The history of health care in Mittenälvsborg – then, now and afterwards

The epilogues

Epilogue part 1

In the beginning the District Doctor was a Royal appointment – a 'commander' – a medical officer for the district. Time moved on with many doctors appearing, and so he became a public servant, but with the authority to speak out when needed about unhealthy conditions. He was respected, even loved in his district. He always was there, day and night. He fulfilled then the subsequent aim of high accessibility. He could achieve that, as this office involved unlimited working hours and a limited district area. He represented perfect continuity of care. He achieved quality, in accordance with current standards, based on many years as a hospital doctor before he became a district doctor. You can recognize this in the CVs we present.

He was a "Mädchen für alles" with too many tasks and a low salary for all that workload. Perhaps this was his downfall. As time passed, other doctors thought that it was an unattractive job. Colleagues in hospital even looked down on him. The central Trade Union often left him in the lurch. He could not survive under those conditions. Perhaps it was for the best that the organisation was shut down.

But like the Phoenix, he arose in a new shape: the New District Doctor – a general practitioner, who in time regained the lost status, and with tolerable working conditions.

Epilogue part 2

During the first decades much happened in primary care. Much good came out of the new reforms built on Axel Höjer's vision in the 1940s. The quality of primary health increased markedly. The numbers of doctors increased too. In spite of this it seemed that the aims were set too high. The reason why the goals and means of achieving them could not fit together we will consider with the practitioners of primary health care in part 3 of this trilogy of open care outside hospitals.

Epilogue part 3

The year was 2006. Sweden got a new, non-socialist government. Primary health care was given a new organization – new heads and new aims. The aim was an organization close to the people, with more co-operation with the municipal community and the local hospitals, and with several special functions at the health care center – a local focus of care. The new organization implied decentralization again. Dental health got its own administration and board. Primary health care now had four boards, with much greater powers. The local organization should also be considered. Mittenälvsborg's head, Kerstin von Sydow, was re-installed. Many of the other units got new heads. It meant

that Mittenälvsborg could go on with its positive development once it had got continuity at executive level.

However Mittenälvsborg encountered problems with openess and continuity in the beginning of 1970s. This consists of two problems which are best solved with a good management and positive attitudes from the personnel to solve the problems. Local care has every chance of succeeding.

Finally some thoughts. It seems that every generation has to make its own mistakes! But at last one stop and search new exciting solutions of the problems, seldom new ones.

Think of the following words of wisdom:

Aphorisms

Learn by others' mistakes, you cannot live long enough to be able to do them again. *Martin Vaubee.*

Those who don't understand the past will repeat old mistakes.

You must in any way make sure that life has its magic.

Round every new corner lies a new adventure. Marianne Zetterström.

The seafarer doesn't ask for good weather. He learns to sail. Gustav Lindborg.

Where there is money there is the right. Celsius.

Money is nothing except when you miss it.

A heap of stones ceases to be one when someone looks at it as the picture of a cathedral. *Antoine De Saint-Exupery*.

The future is hidden in the haze of mercy.

Bolder than to ascertain the unknown is to question the known. *Kaspar*.

What we learn of history is that we seldom learn anything of history. *N Kær*.