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THE DEVELOPING ROLE

OF THE

GENERAL PRACTITIONER

IN

PROGRESSIVE PRIMARY HEALTH CARE

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CONTENTS

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)

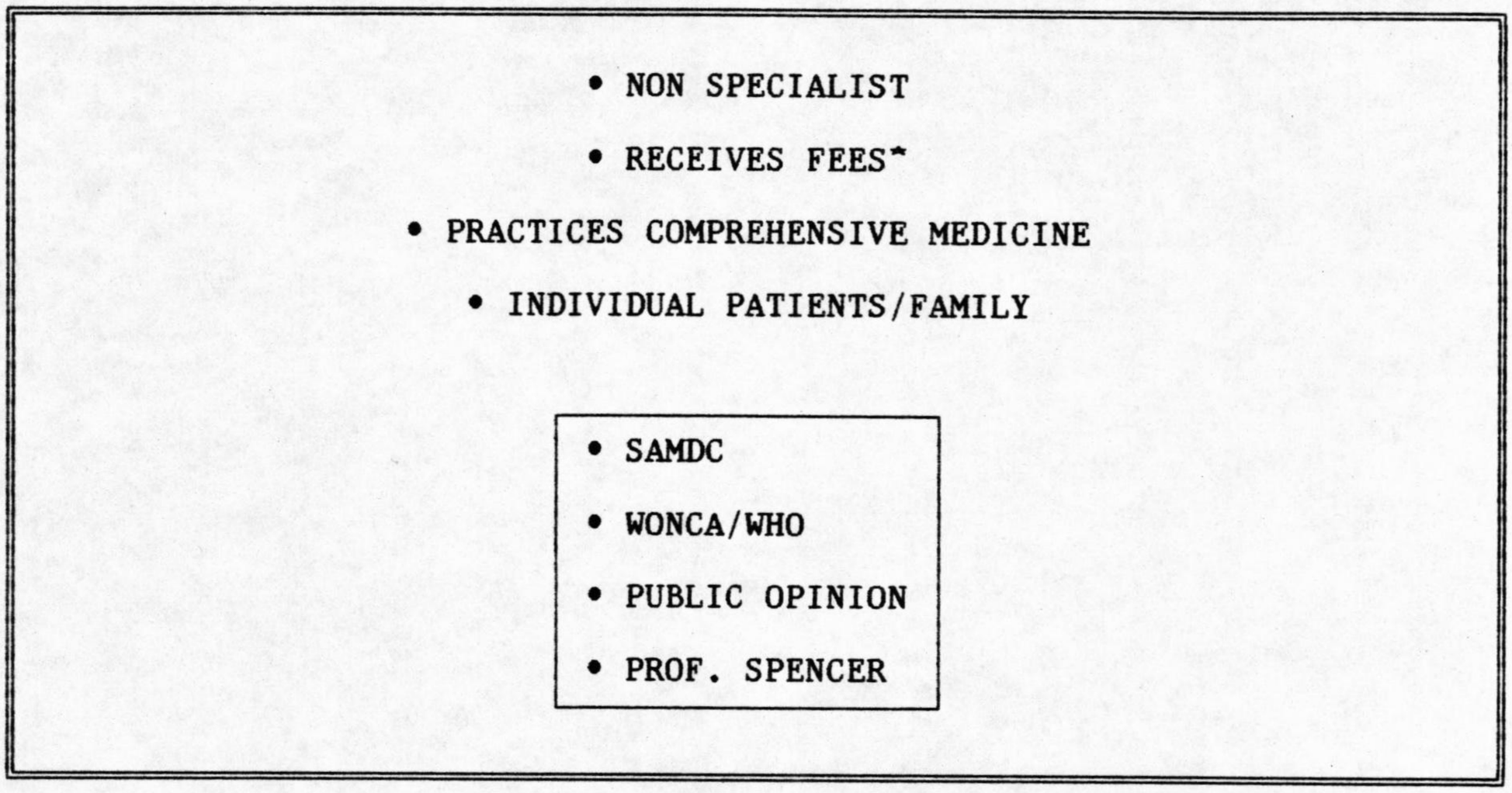

FIGURE 1: WHAT IS A GP?

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)

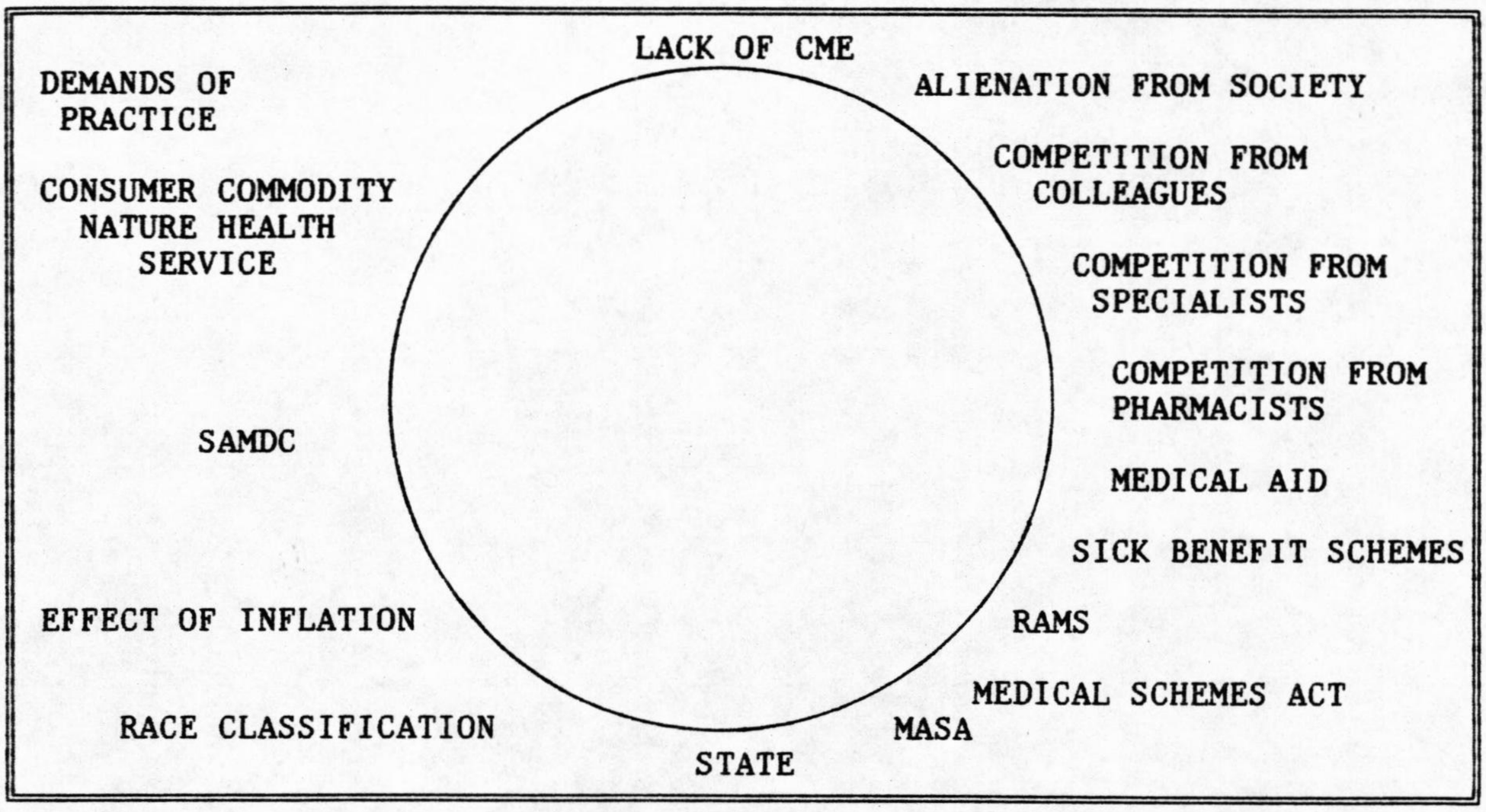

FIGURE 2: CRISES IN GENERAL PRACTICE

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 (PHC)

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 PHC?

- ESSENTIAL COMPREHENSIVE CARE
- WHOLE POPULATION
- OUTSIDE HOSPITAL
- INTEGRATED
- APPROPRIATE METHODS AT A COST THE COMMUNITY AND COUNTRY CAN AFFORD.

  - 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)

- SIMPLE
- ACCESSIBLE
- APPROPRIATE
- ADEQUATE
- AVAILABLE

- ACCOUNTABLE
- EXTENDING
- EFFICIENT
- EFFECTIVE
- ECONOMICAL

- FITS INTO CULTURAL BACKGROUND OF THE PEOPLE
- INVOLVES COMMUNITY DECISION MAKING
- SUBJECT TO CLOSE SUPERVISION and CONSTANT 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)

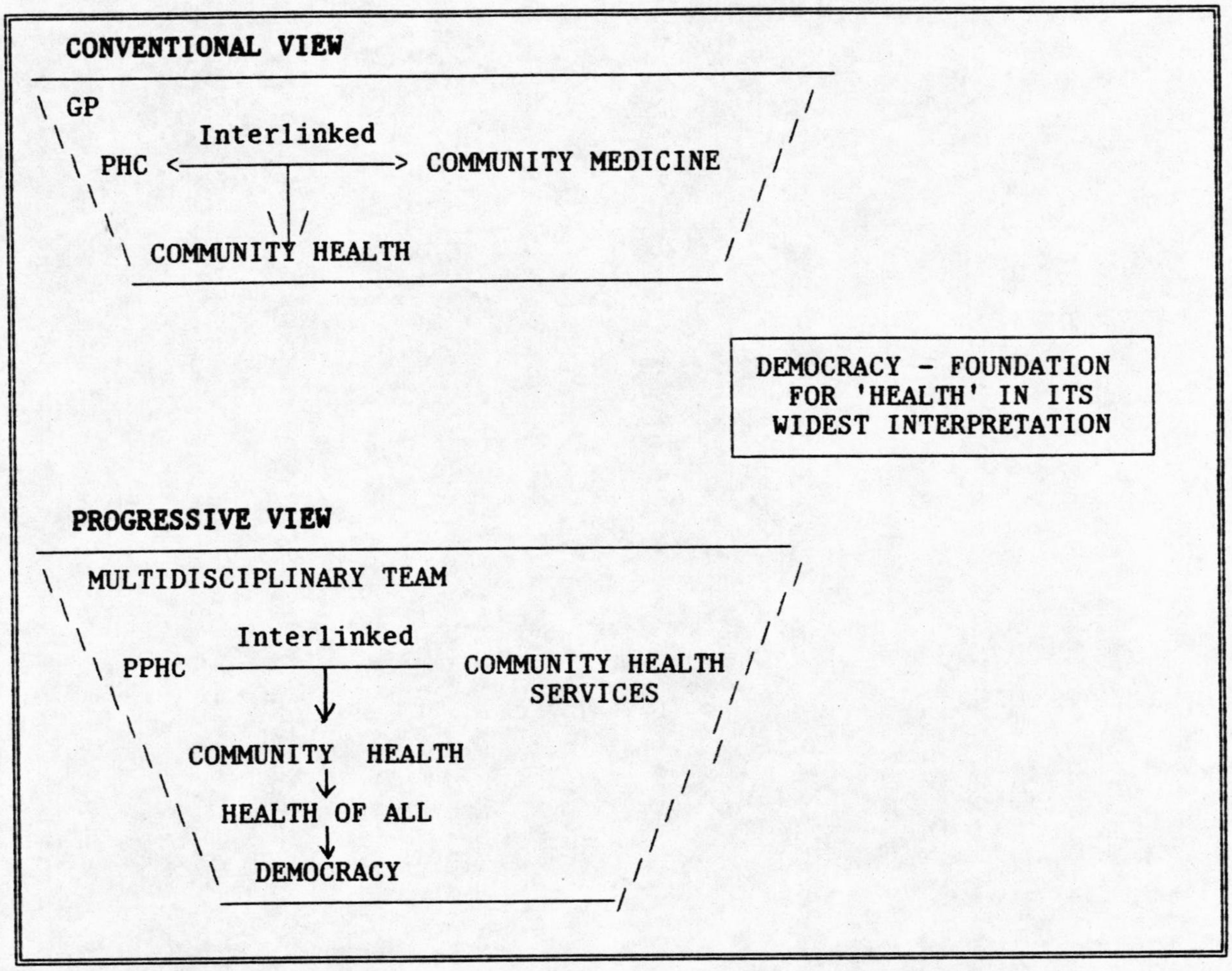

FIGURE 5: G.P. in PPHC

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.

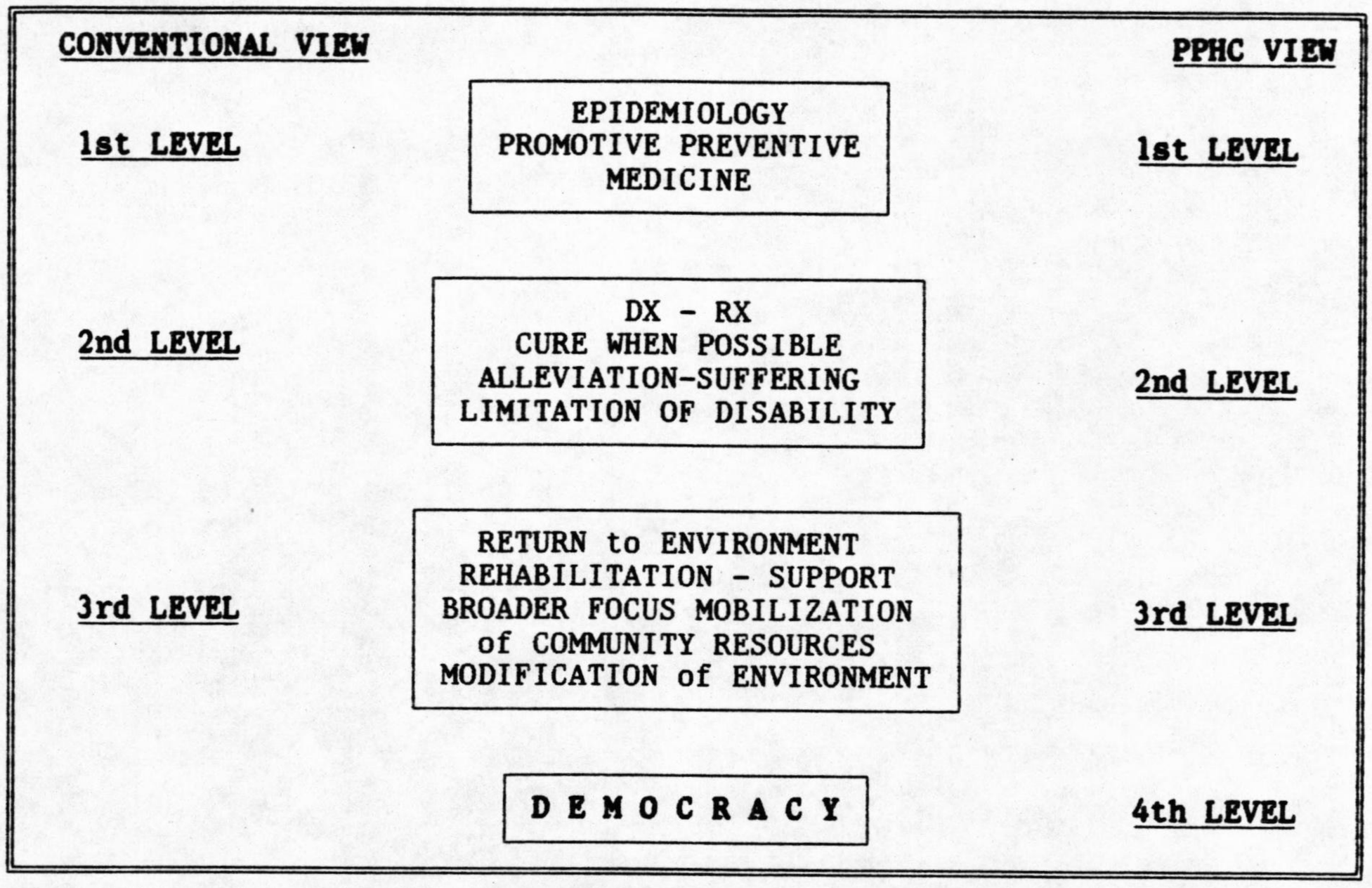

FIGURE 6: THREE LEVELS OF RESPONSIBILITY FOR COMPREHENSIVE CARE IN PPHC

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)

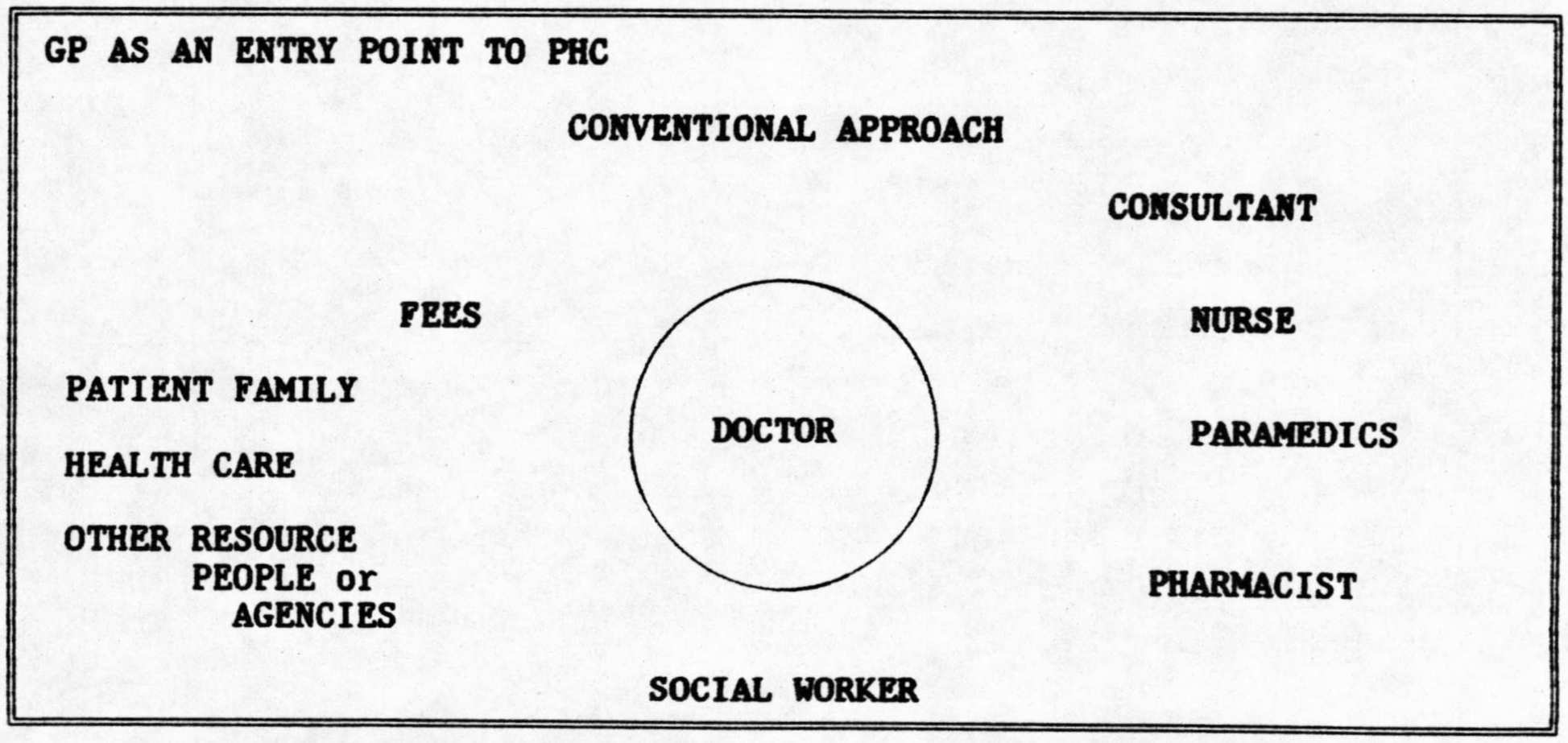

FIGURE 7: GENERAL PRACTITIONER AS AN ENTRY POINT TO PHC
CONVENTIONAL APPROACH

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 primary intervention is usually at a non-medical level eg. between trade unions and employers between social welfare services and housing services. (Figure 8 & 9)

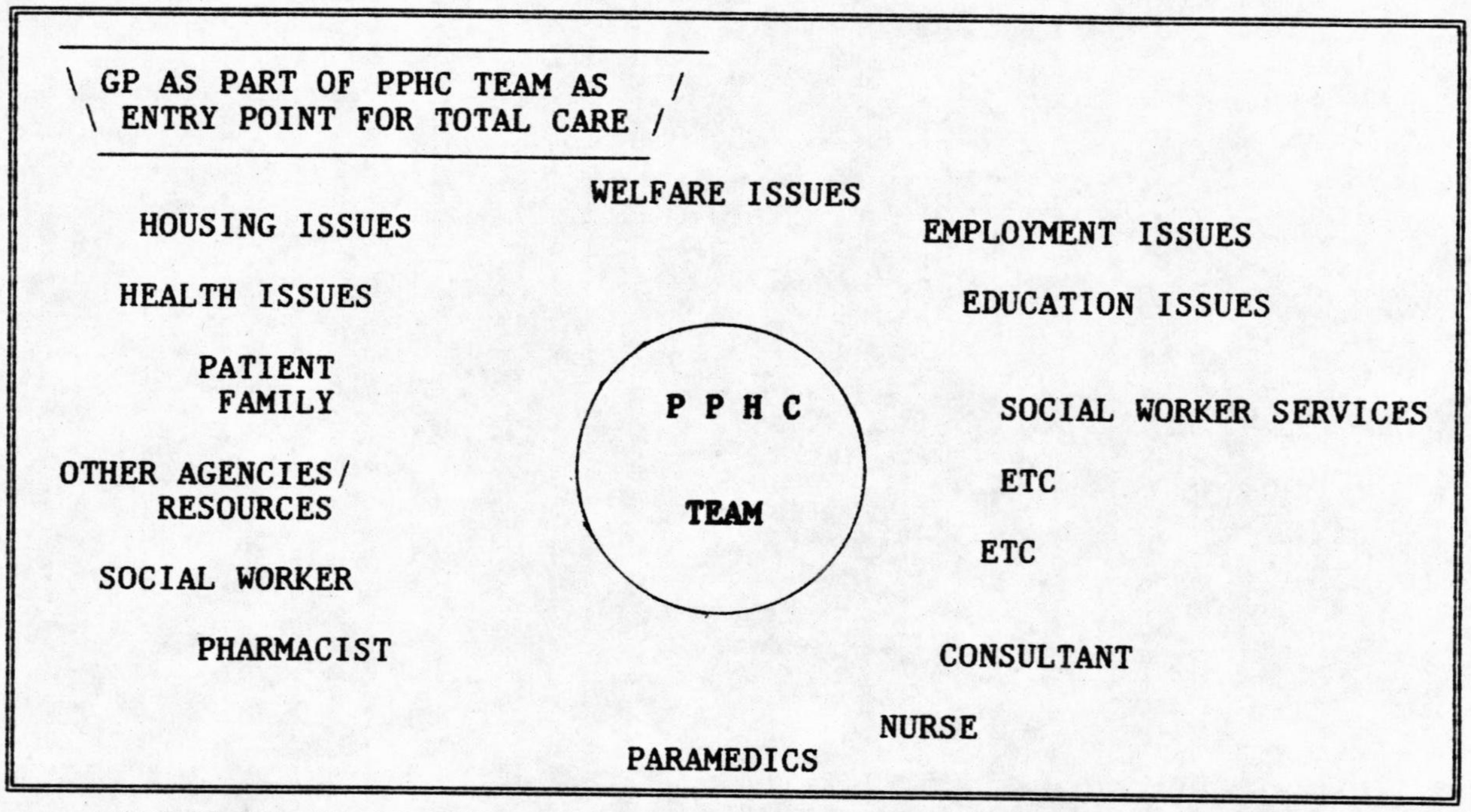

FIGURE 8: GP AS PART OF PPHC TEAM AS ENTRY POINT FOR TOTAL CARE

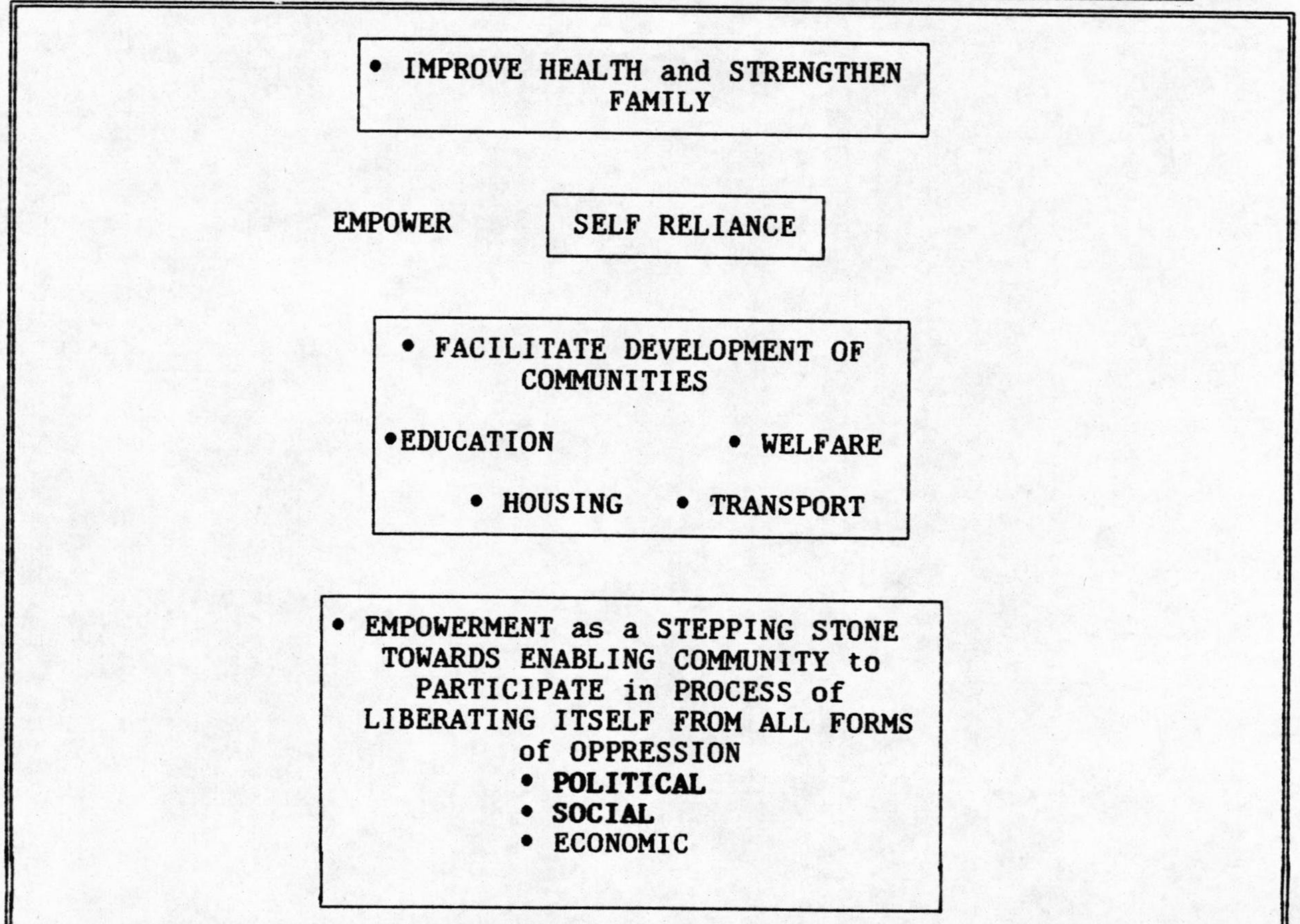

FIGURE 9: GENERAL ROLE OF GP in PPHC