

■ Letters

Family medicine in an African context

To the Editor: I read with profound interest the editorial, 'The African Family Physician', by Steve Reid in the September 2007 issue of South African Family Practice.¹

In the editorial, it is stated that one of the key foundational issues for our discipline is the development of a home-grown and locally owned concept of what family medicine means in an African context.

Family medicine, as a medical discipline, refers to the first or primary level of contact medical services.²

Most African countries, if not all, have adopted Primary Health Care (PHC) based on the Alma-Ata Declaration of 1978³ as the health care strategy within which the first level of contact medical services is delivered to individuals, the family, and community. Steve Reid is absolutely correct in saying that the focus of Family Medicine in Africa is sine qua non, the PHC team.¹ However, I do not think that it is necessary to clearly define the Family Physician's role in the team in terms of appropriate amounts of teaching, management, support, consulting, monitoring and evaluation, in addition to the generalist clinical role as suggested by him.¹

What is necessary in Africa is proper training of family physicians on the concept and practice of PHC, equipping them with all of the necessary skills and knowledge to be able to fit like a glove into the PHC team and play different roles such as those mentioned above within the team according to local settings, conditions and demand.

Family medicine in an African context, therefore, should mean a medical discipline that is committed to the provision of the first level of contact medical services based on the 1978 Alma-Ata Declaration on PHC³. The Alma-Ata Declaration on PHC should be summarised and adopted as Family medicine principles for Africa.

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References

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3. WHO. Declaration of Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Available at: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf (accessed January 14, 2008).

Reply by the author: I agree completely that the principles of the PHC approach need to be better taught and understood by family physicians, so that they better appreciate their particular role in the PHC team. However, the relative proportion of clinical versus non-clinical input to the team by the Family Physician should not just be determined by local conditions. The non-clinical roles tend to be poorly carried out, if at all, and are seen to be of lesser significance than the more urgent clinical matters. They therefore need greater elucidation and routine attention in teaching and in practice in the African context, if the PHC team is to receive the attention that it needs and deserves.

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