RESPONSE TO GUEST EDITORIAL

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It was with dismay that I read the May 1995 editorial entitled "Challenges Facing the New South Africa". If it reflects the general attitude of members within the physiotherapy community – especially those involved with rehabilitation, it reflects a derisive and critical attitude towards fellow physiotherapists. If, on the other hand, it seeks to highlight some of the problems facing our profession, it fails to suggest solutions to those problems and promote ideas for improvement.

In this time of change, where people in all spheres of life are shedding old ideas and entrenched beliefs, embracing common goals and working together through negotiation and compromise; are we not wasting our time and effort aligning ourselves on apposite sides of an issue called "community physiotherapy"? Physiotherapists on either side appear to take every opportunity to justify and defend their position and criticise and denigrate the other. Now more than ever, I feel that we need to work towards achieving a united approach rather than entrenching differences of opinion. We should move away from accusations, towards a solution to the problems we all face. Different opinions can then be valuable building blocks in working towards a common goal.

We should be using our time and effort to understand each other's working conditions and to pool our resources, knowledge and working experience in order to consolidate what we have to offer to those who are in need of our services. As a result when the new health system, comes into effect, we will have a more united and effective team ready to address the demands made of us.

Now more than ever, we need to manage our profession efficiently with a view to consolidating and collating the wide body of professional knowledge of our country. This would ensure that all therapists are able to gain the knowledge needed to address the multi-faceted problems they face on a daily basis effectively. We need to expand our knowledge and communicate our experiences. This will provide physiotherapists who are able to work in optimal circumstances, with the opportunity to evaluate the effectiveness of different theories and approaches, impart the knowledge gained and assist others who work in less than ideal situations.

This approach should be equally effective when the positions are reversed. The exchange of ideas and experience can only result in treatment regimes which provide better results. In this way we can work with more success in situations where a one on one treatment programme is not feasible.

Thus, let us embrace the principles of the RDP and work in an educational context using the cooperative psycho-social model in conjunction with the medical model. This enables people to assess their own situations and to make decisions which affect their lives. The client, caregiver and the physiotherapist will problem-solve in collaboration to determine where the clients perceive their area of greatest need. We can then help in the most cost effective and efficient manner. In this way we can work, within a dynamic interactional, team, towards mutual goals.

Regular assessments and re-evaluations, to monitor the process and ensure that treatment is relevant, necessary and achieving the predetermined goals, is as much a necessity in the client/caregiver relationship as it is within the broader physiotherapy community. Should we not do this, the victims will not only be ourselves as a profession, but most of all, those who could benefit from our diverse and extensive knowledge.

■ *Donne Morris, supported by four colleagues*

In response to Donne Morris and the supportive therapists, I regret that they perceived my guest editorial as "derisive and critical" and that they see ourselves "on opposite sides of an issue called 'community physiotherapy' ". However, if the hat fits then maybe they must wear it! I had hoped that I had highlighted some of the problems facing the profession and possible solutions - briefly:

- The "community" referred to by Ms Morris is an affluent predominantly white community. I am concerned about other communities (some 80% of the population) who have no physiotherapy services at all.

The problems of low muscle toned children and its associated problems pales when compared to the hideous deformities seen as a result of lack of treatment in cerebral palsied children. I again challenge specialised developmental physiotherapists to direct some of their energies into reaching out to those families, through mid-level workers, volunteers or any other innovative ways which they may think feasible.

Requests for "help" have been made in "Forum" and "SASP Journal" with negligible response.

- I quoted Jules M Rothstein who said "Cults based on dogma, no matter how widespread do not bring honour upon anyone" and may I add – "No matter how successful they are perceived to be".

You suggest that "new ideas should be tried and tested on all sides"– I fully agree!

Regarding the letter from Shirley Zent (a school teacher) I clearly stated that "some children do improve with exercise and learning problems seem to diminish." The issue at stake is that physiotherapists graduate with a BSc degree and the therapists to whom you refer have participated in intensive post graduate courses and ongoing continuing education and as such are very knowledgeable and competent therapists – surely it follows that critical appraisal and what we are doing is indicated! Physiotherapists in the public service are paid on a technician scale of salaries as we strive to be recognised and classified as true professionals it behooves us to substantiate our claims with good scientific research.

■ *Professor Muriel Goodman*✤