Editor's Comment

Rural health care – how to do it

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Like many South African doctors my stint in rural health care was in Canada – in Labrador's frozen wastes – in a small community called Forteau. However, unlike rural care in South Africa, my facilities were, frankly, incredible. My patient population was about 2 500, spread along roughly 20 km of coastline, linked by a paved road that was sometimes impassable in the winter. I worked out of a dedicated, custom-built health centre, staffed by nurse practitioners, a lab/X-ray technician, a pharmacist and several administrative staff and a general handyman. There was an ambulance on call, whose paramedics were trained in advanced life support. They had other jobs, but were on call permanently. I had a referral hospital across the water in St Anthony, on the island of Newfoundland (which is, by the way, the town featured in *The Shipping News* and Newfoundland really is like that!), staffed by a full range of consultants and with modern facilities, including a CT scanner. I could contact them by telephone, fax through ECGs and send patients when necessary. There were times in the winter when it was impossible to send patients out, but, amazingly enough, in the 2 years I was there, the only emergencies that presented during blizzards were patients who were terminally ill.

Up the coast from Forteau were several other small communities, accessible by plane and by boat in the summer. These communities were cared for by nurse practitioners in purpose-built health centres, with telephone back-up from a doctor and visits from the same doctor regularly who would do clinics of patients they could not manage. Patients could also be referred to St Anthony. At the tip of Labrador is the town of Nain, an Inuit settlement, which has a large health centre, seldom a full-time doctor because of the isolation, but a full staff of nurse practitioners and regular doctor visits.

Of course I wasn't specifically trained as a rural health practitioner – unlike the nurse practitioners I worked with – and was pretty inexperienced when I arrived. This was fast remedied by a very demanding patient population and the excellent back-up I received from St Anthony! The patients complained – as people always will – that they didn't have the best facilities, but there wasn't a lot we couldn't cope with. Surgery that required a general anaesthetic and obstetrics were the only two things we didn't do, and I did have one delivery – unplanned!

As far as I was concerned, the rural population I worked with were extremely well served by the Canadian health care system. Also, as far as I was concerned, one of the main features of that system was the use of well-trained nurse practitioners. In April 1994 I came back to Cape Town to speak at a conference and said just that – there are never enough doctors to go around, we are not indispensible for the majority of complaints that cross the door and we should be training more nurses to deliver primary care.

Ironically, I think that it may start to happen with the roll-out of antiretroviral programmes that cannot function without nurse-driven care. Again, not enough doctors to go around. My clinics ran in parallel to the nurse practitioner clinics in Forteau – they took first call after hours and called me when necessary. The nurses were a lot better at delivering routine care, quite frankly. They follow protocols instead of fiddling about and trying different things! As we try to build rural health as a specialty – which I agree it should be – let's not forget about nurse practitioners. They can potentially form the backbone of such a system.

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Part of the Wild Coast patient catchment area for Zithulele and Madwaleni Hospitals. Picture: Ben Gaunt.