

EDITOR'S COMMENT

Perceptions and reality



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There is a perception among patients, and among some private practitioners, that the care provided in the public sector is in some way inferior to that available privately. Now, in some instances, this may well be the case, particularly if you are looking for high-tech interventions. However, one instance where I am convinced, both by my own experience and by the articles provided in this issue of *CME*, that public sector treatment is superior, is in the treatment of tuberculosis and sexually transmitted infections.

As Doug Wilson and Gary Maartens, in their article about diagnosing TB in adults, point out, some areas of South Africa have an incidence of TB that exceeds 1 000 cases per 100 000. This is an enormous burden on our health care services — both private and public. However, treatment is available free and there are certainly some areas that are succeeding in making some headway with TB, in spite of the increased incidence associated with HIV. The success of nurse-based TB treatment in the Western Cape is described by Christine de Villiers and Ivan Toms. This particular article brings up another issue around treatment in the public sector. It is predominantly nurse-based. Again, there is often the perception by patients (and some doctors) that nurses are inferior to doctors when dealing with these kinds of diseases. My experience says otherwise. I have always had a high regard for the role of nurses in the delivery of primary health care.

In Canada I worked with highly trained nurse practitioners — a slightly different matter I know, as that type of training does not seem to exist in South Africa. But my experience of working with clinic nurses in Cape Town was always excellent and I truly believe that a well-trained nurse is often far better than a doctor, particularly when it comes to delivering treatment based on specific protocols. The management of STIs is similar, as described by Lydia Altini and David Coetzee. Obviously, there are going to be instances where a doctor's more flexible approach to management is vital — dealing with drug interactions, ably covered by Annoesjka Swart and Vanessa Harris and also with multidrug-resistant TB, covered in detail by Karen Weyer.

To my mind there were two main points that I wanted to get across when I chose these topics for an edition of *CME*. The first was that some diseases are best dealt with in the public sector and should always be appropriately referred. The second was that nurses are excellent providers of primary health care and need to be treated with the respect accorded to all our medical colleagues and, as importantly, be given the support they need in these circumstances.

Elsewhere in this edition, the AIDS section takes a slightly different approach, with a review of the film 'Yesterday', Health Awareness starts the first of a series of articles on parasite infestation, and I stray into the realm of early hominid evolution at the end of the journal. I hope that you enjoy your reading and find the diversity of articles interesting.