General practice in a kibbutz

DAVID RYDE, M.R.C.G.P.
General practitioner, London

Upper Galilee is the west side of the Upper Jordan Valley in North-east Israel. There are 45,000 Arabs, 40.000 Jews mainly from North Africa, and a minority of Druse and Circassians all living in small towns, development areas, villages and communes. Much of this land is reclaimed swamp, though some remains as a nature reserve.

Kibbutzim are communes each with their own personality, reflected by the origin and culture of its members, the geography, climate, industry, closeness to borders, degree of religion, politics, and local tradition.

Kibbutz Kfar Hanassi, founded in 1948, faces the Golan Heights; its livelihood is from the manufacture of aluminium and steel irrigation equipment and toycars, fruit growing and chicken, sheep and fish breeding. There are about 100 families (480 souls) mostly aged under 50, but with parents, working visitors and guests, 600 people are medically at risk.

Kibbutz society is a law unto itself. I find it difficult to convey the pressures and pleasures of life and work for the members, and upon the doctor and his family, the only non-member family, living within this commune.

The people are a mixture of craftsmen, workers, artists, teachers, farmers, professionals, and administrators who all share the common duties of running a kibbutz, including the laundry, kitchen, guard duties, and lavatories.

Medical services

Three quarters of the primary medical care services in Israel are provided by Kupat Holim, the Labour Union sick fund. Its clinics are served from one to 20 doctors; some have access to x-ray and laboratory. Monthly payments entitle patients to medical care and drugs. (Yodfat, 1974).

All ten kibbutzim where I lived, visited or worked for one year, had well-equipped clinics staffed by two or three full or part-time nurses, some older ones unqualified, but all with the devotion and skill. Being members is not always an advantage for though they know well other members and their reactions to stress and illness, they are also exposed to the pressures of those with whom they live; more than once I found a nurse weeping. The ability of most to handle patients and situations, act as filter, interpreter, secretary, adviser and diplomat impressed me. These nurses perform a service as useful as the doctor, and occasionally they have to take over his role when no doctor is available.

Time is saved when visiting because kibbutz members live close together. The nurses screen out-of-hours calls. They telephone for advice if they are worried or have the patient driven to the doctor if necessary. Appointments on the kibbutz were arranged in the clinic, in the communal dining hall, or by grape-vine, saving many working hours in nearby field and factory.

It can be difficult sometimes meeting patients socially after, for example, fitting an intra-uterine device or after denying an unrealistic request, but with patience and insight relationships mature. Medical secrecy is important though secrets seldom remain so. It is not done to tell a ' juicy story ' to friends for they might be either friends or relatives of that person.

A doctor might serve five settlements of about 400 people each, visiting them twice weekly. many settlements have a sick bay, some with a dozen beds. Minor conditions are admitted enabling the spouse or parent to continue work.

A small old, overworked and understaffed regional hospital is being replaced by a new one in the ancient and holy mountain town of Safad.

One Jewish characteristic is a penchant for discussion or argument and the ability to solve

everyone else's problems. As there are those who demand multiple consultations, so others refuse to yield to suffering with an ideology strong enough to carry them through decades with hardly a consultation. Within such a society one must be firm even with those to whom you become attached, yet sufficiently mellow to feel with and for them, for if not, the pressures of living within such a society grow large and the doctor either becomes a tool of that society or he leaves. There is a high turnover rate of kibbutz doctors, for the practice often runs the doctor, not the doctor the practice. This does not lead to continuity of care.

The kibbutz is ideal for studying human ecology, but there is a widespread affliction causing physicians to migrate to towns for cultural and academic services. Yet in a kibbutz one participates in and creates culture, in town one often merely watches. As 95 per cent of illness runs its natural history outside hospital, experience and wisdom may come more from seeing, thinking, and doing than from academic studies.

Whether to request an admission to hospital or to nurse in the sick-bay, when under the scrutiny of an intelligent and critical people makes the doctor aware that frequently he skates on thin ice; that the dividing line between home and hospital can be influenced by pressures rather than clinical experience. Decisions maintained must be adhered to and only exceptionally changed. Once yielding becomes established, who is to hold the reins? Yet doctors must be sensitive to pressures, for they help us to understand the needs and anxieties of the community. A doctor without feelings becomes a technician and would do better to leave.

Clinical work

Medical considerations

Screening was started by taking a history and carrying out a brief examination, weighing blood pressure and urine testing for the over forties. The *Jerusalem Post* (1973) reports that since Kibbutzniks are leaving the field for factory and desk, their incidence of heart disease is now greater than town dwellers, and dietary alterations were proposed to combat this. Physical activity and reduced cigarette smoking would also seem reasonable.

The spectrum of diagnoses was similar to my English practice, although the 30 per cent of consultations for upper respiratory tract infections was high. Many youngsters had lived from episode to episode of ear, nose and throat conditions and from one antibiotic to the next. After six months of withdrawal of most of these unnecessarily given antibiotics these infections in children had decreased impressively.

The Israelis are a treatment-orientated people with unquestioning faith in anything from antibiotics to eye drops. However mellow one's approach becomes, one must reduce this pollution of medication, and excess of investigations and hospital referrals. When over-treatment and over-investigation become established a norm is formed and the patient learns what to expect and demand. Indeed technicians at two small regional laboratories spend much time doing mass investigations of which only a few per cent yield information. Yet it is admirable that in this developing area Kupat Holim is able to make such services available. Eliakim of Hadessah Hospital, Jerusalem, reported that 6·5 per cent of his beds contained patients suffering from excessive or incorrect medication (Yodfat *et al.*, 1974).

My attempts to create a rational approach to general practice met with some resistance initially, but a little understanding on each side led to a working compromise with most patients, having a big reduction in pills, tests, opinions, complications, lost working days and expenses, certainly on Kfar Hanassi. Gilliland (1971) quotes Yeshurun-Berman who calculated that 30 per cent of patients seen by specialists could be treated by a general practitioner. I believe this is a modest estimate. Such social and economic phenomena may be important in a developing country like Israel.

Psychiatric care

Psychiatric problems were mainly reactive depressions or anxiety states. Anyone here wishing to see a psychiatrist can approach one of a lay committee of three and make the request which is granted automatically, in confidence and without medical consultation. In fact about 13 are under treatment! This procedure is now under review, to the advantage of both patient and the Kibbutz treasurer. Gilliland (1971) quotes from an Israeli Medical Association report " No patient will be referred to a specialist except by the family physician or on instructions given by him to the family nurse... but the general practitioner should be flexible . . ." But any member

desiring to see a specialist was entitled to do so, quickly, often privately. This may or may not be in the patient's best interests but requests dropped dramatically with listening, discussion, and understanding. Yet this procedure does reflect the Kibbutzs' concern for its members.

Child care

The first children born here are already parents. They are reared together and my own children were, for three months, treated by them as intruders, but once inhibitions and language barriers were broken they flourished and joined in. Kaffman and Cohen (1968) working in child guidance both within and outside Kibbutzim, think that kibbutz children do not show a higher incidence of emotional disturbances, problems were less intense and psychopathic personalities were not found. The aloofness, perhaps even arrogance, that the casual observer might encounter in the Sabra, or young Israeli, is born partly out of a seige mentality, but though the Sabra plant yields a tough and prickly skin, its fruit is sweet.

Analysis of consultations

Of 370 consecutive consultations in February 1973, five per cent were alimentary, varying from wind, gastritis, obesity, and cholecystitis. Gastroenteritis is common in the summer, epidemics of jaundice have occurred, and rarely cases of amoebiasis or leptospirosis.

Ten per cent of presenting symptoms were for genitourinary conditions. All but one were in females, for hormone contraception is the rule, with its episodes of amenorrhoea, irregular bleeding, and moniliasis. The women founders of this settlement are in their late forties and producing a crop of menopausal syndromes. The aims of the Women's Liberation have been achieved on the Kibbutz (Gerson, 1971) yet for most women the family still forms the focus of their lives.

Minor trauma was frequent, the nurses in their daily clinics deal with most of it.

Management

In 70 per cent of the consultations advice only was given. Description rather then prescription formed the basis of consultations for whereas treatment implies disease, education allays anxieties, and reduces subsequent consultation rates.

In only 19 per cent of cases were drugs given, including analgesics, antacids, antihistamines, digoxin, insulin, diuretics, and oral contraceptives. Antibiotics were given on five occasions. The regional pharmacist telephoned to ask what was happening and to offer his congratulations. At a neighbouring Kibbutz with 750 people, the nurse regretfully exhibited a packet of 400 ampicillin capsules—one week's demand. Curiously, chloramphenicol seems to be a popular antibiotic. Also, while some people live with their diseases, others live with diagnoses. The frequent diagnosis of, for example, ulcers, diabetes, and hypertension, reflects either a high incidence of disease or the doctor's attitude towards disaese. Alkaley of Kupat Holim has said at the opening session of the National Conference of the Israel Society of Internal Medicine, 1972: " It is a rare patient who agrees to leave the doctor's office without a prescription for a medicine, any medicine," Kupat Holim spends four times as much on medication per head as Britain. The pressures upon doctors living and working in these areas and their training is partly responsible for the amount of medication.

Six hospital referrals or admissions were arranged, including piles, a bunion, a request for an opinion from a plastic surgeon, and an unresolved malabsorption syndrome. The piles and bunion were operated on in the same week and the patients promptly, if uncomfortably, returned to sick-bay. Follow-up was simple.

My main problems occurred in a large Arab village and in areas settled by Jewish refugees from North Africa. Medical communication was difficult and there was no contact at the social or cultural level. The village Muktar refused to let his girls take up social work or nursing and dedicated outsiders were employed to perform this difficult work.

The future

One need for the Kibbutz (and indeed the world) is for family or community, doctors, and Israeli medical schools are now looking at the social and economic role of such doctors. Funchenstein (1969) states " Medical Schools are now educating physicians who are highly competent scientists, superb at diagnosing and treating complicated medical problems and at doing research.

The failure of the medical schools is that the great majority of today's graduates are not interested in or suited to handle day-to-day needs of patients."

On the other hand the 1800 general practitioners of Kupat Holim have little hospital contact, so general practitioners are now entitled to spend one month a year in postgraduate hospital training. The Department of Community Medicine at Tel Aviv Medical School is developing and the first World Congress of Community Medicine was held in Tel Aviv in 1972. A general-practitioner medical school is arising in the desert town of Beer Sheba.

On Kibbutzim medical students will have direct contact with families and their illnesses, experience the stresses that create problems and related symptoms, and feel the pressures that cause doctors to react the way they do, while still having guidance and protection. In fact the ancient and effective apprenticeship system can still be honoured in the training of the general practitioner, the most complete of all doctors, for he deals with every ailment of the body and mind in male and female, young and old. The future Israeli general practitioner may yet justify the biblical command to ' honour a physician.'

REFERENCES

Funchenstein, D. H. (1969). *The student and the medical school.* Department of Psychology Harvard Medical School.
Gerson, M. (1971). *American Journal of Orthopsychiatry*, **41**, 566–573.
Gilliland, I. C. (1971). *Lancet*, **1**, 537–539.
Kaffman, M. & Cohen, N. J. (1968). *Clinical Paediatrics*, **7**, 141–148.
Yodfat, Y., Fidel, Y., Eliakim, M. *et al.* (1974). *British Medical Journal*, **1**, 30–33.

Journal of the Royal College of Physicians of London

This Journal is concerned with the integration of scientific disciplines in the practice of medicine and, by providing a wide ranging commentary on the growing points of medicine, is an essential complement to the specialised journals.

CONTENTS OF VOLUME 9, NO. 1

Richard Bomford	The College Building — Ten Years After.
A. M. Cooke	Out of School.
J. D. Dow	Coronary Arteriography: The Diagnosis of Coronary Artery Disease.
D. Geraint James	Multi-system Ocular Syndromes.
Brian E. Kendall and John Marshall	Strokes — What is wanted of Radiology?
J. C. Laidlaw	Hypertension: A Challenge in Preventive Medicine.
L. M. Payne and C. E. Newman	The History of the College Library: The Last Thirty Years in Warwick Lane.
F. Clifford Rose	Neuro-ophthalmology.
R. E. Steiner	The Lungs in Ischaemic Heart Disease.

Editor:	A. Stuart Mason, M.D., F.R.C.P.
Publication:	Published quarterly in October, January, April and July.
Subscription:	£6 per annum (including postage).
All Inquiries to Editorial Office:	Royal College of Physicians of London, 11 St. Andrew's Place, Regent's Park, London NW1 4LE.
Publishing Office:	Pitman Medical, Tunbridge Wells.