PANEL DISCUSSION
PHYSIOTHERAPY IN THE FUTURE - CAN WE MAKE A CHANGE?

Although the question was not answered and the time allowed for audience participation was really not enough (perhaps we were all tired by the evening of the fourth day!) the panel discussion, dubbed "role or dole" by the congress committee, gave plenty of food for thought.

Professor Bruce Sparks, of the department of community health, who also chaired the discussion, outlined the problems to be faced in the next few years - those of political and economic uncertainty, mass unemployment and poverty, increasing violence and conflict, collapse of family structures, de-racialisation and loss of privileged position for minority groups. Against this background we shall also have to cope with a society in which first the youth and then the elderly predominate, and with a predicted 6,000,000 infected by AIDS by the year 2010, most of these in the income generating age-group.

The challenges facing South Africa include:

- defining a new South African vision
- achieving transition without polarisation
- generating fertile opportunities for collaboration
- encouraging economic growth
- restructuring education, health and welfare services
- integrating the "marginalised" youth of the country
- tackling peri-urban and slum problems
- planning for rural change and land reforms
- maintaining justice and developing an acceptable policing system

The health challenges to be faced are directly related to the above. Health costs are rising steeply at a time when the development of health services, especially preventative care, is needed

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WHEN MUCOCILIARY CLEARANCE IS A STICKY PROBLEM

Every physiotherapist knows that effective clearance of the bronchial passages is virtually impossible without the help of their staunchest ally - the cilia. But ciliary activity is inhibited by the thick tenacious mucus associated with bronchial disease. And, to make matters worse, the microbes associated with bacterial and viral infections can release certain compounds which slow ciliary beating[1].

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Oral Bromhexine significantly increases the penetration of various antibiotics into the bronchial secretions[5,6]

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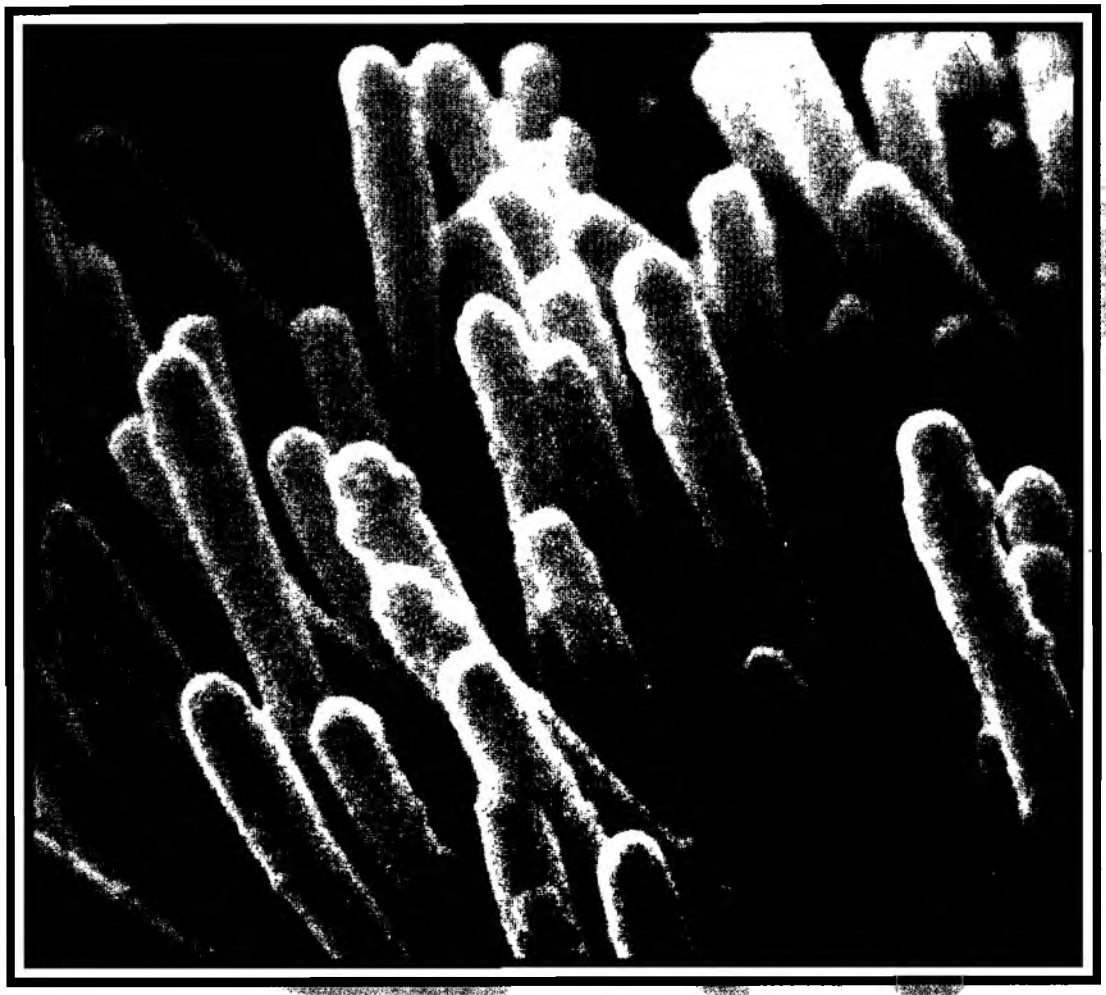

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(1) Brewis RAL, Gibson GJ, Geddes DM Respiratory Medicine. Published by Bailliére Tindall, London, 1990: Page 732 (2) Norris Melville G, Ismail S, Sealy C. Tracheobronchial function in health and disease. Respiration 40 (1980): 329-336 (3) Today's drugs. Br Med. J. June 5 (1971): 581-582 (4) Houben JJG, van Rossum JM. Drug-Targeting door middel van combinatietherapie. Journal for Drug Therapy and Research, September 1992: 213-218 (5) Taskar VS, et al. Effect of bromhexine on sputum amoxycillin levels in lower respiratory infections. Respiratory Medicine, 86 (1992). 157-160 (6) Martindale. The Extra Pharmacopoeia., 29th Edition.

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urgently in rural and peri-urban areas. The development of inner city slums, family psychosocial problems, increasing numbers of young and old people and AIDS-related problems are mounting pressure on already inadequate services, and this at a time when society in general, facing increasing poverty, is making pressing demands for health and welfare services.

The health care sector has to meet the challenge of providing accessible, affordable, acceptable, effective and equitable health care. We are going to have to make decisions on the most appropriate health care personnel to provide these services, on essential, minimal drug lists and even on non-eligibility for health care. For the immediate future we are faced with the problem of providing adequate primary health care without the right personnel. We shall have to involve communities in planning and accepting increased responsibility for health care, we shall have to provide more appropriate training of health care personnel and we shall have to decide on the management role of local authorities and of the primary health care doctor. Appropriate strategies will have to be developed to deal with AIDS, the aged and the poor.

Ways must be found to counter the lure of private practice and to accommodate private practitioners in new health services.

Costs will have to be contained and this will involve cost awareness, quality assurance and auditing programmes.

Professor Sparks stressed the role of professional organisations such as our own in defining roles and developing strategies. We should be agents for positive change in the provision of health services and must be involved in policy-making, setting and maintaining standards, education, designing management protocols and in appropriate research. As far as educational programmes are concerned, we must match what we teach to the reality which the students will face.

Dr David Green (MASA policy division, Executive Director of NAMDA) addressed the financial issues involved. He pointed out that to treat actively the predicted number of AIDS patients in the year 2000 would wipe out the entire health budget. It is obvious that priorities will have to be determined, and it is already known that the main thrust of health services will be into primary health care. A further priority will be that of training staff - 148 clinics built in 1992 stand empty and unused due to lack of staff. He postulated that public hospitals and clinics may be transferred to a Department of Public Works, and that the Department of Health might choose to buy services instead of providing them.

At present resources in the private sector are being used inappropriately, with too many visits to doctors and specialists, too many specialised tests ordered and too many prescriptions issued. The Medical Schemes Amendment Act, which will be implemented towards the end of this year, will change this situation drastically. Under this Act medical schemes will be able to withhold payment from providers if they feel the service provided was unjustified. These providers include physiotherapists, who up to now have been protected under the Act. The Act provides incentive for the formation of health management schemes and group practices, and by January 1994 financiers of health services will be able to pick "preferred providers" - those who provide the most cost-effective services.

As far as health management schemes and group practices are concerned, budgeting policy may well give incentive not to include physiotherapists on their staff or even to buy their services! Some balances will be necessary in order to ensure that patients receive necessary treatment, but physiotherapists will have to market the necessity for their services. The changes in the advertising rules, to be gazetted shortly, will allow us to do this. Although it is unlikely that the supply of physiotherapists will exceed the country's demand, we shall have to accept change. It may be necessary to re-locate or to change from independent private practice to working with a group practice or HMO. Above all, physiotherapists will have to learn to work cost-effectively.

Professor Bowerbank, Physiotherapy Department, University of Cape Town, took the theme of the congress - Future Shock - as the opening point for her contribution. She pointed out that shock was followed by a period of incapacity caused by successive denial, blame, self-blame and uncertainty. Action is needed now to avoid this dip in performance and to embark already on problem-solving for the future.

She asked what vision we have for the future, and whether we all share the same vision. What is our responsibility as a profession in catering to the needs of the country, and how do we ensure that we accept that responsibility? What is our value-system for the profession as regards both patient care and the education of future physiotherapists? What strategic plans should we be making for the future and how will these affect the special interest groups within the profession? She pointed out that we have to acknowledge that not all physiotherapists can work in all fields - we have to feel psychologically safe in our work - but that together we can support one another in proving the physiotherapy services which the country needs. She closed with a quote:

"If you do not know where you are going, you may end up somewhere else and not even know it."

S Irwin-Carruthe