

## Editor's comment

### *A community perspective*



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This issue of *CME* differs substantially from most other topic-based issues in that it concentrates on community initiatives in dermatology rather than dealing with specific topics in the specialty. It is particularly pertinent since the community initiatives highlighted are all from developing countries, showing how, even in resource-poor settings, people's quality of life can be improved through relatively simple approaches to diseases that are often neglected, such as skin diseases.

In Europe, austerity is currently the buzz word. The European press and medical journals are starting to talk about the health effects of this austerity. An article in the *British Medical Journal*, for example, points out that the austerity measures introduced in many European countries as a result of the 2008/2009 economic crisis have had many adverse effects on the social determinants of health.<sup>[1]</sup> However, there are those who would argue that a broader section of the population are now feeling the adverse effects of poverty on their health – and perhaps this is what is happening.

Most European countries are immensely wealthy by developing-world standards, and even people who are regarded as 'poor' have an immeasurably better quality of life than the poor in countries in Africa, and Mexico, for example. When wealthy countries – and wealthy sectors of poorer countries – put together what they regard as an effective health service, the emphasis is generally on access to doctors, access to medicine and access to investigations and procedures. However, is this really what is required? Doctors will always be in relatively short supply compared with nurses, who, in turn, will be fewer in number than members of the community who are keen to play a part in helping others.

This edition of *CME* has ably addressed these issues. Each of the articles outlines a community health initiative, or series of initiatives, in a resource-poor area to help people to cope better with acute and chronic skin conditions. Diseases of the skin are often neglected – they are seen

as unimportant because they are seldom life threatening. However, diseases of the skin are often painful, disfiguring and debilitating, and many are chronic, requiring regular treatment with large quantities of topical medication. Good management of skin diseases also requires a decent water supply and the means to wash frequently in a hygienic situation. Diseases of the skin cause serious morbidity – some as a result of social isolation because of disfiguring conditions.

The community initiatives outlined have contributed enormously to the health and wellbeing of a group of people with neglected diseases. Perhaps there is a lesson to be learnt here about providing healthcare at a community level – appropriate for 'austerity'.

1. Brand H, Rosenkötter N, Clemens T, Michelsen K. Austerity policies in Europe – bad for health. *BMJ* 2013;346:f3716. [<http://dx.doi.org/10.1136/bmj.f3716>] (Published 13 June 2013.)

CME is published monthly by the South African Medical Association  
Health and Medical Publishing Group,  
Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08).  
Tel. (021) 681-7200 E-mail: [publishing@hmpg.co.za](mailto:publishing@hmpg.co.za)  
Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100  
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