

WAKE UP CALL

Welcome to the graduates of 1997 and congratulations to you and your educators on your success. It is an exciting point in life to be contemplating your future but I wish that it were as simple as that. Just as we, the educators, had convinced the students of the importance of consolidating what they had learnt by starting off their careers in a teaching hospital under supervision because it was assumed that such posts would be available, the situation has completely changed. Closure of hospitals, reduction of staff establishments and freezing of posts are the order of the day. It is true that posts do exist and the needs are enormous in outer city and rural hospitals and clinics, but how would these young inexperienced physiotherapists fare in isolation without supervision? The real tragedy is that it is not as if we were unaware that this crisis was brewing. Indeed there had been many lengthy workshops where the problems facing health care delivery in this country and more especially in our own profession were debated. However, we were unable to get our act together to put into place mechanisms for our young therapists to be directed and supervised where they were really needed. In this situation what other employment opportunities are available for our young graduates? South African trained physiotherapists are sought after all over the world with attractive conditions of service and remuneration in desirable pounds or dollars. Is this what we are training for and can we afford it? Is this really what our young

professionals had in mind when they embarked on this career? I hope not.

Positions in private practice in our own country are plentiful and conditions of service seem positive and desirable, but once again there is the lack of supervision and it is foolhardy to believe private practice can continue to provide the same physiotherapy practice as they did in the past. Let me explain.

It is no secret that medical aid Societies are pulling in the reins, as they are unable to support the ever-increasing demands for treatments, the need for which is often questionable and has not been substantiated. This is probably an understatement and I am sure that there is no reader who cannot cite incidents where they are paying substantially more for considerably less to the point of refusing or denying the need for recommended services. I have been informed of situations that will illustrate the point, which I am trying to make. A patient with a fractured femur who spent 3 or more weeks in hospital was presented with an account for physiotherapy for R3 500.00. An interview with the physiotherapist convinced me that she is an honest competent therapist and she and her staff had done the job. The patient is a pensioner and the Medical Aid is restricted. I believe that this patient should have been counseled giving some indication of the choices available for treatment and for what reasons and at what cost in consultation, with the team, orthopedic surgeon, anaesthetist, nurses etc., and the family of course. Did she realistically

require breathing exercises twice daily once she was ambulant? Would it not have been possible to involve friends or family in the rehabilitation process and thus reduce the fees?

At this point in time it could not be more appropriate to publish Professor Teager's Molly Levy Lecture. "The Changing Profession – An International Perspective." Its application to our present situation is clear. I urge you all to read it very carefully. The problems facing health care delivery are international. To quote from his paper: "If physiotherapy is to fulfil its early promise as a dynamic profession every physiotherapist must have an open mind and the readiness to change their practices." The move from hierarchical structures which are failing in favour of informal networks in which rewards come from empowering others, not by climbing over them. Political and professional initiatives have to be taken to facilitate adequate health care provision at community level. Physiotherapists must develop appropriate policies and training for the employment of support personnel to be able to provide effective and efficient services demanded through a wide range of community based programs."

In conclusion we must remind ourselves that the situation facing us today has been exacerbated by the fact that we have a back-log of about 80% of our population who have no physiotherapy services available to them. The challenges are urgent and exciting – we can no longer procrastinate and our reward will be to find new and innovative ways to provide physiotherapy and rehabilitative services for all in a way that demonstrates our worth.



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REVIEWERS THANK YOU

I want to acknowledge the prompt reply of acceptance to be a reviewer for our journal. As there had been no response from a call for volunteers to review, the editorial committee invited a number of members to become reviewers. Should anybody else wish to become reviewers please do not hesitate to respond and YES, we will assist to develop or improve your skills. Thank you to those reviewers of the last two journals:

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| D Cohen | J Lund |
| S DeCharmoy | A Marais |
| K Erman | M Morrell |
| S Hirshowitz | M Papadopoulos |
| L Hunter | M Riley |
| L Jacobs | J Sklaar |

We intend to publish a list of reviewers who have contributed annually.