

Reflections on the Porous Boundaries of Primary Care

In this issue of the *Australian Journal of Primary Health* we publish a typically diverse set of papers. The diversity leads into reflections on how well we address diversity in the field and where we should consider casting a little more light.

Woolfe et al. report a study of the needs of informal caregivers to people with chronic obstructive pulmonary disease (COPD). Informal caregivers are people who provide physical and emotional care to people with health problems in homes throughout the country. The authors seek to understand the support required by this important sector of the health system. Not only does this paper raise questions about how well we understand the role of informal caregivers—the rewards and troubles they experience in the privacy of homes—but it also raises the issue of how well we understand the needs of people providing care in other parts of the primary health care system. How well do we understand the needs of, for example, drug and alcohol workers, palliative care providers and community nurses? Other papers in this issue draw attention to diversity in the tasks that care providers are asked to undertake. Jones et al. review the quality of general practice medical records and the potential use of these records for research. McKay-Brown et al. report on the recruitment of general practitioners into a randomised controlled trial of smoking cessation practices. These papers extend the territory of primary care practice from straightforward service provision to practices that inform our knowledge of what and how care should be provided. The questions become: How well do we understand care providers' experience of the diverse role expectations they confront and the needs they have for support in fulfilling them? Do primary health care providers not constitute a population segment in the primary health care system?

Another set of papers in this issue address aspects of care provision; for example, the provision of holistic health care that incorporates all

four dimensions of the World Health Organization definition of health, physical, mental, social and spiritual wellbeing (Barletta & Witteveen), and role of language in palliative care for Aboriginal people in remote locations (McGrath & Holewa). The first of these papers challenges us to explore more seriously our long-established principles; the latter challenges us to be more sensitive to "whole people" and diversity in the human experience of the life course. Perhaps we should look more closely at the connections between providers and the service they deliver. For example, how does the physical, mental, social and spiritual wellbeing of providers impact on the services that their clients experience?

Finally, there is the issue of the relationship between justice and primary health care systems raised by Loshan and Barraclough. The justice system in Sri Lanka seeks to provide protections for women experiencing family violence but does the health system provide the concrete and practical services that actually make a difference to women's lives? Perhaps the question is really this: How well are we able to conceptualise the systems, mediated through the social institutions that have evolved in our nation states, that impact on people's lives? The intent of an intervention at the level of the state is necessarily interpreted through the rules and routines, norms and values, and knowledge that define social institutions such as the justice and health systems. The analysis by Loshan and Barraclough begins to show how such an analysis might look.

There are many questions to ask about the primary care system, and, almost certainly, none of them are new. Nevertheless, papers on some of the issues described so briefly above would make a useful contribution to the primary health literature.

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