

PHD matters!

It is now a year and three issues since PHD went into print after a rather long conception. It is time to remember that the Gannet Foundation (Guam and Hawaii) and Maternal Child Health Resource Center (Guam) supported PHD when it was all concept and enthusiasm. Once the first issue was delivered, Unicef, Suva immediately adopted PHD for one issue and shares this third issue with UNFPA, Suva. Thank you one and all.

The South Pacific Commission (SPC) in its usual subtle ways have quietly given to PHD. The SPC management seems to have embraced PHD to its mandate as a premier Pacific technical advisory agency and regional information resource centre. Soon a Pacific Island Development Dialogue will be published by the Commission. Between the two 'Dialogs' social and economic development will cross-fertilise for a better Pacific. This may happen after the next PHD issue in September 1995 on the theme of 'AIDS/STD and Sexuality in the Pacific'.

It was a pleasure to recognise a PHD paper on the official support document for the WHO Pacific Ministers of Health meeting held in Fiji 6-10 March 1995. The inclusion of this paper in the official document is an endorsement of relevance and quality of this young publication. So you see what PHD says matters even if its not yet perfect.

Throughout this issue inadequate data quality is lamented. Dr O'Leary examined the constraints on health data quality in Micronesia and discussed the attempts to address this. Inasmuch as health data is central to the monitoring of population changes, social and economic development, and status of children and women, this paper is a must in this collection. The indicators for monitoring the state of people are built from health data. What is population, women and development without health?

My clinical colleagues will realise that this is a health journal not a medical one. Many of the determinants of health lie outside the hospitals and the existing ministries of diseases. The path to better health is education, women, children, youth, culture, development, trade and income generation, and population issues in addition to more traditional variables like breast milk, fertility and family planning, medical workforce and thrifty genes.

The indigenous Australians, underserved Hawaiians and the PBMOTP initiatives suggest that competent, sensitive health workers are only a matter of appropriate socialisation. These type of health workers can be trained to respond to the multidisciplinary challenges that Dr Nelson talked about. Examples of other initiatives from elsewhere can be found in the *Journal Abstracts* and the *Book Reviews*. Pacific health workers are made not born! We should use PHD for socialising modern Pacific health workers.

So this, the third issue of PHD, is all about health from a larger perspective. If you agree or disagree, then please drop a line to the 'Letters to the Editor'. It takes two to dialogue - the latter will make PHD increasingly matter!

Sitaleki A. Finau

Editor

Doctor's roles

Dr J. L. Moreno is generally accredited for first developing role theory. According to Moreno¹, a role is a unit of behaviour in response to a specific situation in which other persons or objects are involved. A role may be well developed, underdeveloped, overdeveloped or conflicted and will affect the overall functioning of an individual accordingly. Roles are learned behaviours which may be objectively assessed, analysed and, what is more important, changed.

There are somatic roles or basic survival roles (such as eating, sleeping, etc), psychodramatic roles (such as the explorer, the heroine, etc) and social roles (such as the husband, the teacher or the doctor, etc.).

Clearly, if the roles needed for a doctor are learned and measurable behaviours they should be identified and taught in medical school curricula. At the Fiji School of Medicine (FSM) the defined exit roles for a MBBS graduate are:

Responsible person, Competent clinician, Health team member, Effective communicator, Healthservice manager, Life long learner, Problem solver, Critical evaluator, Ethical practitioner, Health promoter

The president of the Australian Medical Association Dr Brandon strongly advocates in his address to the College of Physicians, a change of behaviour in doctors in Australia, so that they become more involved in the broader social issues affecting health. After reading his address, it seems to me that the role of 'agent of social change' should be added to the FSM list of exit roles. To adopt this role would mean doctors will no longer be complacent in their practice of individual patient care in the face of larger social issues affecting the health of mankind. Doctors will need to express their expertise and opinions, both as individuals and through their professional groups, so as to implement much needed local and global social changes. Thank you Dr Nelson for exhibiting the well developed role of 'agent of change' in your address.

Rex Hunton

Associate Editor

1. Moreno JL. *Psychodrama Vol. 1*. Beacon, NY; 1946; pp ii-xv and 153-159 □