

## ***Address at the Opening of the Diamond Jubilee Congress of the South African Society of Physiotherapy by the Minister of Health and Welfare***

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It is a privilege to be invited to officially open your National Congress in celebration of your Diamond Jubilee.

To quote from your letter, "As the oldest professional society of the supplementary health services professions", you richly deserve to be called pioneers, especially in the field of **rehabilitation**. You were probably the first member of the health team to make rehabilitation a top priority and to apply yourselves systematically and with dedicated perseverance to this field.

The need to provide health care has stirred the imagination of man from the earliest records of history, commencing with the religious orders.

The organisation of rehabilitative health care has perhaps only really interested governments, doctors and patients seriously since the end of the Second World War, when rehabilitation came to the fore in caring for the many young men returning from battle seriously injured, both mentally and physically. They had to be helped to get better (which implies a return to normal physical and social function) and not just having their illness cured. Illness is not cured unless the person can either return to normal function or adapt suitably to cope with a subnormal function.

Until recently rehabilitation was a hospital specialty concerned mainly with physical function. Today there are increasing demands being made for physiotherapy services to move into the community where not only are the skills practised, preventive in nature, but the patient is seen as a whole in his social context and the physiotherapist has an important role as a member of a multi-disciplinary team.

Now is a fitting occasion to review the future of the supplementary health profession of physiotherapy in a wider perspective. It is also necessary to assess the role of the profession in view of the ever increasing demands for its services, and finally, I shall endeavour to briefly sketch how my department sees your place in a comprehensive health service. Goethe said, "Life belongs to the living, and he who lives must be prepared for changes."

Society is rapidly changing and so are the expectations and health needs of the people, whether expressed or felt. Because the health services are part of society, they

are included in these general changes and are themselves rapidly changing due to the spectacular advances in technology and professional aspirations, which over the past few decades have necessitated adaptations to a new way of living on a very broad front.

The medical, nursing and supplementary health professions are being swept along by this irresistible tide of change. In the field of nursing, post-basic courses are offered in approximately 20 specialties, with new developments for 1986.

In medicine, within a single generation, it has led to the virtual replacement of the "universalist or generalist" of old by multiplying the ranks of super-specialists, although today the pendulum is swinging back in favour of the generalist again. Following in the wake of these changes, the supplementary health professions rapidly came into being: the radiographers close on the heels of the radiologists and laboratory technologists in the train of the pathologists. Physiotherapy, your field of endeavour, has been linked to a wide range of medical specialties.

But, I sound a warning bell, for it is perhaps common to all professionals who provide a service to see things from their own point of view rather than from the recipients', no matter how dedicated they are. The more complex the service becomes, the more difficult it is for the patient to understand it, as a result the provider of the service becomes more detached. Do not let this happen to you. Develop the skills and arts of communication; allow your patients to participate and involve themselves in their own care; help them to take responsibility for themselves.

For many years now, the rehabilitation aspect of health care is automatically mentioned in the same breath with preventive, curative and the health-promotive components of health services. Yet, it is seldom that we admit how far we are from our target in the challenging field of rehabilitation. We have to acknowledge that it is the physiotherapist who has done as much — if not more — than any other single member of the health team, in this long neglected field.

• Fortunately, you recognised at an early stage the importance of your potential contributions in fields other than rehabilitation, and it is to your credit that you are responding to these demands, both willingly and successfully.

\*Deceased 26 April 1985.

Just how crucial the part of the physiotherapist is, becomes clear to anyone whose primary concern is the patient *as a whole person*. Of what benefit is a perfectly well-knit and correctly aligned fracture, if the limb concerned no longer "works" post-operatively? Of what use is the ultimate mastery of surgical technique, if the patient dies from pneumonia after a 'successful' cholecystectomy? In all likelihood, such a death could have been averted by the vigorous and timely application of breathing exercises, under the vigilant eye of a competent physiotherapist. Indeed, the well-being, health, and often the very life of a patient in many cases depends in no small measure on the services of adequately trained and dedicated physiotherapists.

It is always difficult to predict the future, and in the current recession and period of inflation may be positively foolhardy, but any realistic review of the future and the expanding role of your profession, must concern itself in the first place with a **training programme**, which keeps abreast of the changing needs of society and adapts readily to these trends.

When looking at training in this country, there are 8 universities where degrees or diplomas can be acquired. There were 198 students on the register at the end of December 1984. Since the commission for administration introduced the designation — rank of physiotherapist assistants on 1 February 1984, training facilities are available at 7 schools.

With effect from 31 December 1984 there are 228 male and 2 136 female registered physiotherapists on the South African Medical and Dental Council register, of which 169 were new registrations and 33 registered for limited practice.

At present all training institutions offer a 4 year degree course. In view of the high degree of responsibility and expertise required of the physiotherapist, as part of a multi-disciplinary team, this is a welcome development. In your own case, just as in every other direction of health training, beware of too early, too narrow, over-specialisation. Recognition of the generalist must be given due respect and credit, otherwise the integrity and quality of the services offered becomes liable to erosion.

Let us now review briefly some of the ever-increasing demands on physiotherapy, and its expanding role in the health team. I will limit my remarks to those challenges, which have a direct bearing on the practice of your profession.

Operating as you do within limited resources in respect of manpower, facilities and funds, yet faced with steadily increasing demands on your services, you must determine how to optimally meet the needs of today.

This means that you must set priorities which call for appropriate and concerted action. How do you decide on priorities, when you have to choose between objectives which cannot all be achieved for a lack of resources? Do you try to satisfy demands for an acceptable and accessible service, or do you go looking for unexpressed needs? No — in order to do this correctly,

you must review all your activities regularly and critically against the background of current and emerging trends, as reflected in the morbidity, mortality and disability profiles of our various population groups, yet still remain flexible enough, to change in response to changing circumstances.

Allow me to illustrate briefly how I see this in practical terms.

An investigation by my department a few years ago, revealed an alarming loss of life and limb as a result of accidents. Accidents and fatalities are increasing in spite of all the preventive measures. Your profession will be particularly hard-pressed to deal with the multitude of victims.

In the wide spectrum of accidents, industrial accidents appeared high on the list. With the expansion of industries and the resultant increase in the labour force, an increase in the number of industrial accidents could be anticipated, in spite of the strict application of preventive measures and continuous educational programmes. Nor can domestic accidents be ignored. With an increasing population, increased accident rates in the home will be inevitable despite the legislation which attempts to prevent such events.

If we look at motor vehicle accidents, we have only to consider the large number of users of our roads and highways, which is increasing daily, then it becomes unnecessary for me to elaborate any further about the great demands that this will make on the services of your profession. You may be interested to know that the largest number of accidents occur on Mondays, Fridays and Saturdays of each week.

During 1980 there were reported: 44 081 accidents on Mondays; 58 931 accidents on Fridays and 57 887 accidents on Saturdays.

As you well know, victims of accidents do not land exclusively in the orthopaedic wards. More and more cases fall within the spheres of the other highly specialized disciplines, where your obligations are being increasingly demanded, such as intensive care units, neurosurgery, paediatrics, organ transplantation units and psychiatry, to name but a few.

In view of these facts, you have become an indispensable member of the team for the full spectrum of curative disciplines. The challenges to your profession are quite obvious.

Despite your important contributions to these dramatic situations, your most important contribution will still consist of less heroic and even lesser, unobtrusive services which will be rendered from day to day, alleviating pain and discomfort for minor humdrum complaints of both ill and healthy. But, of paramount importance will be your unique ability to inspire courage and confidence in the patient himself, to overcome a temporary crisis and to meet the future with confidence and security, taking up the reins of daily living and personal responsibility once again within his community and family.

Nor can you ignore the spectacular shift that is occurring in the relative age distribution of the popula-

tion attributable to decreasing birth rates, increasing life expectancy and an accompanying rise in average death rates due to ever increasing medical knowledge, skills and technologies. Linked to this is the philosophy that the aged must be kept active, independent and integrated within their communities for as long as possible. Then it can be seen what enormous challenges await the physiotherapist who works in the community to keep the aged mobile, independent and out of hospital.

Though ageing in itself does not mean illness, ageing does carry with it increasing risks of social isolation, poverty, physical failings and chronic disease. If we take the 5 senses alone, it can be seen how failure in any degree, of any of them can become a hindrance to comfortable living, resulting in poor social contacts which will highlight, to a small degree, the magnitude of the need for community services.

The expansion of the discipline of sports medicine, will make even greater demands on the physiotherapist in not only the treatment of sports injuries, but as an active participant in the multi-disciplinary team. A team made up of coach, gymnasium instructor as well as physiotherapist, medical officer *and* the sportsman himself.

The team will have to define clearly their common aims, objectives and tasks, learn to understand each other's view points, and pool their knowledge and skills, sharing responsibility for the outcome. You must be prepared to take decisions within your ability and contribute towards effective team work and be accountable for your own practice. Many misunderstandings occur because team members are not only uncertain of their own roles, but also the roles of the others and as a result, co-operation is replaced by mistrust, defensive actions and conflict.

The main task of a health team is the efficient delivery of services, with an important secondary function, that is, to evaluate the working of its own processes, diagnose the faults, and appropriately treat them.

A managerial course, with emphasis on communication and the interpersonal skills, should perhaps become part of the basic degree, complemented by on-going and continuous up-dating courses for practitioners in the field, to sharpen their team-functioning skills.

In a few words, let me explain how I see your profession within the framework of a comprehensive health service, since this concept is gaining increasing momentum, not only with the health professionals but also among the general public. The hallmarks which have relevance to you are:

- (a) It means a decisive shift in emphasis, away from the singularly favoured curative services, towards a

more balanced outlook, whereby all four of the basic components are equitably taken into account, preventive, promotive, curative and rehabilitative services;

- (b) it means living out *in practice*, something only lip-service is usually given to, and that is, that the various disciplines and members of the health professions can only develop their full potential in a spirit of co-operation and team work.
- (c) It means *far greater involvement of the community*, at all levels, in what is essentially in their own interest and something that should be very near to their hearts; their own health.
- (d) It means a comprehensive approach towards the individual patient, who should be seen in his wider social context, belonging as he does to family, community, and placed in a particular environment.

You will agree that these principles are of topical importance in your field of endeavour. The quality of your contribution, as well as your status in the health team, will largely depend on the success with which you are able to translate these principles into the practical situation. In fact, the future of our health services depends to a large extent on how clearly we define and pursue *realistic, practical objectives*. It is essential, however, that such objectives are not only spelt out in terms of each discipline which forms part of the health team, but — even more important — in terms of the team as a whole.

This approach can only be realised if you focus your most meticulous attention on *sound planning in the field of training*.

In the health disciplines this always includes, apart from all facets of basic and formal training, the imaginative expansion of an on-going program of in-service training. In order to meet the challenges of the future, you will have to make sure to *expand* as well as to *balance* your training programmes in keeping with the needs of a modern, comprehensive service for the entire population.

The important position you have already established for your discipline in the present health services of this country, is an achievement of which you can be justly proud. As you look back over the past 60 years of your society's endeavours, with all its struggles and achievements, it is not only an honour to be with you on this occasion, but gives me great pleasure to congratulate you on your dedication.

May your deliberations be long and fruitful, and may you leave this congress with realistic recommendations for your future development. In this, on behalf of myself and my department, I wish you every success, for as Samuel Johnson said, "The future is purchased by the present".