The 2022 GP: our profession, our patients, our future

The comments made by Clare Gerada and Ben Riley in the November issue of the BJGP1 resonate well with my own views. Together with fellow GPs in Cape Town, South Africa from 1995–2000, we set up a pilot model of delivering primary care under the auspices of the Health Development Institute a community-based research non-governmental organisation (NGO).2 This pilot entailed GPs reaching out to the community through participatory workshops involving the community and other professionals (priests, lawyers, social workers, teachers, clinical psychologists, and sociologists) in an effort to seek a shared definition, and possible intervention, regarding preventable health problems. The following workshops were held:

- On domestic violence, identifying the pitfalls in the implementation of legal provisions like magisterial interdict, as well as how powerful denial is among the women to actually admit that they have an abusive partner, and need help.
- A workshop involving many teachers in the Western Cape, a consequence of the rapid social change in South Africa in 1994 from apartheid to democratic rule. The workshop was able to identify support systems that teachers could tap into.
- On unwanted babies for which the government had opted for a technical intervention (legalised abortion) as opposed to social interventions like churches setting up and expanding the adoption services to provide for unwanted babies.
- An AIDS/HIV workshop to find out the community perception of the AIDS epidemic, to what extent do communities feel in a state of helplessness, and what support systems could be set up to empower communities to help themselves; to find out to what extent men saw the need for protected sex using condoms, and the cultural constraints from using condoms.
- Concerning diseases of lifestyle, to find out what the community members perceived as the causes of hypertension, diabetes, heart attacks, and obesity, as well as what public health/political interventions could help to reduce the prevalence of these conditions.

What we noticed afterwards was that the attitudes of the community began to shift from being only consumers of health care to instead being participatory and owning the fight against the community burden of these conditions.

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REFERENCES