

QUO VADIS?

How incredibly lucky we are at the dawn of a new millennium; a new century; a new year and a new South Africa, to be in a position where we can reflect on the past and with the knowledge and insight gained, plan a new future. A future that does not only involve social changes but also a future that involves professional changes. The challenge for physiotherapists in South Africa at this time is to reflect on our past achievements, to identify our unique strengths but also to be honest about the weaknesses and inadequacies of our profession.

On considering our strengths we know that we have a proud professional history. Our students, have been and still are, sought after all over the western world. We have some of the finest clinicians and academics in the world. We have delivered services of the highest standard to the public sector and the private sector in areas that suited us and where we perceived the need to be the greatest and the most challenging! But did we meet the needs of the majority of South Africans? I don't think so! I think we often did not know and indeed we still don't know the needs of the vast majority of South Africans. This being the case there is no way that we can effectively plan where we are going in the future.

We think that communities need physiotherapy. Are we sure? Have we investigated disease patterns in remote rural communities; have we established the incidence of disability; do we know the cultural and social structures of the inhabitants of these communities; do we know **their needs** (or do we know what **our needs** would be if we lived in these communities); have we consulted with all the different cultural groups; do

they know what physiotherapy can offer them? I think that our answers to most of these questions must unequivocally be "no".

How then will we plan for our future? It seems essential that we determine the incidence of disease and disability across cultural groups in South Africa. It is also essential that we have an honest understanding of cultural differences amongst the populations of South Africa and know what their rehabilitation needs are. It simply isn't good enough to decide for them based on our own limited experiences. Now is the time for the most exciting research to take place! There are so many questions that we need to answer. However, although this research is essential we still have to forge forwards and deal with immediate problems that we know have been identified as national and international issues.

Hypertension and the resulting strokes, diabetes and asthma are some of the chronic diseases that we will have to deal with. Due to the high level of violence and trauma we will have more patients with severe disabilities resulting from their injuries. In rural areas where medical services are scarce and travelling-distances to obtain these services are great, where roads are not well established and patients do not have easy access to transport, here, we will still see many children with cerebral palsy and rheumatic heart disease. The scourges of AIDS and tuberculosis will be with us in a devastating way unless we find ways to deal with them effectively! We will also have to address ways and means of delivering rehabilitation services to poverty stricken communities where there are no rehabilitation units and subjects are too poor to attend hospitals frequently. Will physiotherapy be hospital



based? I don't think so. The profession will have to find a way of making an impact in communities where they are needed otherwise their services will not be sought after. What would the future of physiotherapy be if this should become the case?

I hope that these issues will stimulate lively debate in the *South African Journal of Physiotherapy*. This is your journal where you can express your professional views, publish your research findings and share outcomes of your clinical skills. I look forward to sharing these with you and together with the Editorial Board and the Review Panel, promise to guide you through the intricacies of the published word.

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EDITOR