GUEST EDITORIAL

Shula Werner*

I feel privileged to talk to you tonight, after having been in South Africa for slightly over a month, visiting the tertiary care hospitals, the special schools, the universities and some private practices. I was impressed by the exceptionally high professional standards in the various areas, by the dedication of the teachers, by the personal involvement of the clinicians. But what struck me most was the fact that although the problems of this country are unique, the dilemmas our profession is faced with here, are similar to those all over the world, only perhaps more so. Here, like in many countries of the world, the health needs exceed the resources by far, the pay in the public service is so poor that good experienced practitioners are obliged to leave, the patients who could benefit most from our services are referred least and the few existing services are not accessible. But what worries me most is that with all these insurmountable problems we, as a profession, have not yet decided where we are going and what we want for ourselves. Many of us, because of our education and our traditional way of thinking have still not made the transition from technician to academician. We still focus more on the techniques of the profession than on the theoretical concepts. We still define ourselves by means of what *we do* rather than *who* we are; and so do others – the health professions and the rest of society. We are directed by an external locus of control rather than an internal one, focussing on all the numerous factors we cannot change instead of concentrating on the few that we can!

We should begin by asking ourselves those crucial questions of the 5WH Model I have used so often in my workshops.

- Who are we?
- Why are we here?
- What are we doing?
- Where should we be?
- When should we be intervening?
- How are we performing?

At the end of the 20th century our whole outlook on health is different to what it was at the beginning of the century. Health is no longer defined as a state of absence of disease, or a state of complete wellbeing, physically, emotionally and socially, but as the ability to adapt to life's changes, as the need to acquire quality of life.

If this is health, and the current slogan is "Health for All" – **Who** are we? The answer is simple – *of all the helping professions we are the experts in the domain of physical function – in all ages, in all states of health!* **What** should we be doing? Can we confine ourselves to the narrow limits of curative treatment – the clearing of infected chests, the strapping of sprained ankles on the rugby field, the treatment of an acute back, or should we expand our role to include preventive care, health promotion and health education, for *all* the healthy and the disabled. We should be going into the areas of rehabilitation in addition to cure, *rehabilitation* of the COPD patient, *rehabilitation* of the head-injured child. We should be practising what our profession was intended to be – a long term care profession, comprehensive, continuous, co-ordinated – *caring*.

If this is *what*, **where** should we be? Not only in the hospitals, where we have always been, but where our clients live, love, learn and work. In rehabilitation centres, in clubs, in old age homes, in regular and special schools, in primary care clinics, in work places, in people's homes. Those of us who have visited people in their natural environment wonder how we could have functioned effectively without actually seeing how a person lived. I know there are all kinds of rules and regulations regarding home visits – but they are not gospel – they can be changed if we make a convincing effort.

When should our intervention occur – as soon as possible. Because just like in the acute stage when the patient is in hospital – the right intervention should begin as early as possible – whether it is preventive, curative of rehabilitative.

Why should we be there? Because we are needed, because no profession but ours can supply this unique service – the promotion of physical function, so essential to human life, to quality of life. We are the professionals, we possess the expert knowledge, the necessary skills, to assess the needs, to plan and implement the intervention in that particular field!

And finally, **how** should we be doing it! How will we be able to reach more people, to enable many different kinds of clients to avail themselves of our diverse knowledge and our varied skills? Can the present structure of the profession answer to the needs of the future? The medical profession all over the world has already taken a hard look at itself as a profession made up of specialities in all fields, where each specialist knows more and more about less and less until they know almost everything about almost nothing. Many medical schools have changed their training, focussing on the training of a family physician, a medical man whose speciality is to be a generalist – a man who focusses on the family in health and disease as a viable unit, who has a broad base of knowledge and can deal effectively with most of the problems with which families are faced. This specialist in family medicine is trained with the biopsychosocial model in mind, rather that the medical model. His target populations are individuals, families and whole communities; their needs are of a physical, social and psychological kind – combined needs, the way human health needs usually are, and he is skilled in providing preventive, curative and rehabilitative care. This is the specialist in family medicine – a grand, broadly educated generalist, who can solve most human problems in health and disease.

This is the model some of us should adopt – a broadly educated physiotherapist with many diverse skills – in communication, in interviewing, in problem solving, in teaching and instruction in addition to having a good foundation in most technical skills. This generalist will be able to deal with most problems in our profession, to perform a comprehensive assessment of clients' needs, to set objectives for intervention in most areas of the profession, to plan and implement his intervention, and perform a detailed and comprehensive evaluation. This generalist will have access to other professions in the health team and, most important of all, to the various physiotherapy specialists. She will be aware of her capabilities but also of her limitations, and will refer those people whose problem she cannot solve. Not every single patient with a backache has to be treated by a Manipulative Therapist with special qualifications. Most of our patients never need manipulations, and most physiotherapists today have the basic mobilisation techniques to help most patients – they learn them in school! The specialists should be highly trained in their specific areas, and their time should not be wasted on general problems – but only on very special ones.

We need only a few specialists, but we need many many generalists who will possess the general human skills I have described who will deal with the general problems of most people – it is strange, but common conditions tend to be common and unusual conditions tend to be rare. We need more physiotherapists who will care for the common afflictions like COPD, the OA knee, the LBP, the stroke, the CP in this country, than we need physiotherapists in the heart

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transplant unit, in the extreme sport injuries. Our generalist will be focussing on teaching rather than treating, teaching patients, family members, other professionals and healthy people to take care of themselves – and not to be dependent on the very specialized services of a specialist.

Go to the people
Start with what they know
Build on what they have
Only the best leaders
When their task is accomplished
When their work is done
Will the people all remark
"We have done it ourselves"
Lao Tsu 500 BC

Report of the 16th Meeting of the National Committee of Representatives held on 28 April 1990 in the Physiotherapy Department of the Johannesburg Hospital

The National Chairman of the South African Society of Physiotherapy (Prof J Beenhakker) welcomed all those present and opened the meeting. Present were all the office bearers of the Society, Chairman of the Professional Board for Physiotherapy, and representatives of the Branches, Groups and Committees of the Society.

The meeting observed a short silence in tribute to the late Prof J Blair who had been the first Honorary Life Vice President of the Society.

Prof Beenhakker's report elaborated on the work done by the National Executive Committee in the past year. A major problem is the deterioration of health services in the public sector. The Society has been urging a unitary health service for all the people of South Africa. Other supplementary health professional groups have been approached in order to have a stronger voice.

The improvement in black education is also being addressed. This involves a realistic approach to encouraging physiotherapy as a career in black schools. The provision of bursaries, bridging courses and hostel facilities is also being investigated. The NEC is also trying to involve all the different race groups in the affairs of the Society at branch level.

Working closely with the special interest groups, the NEC is trying to avert threats from other groups such as chiropractors and biokineticians.

Prof Beenhakker also explained that physiotherapists fall under the Medical and Dental Act which allows only the treatment of man. Thus physiotherapists who are not registered with the Veterinary Council, may not treat animals.

Mrs Elena Stock has been appointed PRO for the Society. She is a co-opted member of the executive committee and works through the Action Committee.

The members of the NEC attended several workshops on strategic planning. The goals and objectives agreed upon in 1985 have largely been achieved and new objectives will have to be set to take the Society to the year 2000.

Generally the NEC with its various portfolios has been extremely busy and many of the tasks undertaken after the last Council Meeting have been completed.

Miss P Blake then presented the report of **the Appointments Information Secretary.** Since the secretariat of the Society deals with most overseas enquiries, this post will be abolished at the next Council Meeting.

Mrs M Beattie read the report from the **Professional Board for Physiotherapy**. As at February 1990, 2784 physiotherapists were registered with the South African Medical and Dental Council. A great many of these had not yet paid their annual fees. There are 94 physiotherapy assistants registered. The process of limited registration has been shortened thus condensing the time taken for this type of registration.

Training facilities are regularly inspected and inspection of training institutions for assistants has also been instituted. Regulation regarding the length of laser beams used in physiotherapy apparatus has been referred to the Radiation Control Board. All apparatus sold must be licenced and the premises used must also be licenced by the Radiation Control Board.

The Physiotherapy Board also deals with disciplinary matters. The number of complaints is steadily increasing – a reflection largely on the ignorance of the rules and regulations governing private practice.

Miss K Coleskè read the report for the **19th National Congress** to be held in pretoria from 22 to 24 April 1991. The theme is "Physiotherapy in Perspective". The congress will be held at the CSIR Conference Centre. Some lectures and workshops on the third day will be held in collaboration with the SA Sports Medicine Association. Three overseas speakers have been invited to address the congress. Dr Rina Venter, Minister of National Health and Population Development has agreed to open the congress.

The **National Council Meeting** will be held on 26 and 27 April at the Pretoria Holiday Inn. Prof SA Strauss will be asked to open the meeting.

The report of the **Editorial Board** was read by Miss L Davids. At the next Council Meeting it will be proposed to rename the Board – the Publications Division.

As reported at the last Council Meeting, the Medical Association of South Africa has ceased publication of the Journal. In order to accommodate financial and logistical problems, it was decided to combine the publication of the Journal and Forum - producing 4 Journals and 8 Forums annually. The Board will also be responsible for scrutinizing all Society publications and eventually be responsible for the printing of pamphlets, brochures, etc.

This decision has been implemented since the beginning of 1990 and so far is working extremely well.

The report of the **Education Committee** was read by Mrs J A C Gilder. Since the competency profile of the graduate physiotherapist was completed in 1986/87, this committee has concentrated on specialisation and research. The PAS of Physiotherapy Assistants was commented on by Miss E Smith explaining that no training posts existed so that the PAS was not applicable. There are also no promotion posts and different educational prerequisites obtain for different authorities.

Miss S Irwin-Carruthers read the report on **Specialisation.** Interim Specialty Boards have been appointed, eg Manipulative Therapy, Paediatrics. The three documents relating to the College (Articles of Association, the Bye-laws and the Memorandum) have been edited. Discussion is necessary on the appointment of Founders and Fellows of the College and an official seal will have to be designed. A separate physical location will also be needed. The final documents will be prepared by the attorneys for implementation after the 1991 Council Meeting.

Mrs R Bernstein delivered the report of the **Finance Committee.** Both the income and expenditure of the Society rose in the last year. The investments are doing very well: far above the inflation rate.

A committee has been convened to look for a property to house the Society. It is hoped to buy a house which will have business rights or consent use for residential properties.

A new Canon photocopier was purchased by the Southern Transvaal Branch for the Society. A facsimile machine was also acquired.

The subscriptions for 1990/91 have been increased as well as the malpractice insurance which will now provide cover of R100 000.

Continued on page 12...