"Primary Health Care: what does it actually mean?" - Roy Jobson

(A fantasy allegory taking place within the family practice consultation, sometime in the future.)

Doctor: Good morning, Mrs Smith. How nice to see you again. How have you been keeping?

Mrs Smith: Oh, I'm feeling a bit run down at the moment, so I thought I'd better come and get a top-up of some more secondary health!

Doctor: Well, certainly, Mrs Smith. But can't I rather offer you some primary health? I could throw in some prevention and perhaps a little health promotion if you like - they are on a "special" this month.

Mrs Smith: Oh, I don't know. I went to get some tertiary health last month - and they had a special on secondary prevention. I had some of that, and really, I can't say that I've noticed any difference.

Doctor: (sotto voce) I really think you need to be careful about those doctors who claim to offer tertiary health and secondary prevention. The only answer is to give more and more people primary health.

Mrs Smith: Do you mean any people?

Doctor: All people! It is the only path we can take to make the whole world healthy. (Enthusiastically) Health for all by the year 2000!

Mrs Smith: But that sounds so plebeian! Surely there must be an upper-class type of primary health!

Doctor: Exactly! You see, when you come to see me privately as a doctor you're getting upper-class primary health. If you see me under a national health system or through medical insurance, you'd be getting middle-class primary health and if you were to see me under a community health scheme, you'd be getting lower-class primary health. It's quite simple really - once you understand it.

Mrs Smith: I don't understand it at all! You've never even offered me any national health, or for that matter any community health. They sound as if they might just help me!

Doctor: My dear, you are an upper-class primary health sufferer. National health and community health would be totally inappropriate for your needs. I'm afraid that I cannot even consider offering them to you! Now let's get on with the job. You said that you needed some more secondary health and I thought that I should rather give you primary health with a little primary prevention and a touch of health promotion as a bonus. Alright?

Mrs Smith: But what does that actually mean?

Doctor: It means that I am actually giving you primary care!

Mrs Smith: What is the difference between primary health and primary care?

Doctor: Mrs Smith, please don't obscure the issues. You're obviously confused! Everybody knows what primary care is.

Mrs Smith: Well I don't, and I'd like you to please explain it to me!

Doctor: A lot of people define it as essential care...

Mrs Smith: Oh yes - I understand that! It is absolutely essential that I have a massage once a week, a manicure once a month and a mammogram once a year!

Doctor: I don't think that that was quite what they meant. Other people consider primary care to be concerned only with minor complaints and trivial problems...

Mrs Smith: (horrified) Well thank goodness I've never had any of those.

Doctor: (with resignation) I can vouch for that!
...Primary Health Care

Mrs Smith: So what do you think primary care is, doctor?

Doctor: Well I belong to that group who consider primary care to be first contact care...

Mrs Smith: Oh but you weren’t my first doctor – you were only the third – so that’s not primary care.

Doctor: Oh yes – I remember you used to go to Dr Suave down the road. (Hopefully) Perhaps he could explain properly...

Mrs Smith: I will never go back to that doctor!

Doctor: Why not?

Mrs Smith: I found out that he’s a member of the KGP!

Doctor: The what?

Mrs Smith: (acting out) Why “doll”... you don’t know the KGP – that’s terrible! It stands for “Kugel’s GP”.

Doctor: (Charlie Brownish) Oh, good grief!

Mrs Smith: At least you don’t have a nickname like his...

Doctor: Nickname?!

Mrs Smith: Oh yes. They give all their doctors nicknames. (Coyly) Shall I tell you what his is... It’s “Nocturnal Omission”!

Doctor: (taken aback) What?!

Mrs Smith: “Nocturnal Omission” – you see he never comes out at night!

Doctor: (more Charlie Brownish) Oh, good grief! (Pause) Maybe you’ll understand when I say that Primary Care makes health care “accessible” to everyone.

Mrs Smith: But that’s impossible! Not everyone has a computer!

Doctor: (surprised) A computer?

Mrs Smith: Well how else can you “access” anything without a computer? I must say I rather fancy the idea of being able to access you on my computer. Do you suppose you could...

Doctor: (interrupting – in a patient-centred way!) You were saying that you needed a top-up of secondary health, Mrs Smith. Would you like to tell me just what you were expecting me to do for you?

Mrs Smith: (rebuffed) What I really want is for you to give me my vitamin pills, and a referral to a plastic surgeon to have my nose fixed – I just know that that will sort out all of my problems!

(Inspired by a discussion in Primary Care by the 1990 second year M Fam Med Students of the dept of Family Health, University of the Witwatersrand)