

Editorial Comments / Redaksionele Kommentaar

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We are daily confronted with news reports on the poor quality of health care in our health services. One way of addressing poor quality of health care is to utilise valid formulated standards as a self-evaluation instrument to determine the quality of health care that is provided in practice. But reading through all the articles in this edition I wondered if that was the only action open to use to promote quality health care. It seems as if the health care providers, and in these articles mostly the nurses, are not attuned to the needs and problems patients experience. They seem to not encourage patients to talk about their experience of health challenges or even attend to the health challenges that face these patients. We have to ask ourselves again as was asked in one of the articles "Who is that person over there called 'the patient'? It is important that we are continuously reflexive about the split between viewing the patient as object and the patient in actual fact being a subject. Being a subject indicated the patient's humanity, real lived experience of suffering and need for meaningful assistance on the road to health. Maybe we should reconsider our way of looking at health and illness and people, move away from a medical model stance of diagnosing people and making objects from them to a more holistic approach on viewing people as subjects. These people who come in our health delivery system have the right to quality health care and it is our obligation to work together as educators, researchers and practitioners to see to it that patients receive quality care. Maybe that is what all these articles in this edition are about?

Ons word daagliks gekonfronteer met nuusberigte oor die swak gehalte gesondheidsorg in ons gesondheidsdienste. Een wyse om swak gehalte gesondheidsorg aan te spreek is om geldige geformuleerde standarde as 'n self-evalueringinstrument te gebruik om die gehalte van gesondheidsorg wat voorsien word in die praktyk vas te stel. Maar terwyl ek deur al die artikels in hierdie uitgawe gelees het, het ek gewonder of dit die enigste aksie oop is om te gebruik om kwaliteit gesondheidsorg te bevorder. Dit kom voor asof die gesondheidsorgvoorsieners, en in hierdie artikels meestal verpleegkundiges, nie ingestel is op die behoeftes en probleme wat pasiënte ondervind nie. Hulle moedig skynbaar nie pasiënte aan om te gesels oor hulle belewenis van gesondheidsheidsuitdagings wat hierdie pasiënte in die gesig staar nie. Ons sal weer onself moet afvra soos gevra is in een van die artikels "Wie is die persoon daar anderkant wie 'die pasiënt' genoem word? Dit is belangrik dat ons deurlopend refleksief is oor die splitsing in die beskouing van die pasiënt as objek en die pasiënt wat in werklikheid 'n subiek is. Om 'n subiek te wees dui op die pasiënt se menslikheid, werklik beleefde lyding en behoefte aan betekenisvolle hulp op die pad na gesondheid. Miskien behoort ons ons wyse om na gesondheid en siekte en mense te kyk in heroënskou te neem, weg beweeg van 'n mediese model standpunt om mense te diagnoseer en objekte van hulle te maak, na 'n meer holistiese benadering en mense as subjekte te beskou. Hierdie mense wat in ons gesondheidsorgstelsel kom het die reg tot kwaliteit gesondheidsorg en dit is ons plig om saam te werk as onderriggewers, navorsers en praktisys om toe te sien dat pasiënte kwaliteit sorg ontvang. Miskien is dit waaroor al hierdie artikels in hierdie uitgawe handel?

Marie Poggenpoel
Editor/Redakteur

Annatjie Botes
Assistent-redakteur/Assistant Editor