

Structured healthcare

It is with pleasure but also with great concern that I write this editorial for an issue that has a major focus on issues of relevance and importance to primary health care and therefore healthcare and health service provision in Malta. Our guest editorial by Dr Jürgen Abela focuses on the problems confronting both the academic and the practice aspects of family medicine in Malta. The roles of the various stakeholders are highlighted as is the dearth of support for advancement in this area. There have been a number of publications analysing various aspects of these problems, one of which is published in this issue and looks at the demoralisation experienced by those working in primary health care over the years. It is indeed a shame to bear witness to this process given the enormous contribution primary health care, whether within the framework of the NHS or on a private basis, can make to the quality of care and indeed the quality of life of our patients. Their well-being is after all the *raison d'être* of our profession. Whilst we struggle with the resolution of these basic issues, other health services, for example in the UK, traditionally a role model for Malta, have made significant advances and are looking intently at the use of GP databases for research purposes and to help in planning and implementing the healthservices of the future from a public health aspect. An article by Professor Nigel Mathers in this issue deals precisely with this topic.

Healthcare service providers and regulators would, therefore, do well to allocate time and resources to these problems. Significant financial resources have been allocated to the building of a state of the art teaching hospital in Malta, Mater Dei. This project is severely hampered at this late stage in its genesis by the huge demands that it has to satisfy in terms of both in- and out- patient services as a result of the failure to develop and consolidate primary health care over the last decade. It is impossible to expect the University teaching hospital of this country to function as a GP service, a cottage hospital, a district general hospital, a rehabilitation hospital, a geriatric hospital, and a secondary and a tertiary referral hospital: all rolled in one. We have ample proof of the effect of this hybrid model on the service provision at St Luke's Hospital. Mater Dei is doomed to suffer the same fate unless immediate action is taken even at the price of having to delay the proposed migration. Without appropriate community service provision, healthcare in general will suffer and in effect, our state of the art hospital cannot aspire to be a centre of excellence.

Our most precious commodity is our human resources and regrettably a parsimonious, short-sighted policy is being employed in this area: such that it threatens the very foundation of both primary and hospital-based care. The pride that we, as members of the medical profession in Malta have in the excellence and integrity of our training and our practice, the satisfaction of alleviating suffering and curing disease is what makes us carry on regardless of the obstacles we all face. Circumstances are occasionally driving the medical profession into situations where safe, effective and humane medical care cannot be guaranteed.

Policies which invest millions of Malta liri in the building of a large hospital allegedly modelled on a typical Maltese village complete with church, central piazza or plaza etc but fail to allocate an adequate budget to human resource investment and development can only be harbingers of failure. Disregard of the fact that it is the excellence of the professional body will make or break this otherwise laudable project is dangerous. As long as our young healthcare professionals shy away from careers in primary health care because of lack of implementation of structured training programmes and poor career prospects then Mater Dei cannot look forward to being a true University teaching hospital and referral centre. Those of our best and brightest who opt for hospital based medical practice are now looking for placements abroad starting immediately post graduation, augmenting the ongoing exodus of specialised healthcare professionals from this island. Meanwhile restraints imposed by the inadequate primary health care and community facilities are necessitating re-definition and re-drafting of the original remit and the facilities at Mater Dei.

We all deplore what can only be described as the great divide between policy makers and those in the frontline of health care provision! Before this dichotomy is overcome, and before working conditions, remuneration, career development and progression improve drastically, all projects aimed at ameliorating and expanding healthcare are at high risk of death in utero. In the long term, such system errors translate into dire consequences for those whose pain, suffering and ill-health we all promised to alleviate when we took the Hippocratic Oath on the occasion of our graduation.

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Editor