figure 6). The emphasis in PPHC at the third level of medical responsibility is on 'mobilization of community resources' i.e. reallocation of resources to benefit equally the whole community and at 'modification of the environment' i.e. if the correct environment does not prevail, it is impossible to obtain ideal health. This is a pre-requisite to improving conditions.

CONVENTIONAL VIEW
EPIDEMIOLOGY
1st LEVEL PROMOTIVE PREVENTIVE
MEDICINE
DX - RX
CURE WHEN POSSIBLE
ALLEVIATION-SUFFERING
LIMITATION OF DISABILITY
RETURN to ENVIRONMENT
REHABILITATION - SUPPORT
BROADER FOCUS MOBILIZATION
of COMMUNITY RESOURCES
MODIFICATION of ENVIRONMENT
DEMOGRAPHY 4th LEVEL

FIGURE 6: THREE LEVELS OF RESPONSIBILITY FOR COMPREHENSIVE CARE IN PHC

5. THE ROLE OF THE GENERAL PRACTITIONER (GP)

Access to health care is determined by the patients ability to pay rather than by his needs. It is also entirely health related in terms of referral to and from other agencies. The doctor of first contact, provides the main level of PHC. This is a fallacy as PHC is not synonymous with general practice. It is much broader in concept. (Figure 7)

GP AS AN ENTRY POINT TO PHC

CONVENTIONAL APPROACH

CONSULTANT

PATIENT FAMILY

PARAMEDICS

OTHER RESOURCE

PEOPLE or

AGENCIES

SOCIAL WORKER

FIGURE 7: GENERAL PRACTITIONER AS AN ENTRY POINT TO PHC

CONVENTIONAL APPROACH

Ideally the needs of the patient rather than his ability to pay should determine his access to health care. The multidisciplinary team should comprise of health and non-health related agencies eg. welfare bodies, housing groups, trade unions, etc. The general practitioner is part of the PPHC team to whom the patient has access to. In the South African context most of the Qrimary intervention is usually at a non-medical level eg. between trade unions and employers between social welfare services and housing services. (Figure 8 & 9)

h GP AS PART OF PPHC TEAM AS /
h ENTRY POINT FOR TOTAL CARE /
WELFARE ISSUES

HOUSING ISSUES EMPLOYMENT ISSUES

HEALTH ISSUES EDUCATION ISSUES

PATIENT

FAMILY SOCIAL WORKER SERVICES

OTHER AGENCIES/ - ETC

RESOURCES

ETC

SOCIAL WORKER

PHARMACIST CONSULTANT

NURSE

PARAMEDICS

FIGURE 8: GP AS PART OF PPHC TEAM AS ENTR! POINT FOR TOTAL CARE

0 IMPROVE HEALTH and STRENGTHEN

FAMILY

EMPOWER SELF RELIANCE

0 FACILITATE DEVELOPMENT OF

COMMUNITIES

'EDUCATION 0 WELFARE

0 HOUSING ' TRANSPORT

0 EMPOWERMENT as a STEPPING STONE

TOWARDS ENABLING COMMUNITY t0

PARTICIPATE in PROCESS of

LIBERATING ITSELF FROM ALL FORMS

Of OPPRESSION

. POLITICAL

' SOCIAL

' ECONOMIC

FIGURE 9: GENERAL ROLE 0? GP in PPBC