

Primary health and care

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Welcome to this issue of *Australian Journal of Primary Health*. I hope you find the articles interesting and thought provoking.

Today, it is the centrality of primary health care that I want to acknowledge. I see patients in rural, remote and very remote Australia. They meet with my nurse practitioner colleague to discuss their daily, long-term pain, or the community mental health team to speak of anxiety. They chat with the infection control nurse, before having their vaccinations, and review their medications with a pharmacist. We talk about their diabetes, their parenting, their hopes and regrets. Whether our conversation is about their sore elbow, the management of their long-standing psoriasis, or another discussion about smoking, primary health care, particularly delivered in the community, acts as the point of care to which they can always return.

Primary health care is delivered throughout life, from pre-conception to after death. Primary healthcare providers seek to guide people through a life course that prevents disease where possible, treats ill-health in the first instance, and accompanies treatment with education and health promotion. It is a lifelong consultation from which people come and go as they need. We always have their back.

As I write, headlines related to the emerging novel coronavirus (2019-nCoV) global health emergency continue ([World Health Organization 2020](#)). The Australian Government Department of Health has issued revised instructions to primary and community health workers ([Australian Government Department of Health 2020a](#)), and to emergency departments ([Australian Government Department of Health 2020b](#)). My colleagues and I are consuming news, checking our sources, comparing notes and trying to ensure we have the best, most up-to-date understanding. We do this so that we can provide critical information for the community when they need to ask where they sit on the spectrum between well and ill; what precautions they, their community and their healthcare providers need to take, so we can best direct them, to minimise harm and maximise the opportunity for recovery.

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology... [[World Health Organization 1978](#)]

And primary healthcare service is

...the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process [[World Health Organization 1978](#)].

Sometimes the social, the political and the economic aspects of people's lives are ignored when we speak of primary health, primary healthcare services and community health. They should not be. In 1978 Almaty, formerly known as Alma-Ata, now in Kazakhstan, hosted the International Conference on Primary Health Care. On 12 September of that year, the Declaration of Alma-Ata was adopted by the conference, noting that primary health care

...forms an integral part both of the country's health system...and of the overall social and economic development of the community [[World Health Organization 1978](#)].

This journal seeks to integrate the theory and practice of community health services and primary health care. This issue of *Australian Journal of Primary Health* presents papers related to the needs of asylum seekers and refugees; to old age, to pregnancy, and to screening; and to the education and engagement of primary healthcare providers (general practitioners) in their care. As we deliver and research primary health care, our duty of care to that 'overall social and economic development of the community' should be foremost in our minds. It is the impoverished, the powerless, and the disenfranchised who need the very best health care. When you are already living with disadvantage and inequity, your primary health care must be the best I can provide, because you cannot buy your way into better.

If the equitable delivery of primary healthcare services is under threat or not occurring, if our community is denied access, if service delivery is used to discriminate, to isolate or to exclude, then it behoves us to step beyond being providers and researchers, and become well informed, strong advocates, as voices for the community we know and serve.

Conflicts of interest

L. G. Bandler works as a general practitioner for the RFDS South Eastern Section.

References

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