

# Editor's comment

## The gatekeepers



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This journal is aimed at non-specialists, many of whom are GPs in private practice and generalists in our state institutions. They work hard, for long hours, have to have a massive range of knowledge to deal with whatever walks through their doors and are generally very committed and skilled medical practitioners.

But are they valued as such? I get very annoyed when people – medical and otherwise – say dismissively, ‘he or she is *only* a GP’. People who ask me about my years in medical practice always ask if I specialised or if I was *only* a GP. This, in spite of the fact that every medical school now has a department of family practice, and that it is now possible to take specialist qualifications in family practice. In fact, it is mandatory in countries such as the UK.

I understand that the state of general practice in this country at the moment is such that many dedicated and hard-working GPs are so poorly remunerated that some of them find that membership of SAMA is beyond their means and others spend at least part of the year working in countries such as The Republic of Ireland in order to subsidise their incomes, particularly if they have families.

How has this happened? Specialists in private practice – also highly skilled and hard working – often earn large amounts of money, particularly in the surgical disciplines. I am as keen as the next

person on earning a good living and I believe that professional people should be paid well, but should there be such a huge discrepancy between specialists and generalists?

In an ideal medical system, the generalists are the gatekeepers. In the state system in South Africa (and the NHS in the UK) you have to see a GP or equivalent before you can see a specialist. At the risk of offending my specialist guest editors, should this not once again be the case in the private system? I seriously doubt whether most lay people are able to determine whether their ailment requires specialist care. And the other consequence of self-referral to specialists is that generalists start to lose skills. It must be frustrating when all

those years of training are used mainly for dealing with coughs, colds and sore backs.

A good generalist can deal with just about anything, from cardiology to gynaecology, only referring to specialists when necessary, and often after fully investigating a patient so that he/she arrives at the specialist with all the necessary pathology results.

Perhaps this is something that the proposed NHI system could address and perhaps it is time that the medical-aid schemes looked again at enforcing the requirement for a referral to a specialist – one way of potentially bringing down ever-increasing medical costs.



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