



anaesthesia, and particularly our patients, who will always require safety above all else.

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## Failing primary care

**To the Editor:** In the past years the Western Cape undoubtedly offered its indigent citizens the best medical care in the country, albeit patchily. Superb nurses, medical officers and district surgeons formed the backbone of a system conducted mostly in hospital outpatient departments.

The teaching hospitals played a critical role and provided outpatient facilities, satellite units and ongoing training for all staff throughout the province. These powerhouses were eventually overwhelmed by the number of patients seeking the best possible care.

Some form of decentralisation was needed. But a workable system has been ditched for a nebulous primary care concept, based on political dreams and hope, certainly not on

experience. Apparently a patient's first contact will be at an outlying unit staffed entirely by nurses. What nurses? Fewer nurses are being trained and their exodus from nursing cannot be stemmed.

Patients who attended the teaching hospitals were never turned away. Can this be guaranteed at understaffed primary clinics, and who will ensure quality control?

The concept of primary health care may be applicable to some provinces. It is doomed in the Western Cape unless the teaching hospitals are reincorporated into the system and accept ultimate responsibility for what goes on at the periphery. They have set a superb functional and longstanding precedent – the Peninsula Maternity and Neonatal Services – that incorporates primary, secondary and tertiary care and ensures quality control throughout. Surely this model can be applied to all aspects of health care that should be centred within the teaching hospitals. These fine-tuned throughbreds are now no more than castrated nags, and the consequences are sorely felt!

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