I recently spoke to the GP I go to for prescription repeats and insurance medicals and who sees my husband on the rare occasions he needs medical care. Mike is a dedicated GP. I have known him since before I studied medicine, although he is younger than I am. He did postgraduate training in general practice and started in practice with two other ‘old-fashioned’ GPs in Rondebosch about 15 years ago. I have seen him intermittently during that time. He jokingly tells me he envies me my life as an editor and writer. Why, you may ask, should someone with such an obvious commitment to general practice, think that being a freelance editor is a better life? Because he is no longer given the chance to practise the specialty of general practice as it should be practised. I am taking an extreme view here because this is something that I feel very strongly about. Our patients have largely lost the benefits of the care that can be provided by a good GP as more and more people self-refer to specialists.

I spent part of my life in Britain, where our family was looked after by a GP. After I graduated from UCT, I did a year of the British GP training. There, the GP is the gatekeeper to the health service. Mike tells me he sees coughs, colds and sore backs. His weekly foray into Sports Science to do executive medicals is an interesting break in his routine. In Scotland I saw and managed everything, from pre- and postnatal care to paediatrics. My patients’ contact with specialists was strictly by referral and all liaison was through me. Here, I know an elderly woman who is taking steroids, anti-inflammatories and warfarin. Until she moved to Cape Town recently she only ever saw the various specialist who each dealt with her fairly complex pathology in isolation. Much of her current pathology could have been avoided altogether if she had had the care provided by a good old-fashioned GP who would have counselled her on the lifestyle changes that could have saved her endless surgery and medication.

My point is that we are squandering a valuable resource and have been ever since self-referral to specialists became the norm. A specialist I know says that patients are voting with their feet, I don’t think it is as simple as that. There are enormous marketing pressures on people to seek specialist help rather than going to a GP first. My own father, who really should know better, was off to his ophthalmologist with a painful eye the other day until I suggested that he saw his GP, who easily dealt with the problem, first. American television programmes are part of the problem, aggravating our increasingly North American approach to life in South Africa. Dinner time conversations persuade people that seeing a specialist first is the way to go, because ‘the GP will just refer you anyway’. I know there are many of you out there who still manage to practise as you want to. But, unfortunately, there are also many who will refer pathology that some years ago they would have happily managed, because of the patient’s expectation of referral and a lack of confidence in their own skills.

General practice is the most difficult of specialisations because you have to be able to deal with whatever walks through your door. Somehow we need to persuade patients that this is the case and make general practice back into the medical gatekeeper that it should be.

Bridget Farham

---

**SINGLE SUTURE**

‘SUPER SIZE ME’

The recent documentary in which Mr Spurluck ate at McDonalds 3 times a day for 30 days and gained 11 kg now has scientific evidence to back it up. A report in The Lancet by Mark Pereira and colleagues suggests that frequent consumption of fast food is indeed associated with weight gain and the risk of insulin resistance over 15 years. Those who ate at fast-food restaurants more than twice a week gained 4.5 kg more weight and had a 104% increase in insulin resistance than those who ate less than one meal a week at fast-food restaurants. The authors point out that factors such as excessive portion size, with single large meals approaching or exceeding individual daily energy requirements have a large part to play. Consumption of fast foods by children has risen from 2% of total energy in the late 1970s to 10% of energy in the 1990s. Fast food has now grown into a dominant dietary pattern in many parts of the world and there are about 247 000 fast-food restaurants in the USA alone. Walk around any shopping mall in the afternoons and count the number of children eating a hamburger, chips and cool drink, who will then go home and eat supper later than night and becomes evident that this dietary habit is a real public health problem that needs to be addressed urgently.