Am I just an old-fashioned GP?

To the Editor: Reflecting on my last three decades in general/family practice, I realised that I am an old-fashioned GP and expect too much from my colleagues. Over the Christmas/New Year period, when many of them were away, some of their patients requested me to fax their pharmacy for a new prescription. I usually respond to such requests: 'My name is Furman, not Faxman!'

The *Cape Times* recently published a notice that a patient, whom I have looked after since birth, had given birth. The gynaecologist did not ask me to assist at the caesarean section, I was not informed of the birth, and I won't get a letter from the paediatrician.

Mossie Silbert and Sid Kiel, whom I joined in Sea Point in 1975, made me call and introduce myself to the other doctors and pharmacists in the area and inform other GPs if I saw their patients. I once called Gresha Edelstein to tell him that a patient whom he had seen recently had consulted me. He responded, 'If my patients don't want to see me, it's OK by me!'

Another well-known physician would call me and ask my permission to see Mr X or Mrs Y who had come to see him without a referral letter.

I have watched the fragmentation and now the defragmentation of general/family practice. Patients self-refer to private clinics, and their medical aid benefits are often depleted by expensive special investigations and treatment. Examples are clinics for headache, sports medicine and women's wellness.

Nursing sisters at many pharmacies give flu vaccines and anti-inflammatory injections, and perform cholesterol and glucose tests. Guess who gets called out when there is an anaphalactoid reaction? Lately, I've been receiving patients requesting inappropriate HIV tests and other screening tests to earn points for their medical aid to fund cheaper movie tickets, plane tickets, car hire and other perks/benefits!

Primary care has changed with the mushrooming of the private trauma/casualty units that are housed at the biggest 'primary care centres'. As long as patients have cash or credit cards, they are seen for any urgent ailment, from nappy rash to rhinitis. These units have an important role in the community, if used appropriately for MVAs, myocardial infarcts, acute surgery and other true emergencies. However, they are being abused by arranging repeat visits instead of returning patients for continuing care to their primary caregiver.

I am now forced to do a dispensing course to continue to perform clinical trials that I have been doing since 1979. My medical training did not include the complex ICD10 codes, Nappi codes or how to manage managed health care. The attempts by the Department of Health to implement a 'Certificate of Need' would result in me not being able to treat whoever, with whatever, and now even wherever I want to treat!

A patient called me out at 07h30 on Christmas Day. He had had several recent hospital admissions after self-referring to a specialist and was on a host of medications of which I was unaware. He asked me, 'Knowing what you do now: if you had your life over, would you still choose medicine as a career?' Without hesitating, I replied, 'Yes'. Driving home for a delayed breakfast, Frank Sinatra was singing 'I did it my way', and I thought that there is no way in the current climate that I am able to practise *my way*!!!

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