EDITOR'S COMMENT

Holding the fort

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This month's issue deals with gynaecology and, in slightly less detail, obstetrics. I have two vivid memories, the first as a student at UCT, the second as a medical officer in a remote part of Labrador, Canada. My first memory is far from pleasant. The fifth-year exam in gynaecology potentially exempted the student from a final-year exam in the subject, so was pretty important. Gynaecology didn't present me with any real fears, so I was horrified to find an almost instant personality clash with the private practitioner who took me for the practical part of the exam. For some reason, he set out to make my life very unpleasant, highly embarrassing for the poor woman who was the 'patient', particularly given the intimate nature of the practical exam, which included passing a speculum. The examiner's attitude was terse and abusive, and he paid scant regard to the unfortunate woman who lay in the room in a state of undress. Needless to say, I repeated the exam at the end of final year, far more pleasantly for me, and hopefully for my 'patient'. But I was left with an over-riding impression of the thoughtless way in which my examiner had treated both me and the woman who was my exam subject at fifth year.

The second memory is one to look back on with some pleasure, although it didn't seem that way at the time. Forteau, the village in Labrador where I was a medical officer, had an excellent clinic, staffed by primary health care nurse practitioners, and usually only one doctor. But we didn't do deliveries. The area was remote and often cut off entirely in the winter and pregnant women were sent to St Anthony, where our referral hospital was, at 38 weeks at the very latest. Nearing Christmas, Glenda Yetman told me she really didn't want to be away from her family (she already had 3 children) and would I please let her stay, just for Christmas. She promised faithfully that she would leave the next day. Against my better judgment, I agreed, but only if she would go to St Anthony the next day. Needless to say, she didn't and the dreaded phone call came at 3 am two days after Christmas, 'Glenda's baby is coming!' Well, I hadn't done obstetrics since fifth year, and as her husband collected me and rushed me through thick snow to the clinic, I was frantically going through various points of delivery in my mind! Fortunately, the chief nurse was a midwife, who had already been called. Kathy was no more pleased than I was to be delivering a baby in the early hours of the morning, with a blizzard starting to blow up outside, and no facilities for neonatal resuscitation or for an assisted birth of any type. But, in the way of babies, Glenda's little girl delivered herself, and all was well with mother and child.

Since then, my experience in public sector primary care in South Africa didn't include much obstetrics or gynaecology, but I know that it is an integral part of the daily life of any GP. Good gynaecological and ante- and postnatal care is something which is perfectly suited for delivery (no pun intended) by the GP. If the GP is to be the gatekeeper, as he or she should be, then taking a woman through all the various stages of her life is a very rewarding experience. And the wonderful thing about so much of gynaecology and obstetrics is that you are dealing with a well person. It is an area where the GP can play a very important role in offering preventive health care in the form of regular Pap smears and, when allowed to, excellent ante- and postnatal care, getting to know the whole family in the process.

Something which really struck me as a student, was the change in the image of the specialist gynaecologist. In previous generations, and I hope I am not giving any offense here, the gynaecologist was often seen as a crusty old man who didn't really like women very much at all! We used to call it the 'girly' school of gynaecology when I was a student, referring to the form of address which these men generally used to women. But, with more women entering the specialisation, and the very different attitude of the men specialising, all that has changed. The approach to the topic in this issue of CME reflects this admirably, the standard of the articles reflecting a caring and compassionate approach to an important part of health care.