

HEALTH + DISEASE-DOCTORS

1982

JAN. — DEC.



# Black doctors' profession contradicts their culture

PRETORIA — There were about 300 qualified black doctors in South Africa even though the medical profession contradicted their culture. Dr. J. A. L. Theron of Mendusa yesterday told the congress in Pretoria of the South African Sociological Association.

He said still more were qualifying as a result of improved educational standards at black schools.

One major problem amongst the black doctors was having to live in accordance with Western cultural values, said Dr. Theron. Another more obvious one was lack of money.

About 55% of the

Mendusa medical students receive bursaries from the homelands and they are then expected to work, as long as six years, in a relatively undeveloped country atmosphere.

In a survey conducted by Mendusa, 70% of 126 students said they would like to work in the city because in the country there was inadequate housing, a lack of educational facilities, and poorer working conditions. They were also subjected to political pressures in the rural areas.

The student adviser at Mendusa, Mr. P. Kunutu, also spoke at the medical sociology section of the Congress, but he concentrated on the difficulties of treating black patients.

"Rather than succumb to innovative therapeutic systems, the black resorts to the mysterious, ominous and undefineable uncertainty of superstitious practices to explain and cope with the causation of disease and death," Mr. Kunutu said.

"Scientific health care is relatively unfamiliar, exotic, bound up with a foreign culture and largely subject to the contempt of black indigenous medical customs and traditions.

"The outstanding problem is one of choice between severing links with the superstitious traditional healer and resorting to the open scientific medical doctor," he said. — Sapa



Wednesday, January 27, 1982

# Munnik, 'no' to baseline for doctors' fees

THE Minister of Health, Dr. I. A. P. A. Munnik, has angered doctors by rejecting a demand from the SA Medical and Dental Council for a tariff increase of six percent.

The tariff committee of the council claims the nine percent increase in doctors' fees granted from September last year and the further six percent were needed to compensate for escalating costs of running a practice.

However, Dr. Munnik has approved a 25 percent rise in dental fees from February 1.

Dr. Munnik has referred the doctors' demand back to the council. The tariff committee will reconsider the demand in March and its decision will be submitted to a full council meeting in April.

The Minister's action is seen by most doctors as "his usual delaying tactics".

Medical sources said yesterday that the Minister had angered doctors by waiting

By **GERALD REILLY**

until the last minute before making decisions on their applications for increased tariffs.

In October 1980, doctors submitted a demand to Dr. Munnik. He waited the full three months provided for by legislation before rejecting the demand and referring it back. In April last year the

council reviewed its demand for nine percent and re-submitted it to the Minister. Again Dr. Munnik waited the full three-month term before finally agreeing to the increase.

After the six percent demand, he again waited until deadline before responding.

Meanwhile, the president of the Dental Association of South Africa, Dr. Andre Ferreira, said the association would decide in June on the increases for "contracted-out" dentists.

## Investigation

He added that his association had started an investigation into practice costs which would be grounds for another demand to the SA Medical and Dental Council for higher tariffs.

He said his association wanted smaller and more frequent adjustments of fees. Dentists last received increases two years ago.

The new tariffs include: Fillings up from R6 to R7,50; extractions from R5,60 to R7,24; and X-rays from R3,50 to R4,40.



Star Patients (93) will suffer 27/1/82 Medical Association

The autonomy of the SA Medical and Dental Council is "insulted" by the decision of the Minister of Health and Welfare, Dr Lapa Munnik, to reject the 6.6 percent increase in the statutory tariff, which had been approved by the Medical Council five months ago, it was stated today.

In a Press release the Medical Association of South Africa says it regards this move by the Minister as "another serious setback for private practice" as the medical profession finds itself in the "invidious" position that any increase in the statutory tariff could now statutorily be delayed indefinitely by the Minister.

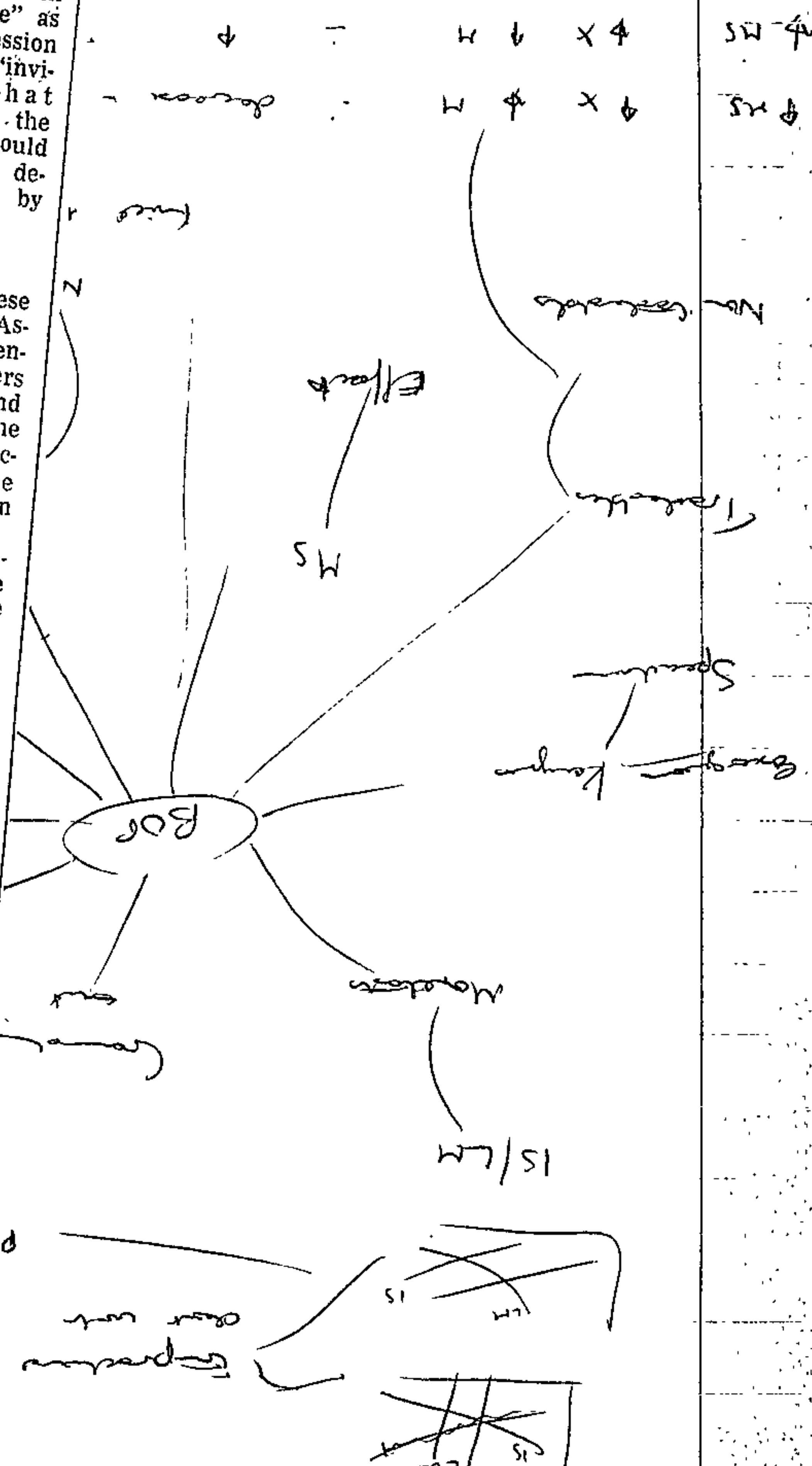
CONTRACT OUT

In view of these delays, the Medical Association will not encourage its members not to contract out and patients will feel the blow if doctors contracted out to offset the escalating increases in practice costs.

"Regular if small annual increases in the tariff will eliminate the possibility of any large, sensational increases in the future, and must be continued until the commission of inquiry report into tariff matter comes to hand.

"The medical association, therefore, appeals to the Minister to grant an increase in the tariff as soon as possible," the statement concluded. — Sapa.

Handwritten notes on the left side of the page, including "Sapa" and other illegible scribbles.



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# MUNNIK REJECTS DOCTORS' PLEA FOR 6 PG FEE INCREASE

Argus 27/1/82 93

Argus Correspondent South African Medical Association spokesman from the her. JOHANNESBURG.—The Minister of Health and Welfare, Dr L. A. P. A. Munnik, has rejected a six percent increase in Doctors' fees. This was confirmed by a spokesman from the her. South African Medical Association said it rejected the proposed increase back to the current level for reconsideration. Doctors' fees increased 9.9 percent last September. In a Press release quoted by Sapa, the Medical Association said it regarded the move by the Minister as 'another serious setback for private practice' because the profession found itself in the position that of medical aid schemes. Patients would feel the increase in the status of any increase in the status of the tariff could now be blow' if doctors' fees were to be increased indefinitely by the Minister. The association would not encourage its members not to contract out of their medical aid schemes. 'avidious' position that of medical aid schemes. Patients would feel the increase in the status of any increase in the status of the tariff could now be blow' if doctors' fees were to be increased indefinitely by the Minister. The association would not encourage its members not to contract out of their medical aid schemes. 'Regular, ie, small annual increases in the tariff, will eliminate the possibility of any large, sectional increases in the future and must be continued until the commission of inquiry report in view of the serious implications to tariff matter comes to hand. The Medical Association, therefore, appeals to the Minister to grant an increase in the tariff as soon as possible in the view of the serious implications to tariff matter comes to hand.

(Continued from Page 1)

## Doctors

situations which the current situation holds.'

The Argus political staff reports that the official Opposition spokesman on health, Dr Marius Barnard, warned the Government today that its refusal to grant doctors a 6.6 percent increase could have serious consequences for the medical profession.

Dr Barnard said the Medical Association did not make outrageous demands. It could be assumed that the request was well founded.

The medical profession was as concerned about the rise in the cost of living as anybody else, but it also had to take into account the needs of doctors.

The Government should take particular note of the association's warning that it would not encourage

its members not to contract out of medical aid schemes.

The medical profession had the problem that its remuneration did not meet the expectations of people entering the profession.

It was vital, for the sake of the country's health services, that the profession be made as attractive as possible.

Dr Barnard agreed with the association's criticism that the refusal to grant a relatively small increase now would result in large increases later.

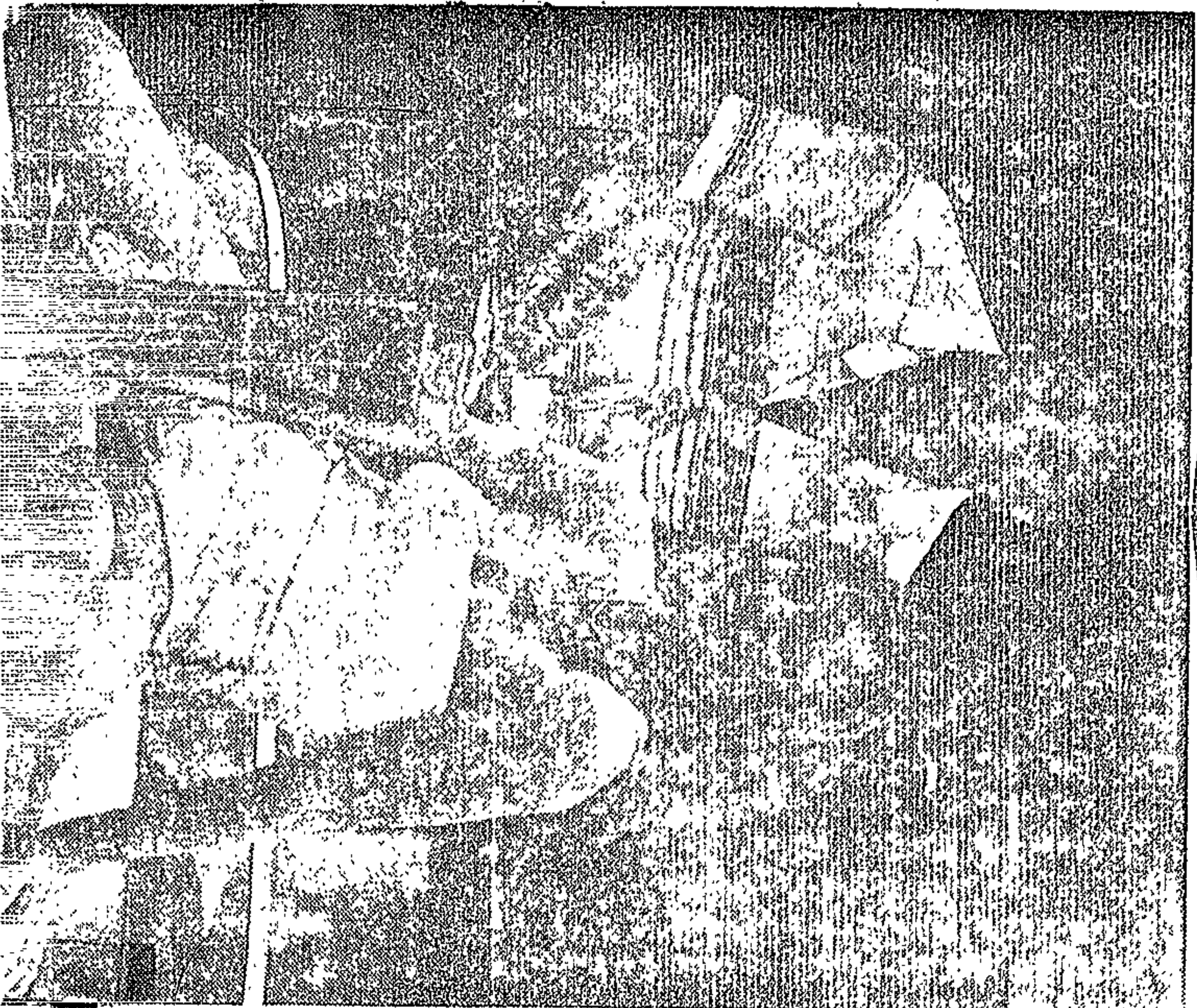
Dr Munnik declined to comment on Dr Barnard's criticism of his decision.

(Contd on Page 3, col. 5)



# Medical aid fees set

## Lady and the Gold Cup



## to rise

ROOM 28/1/82

By GERALD REILLY

SUBSCRIPTION rates to medical aid schemes may have to be drastically revised during the next few months because of the rising costs of drugs and treatment, according to medical scheme sources.

They were commenting on the refusal of the Minister of Health, Dr L A P A Munnik, to approve a six percent increase in doctors' fees.

But they agreed with doctors that the Minister was employing delaying tactics and that an increase of about six percent was possible later this year.

The PFP spokesman on hospitals in the Provincial Council, Mr Sam Moss, has also warned that an increase in provincial hospital fees was likely later in the year.

### Deficit

The Administrator had budgeted for a deficit of R57-million in the 1981/82 budget. With the government cutting State spending and possibly provincial subsidies, the province might have to look to higher hospital charges, car licence fees, and other limited revenue sources for some relief.

The chairman of the Representative Association of Medical Schemes (RAMS), Mr J D Ertzen, said subscription rates would have to be adjusted to accommodate the 25 percent increase in dentists' fees and the 38 percent rise in physiotherapists' fees which come into effect on Monday.

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## Dog fight still stags

ORGANISED bull terrier fighting secretly on a wide scale found Johann Mike French, the manager of Booy said yesterday.

Now the SPCA refuses to allow dogs of the breed to be adopted unless they have been castrated. Castrated dogs tend to lose the killer instinct necessary for fighting.

### Put down

The SPCA move came to light when a Johannesburg dog lover, Mr C Seton-Smith, complained he could not obtain a "normal" dog from the Society.

He said yesterday: "It is terrible to go that to a dog. And what is worse is that if the dog does not find a home

By BEV MC

tween bull terriers were organised people in secret.

"But the fighting and we have names of the cage the ever are investigated French said.

The "Maffik" actions shocked details of the death fights in the Sunday years ago.



# Local doctors 'steam' over Munnik's reply on fees

(93)

Mercury  
29/1/82

## Mercury Reporter

THE rejection by the Minister of Health, Dr L A P A Munnik, of an application by the Medical and Dental Council for a 6 percent increase in doctors' fees has left Durban medical fraternity steaming with anger — mostly, they say, because of the offhand manner with which he dealt with their application.

One practitioner stated bluntly that the minister's reaction was 'downright absurd and hardly to be tolerated by the profession'.

He said: 'On numerous occasions we have made it clear that the best way to compensate for the escalating costs of running a practice is by making regular small adjustments in fees which the public accept in preference to a large increase.

'Instead the minister has delayed yet again, with the inevitable result that the public could be faced with an increase of anything up to 50 percent, as happened a number of years ago.'

Another doctor said there was a serious side effect, of which the Minister was well aware, and that was the steady brain drain from the country's medical profession.

'Much is made of it being for political reasons, but the truth is economic. Why should a doctor battle to make his practice meet ends when he can earn four times as much for the same work overseas?' he asked.

A North Coast practitioner thought that the minister's motive was clearly political, in that he was toeing the Government's anti-inflation line.



**THE** Government's fee-fixing procedures for doctors had led to an intolerable situation which could not be allowed to continue, the president of the Medical Association of South Africa, Professor Guy de Klerk, said at a Press conference in Pretoria yesterday.

Earlier this week the Minister of Health, Dr L A P A Munnik, angered the country's doctors by rejecting a demand for a six percent increase in fees. He referred the demand back to the SA Medical and Dental Council.

Professor De Klerk said the profession was at the mercy of one individual — "and he can block our recommendations for fee adjustments for just as long as he likes".

The Minister controlled the income levels of 90 percent of those involved in medical and health services — doctors, nurses and para-medical personnel. The Minister's decision had dismayed and shocked the association. The council had approved the asked-for increase in the statutory tariff five months ago. The Minister's action was an insult to the authority of the council.

Professor De Klerk pointed out that the Minister had delayed for nine months the implementation of the nine percent increase in 1981.

This placed the association in a position where it would be unable to appeal to its members not to contract out and "patients would feel the blow".

### Quality

Professor De Klerk stressed the problem was greater than just doctors' earnings. It concerned the recruitment of nurses and paramedics and the quality of all national health services.

Professor De Klerk said if the Government wanted to wait until the Browne Commission had reported on doctors' earnings, an interim adjustment could have been made. There was no way the request for a six percent increase could be considered unreasonable.

The profession had been given no explanation why the request had been rejected.

### Indefinite

Professor De Klerk said the Minister could delay increases indefinitely.

He had to reply to demands by the Medical Council within three months. But once he referred recommendations back to the council there was no time limit laid down for his response. This was an intolerable situation.

Since the 1979 fee increases the cost of living had risen by about 40 percent and doctors had been given only nine percent tariff increase — last September — to compensate for this.

He emphasised that contracted in doctors could not make free adjustments to counter the erosion of their incomes by inflation.

About 80 percent of the country's 6 000 private sector doctors were contracted in.

# Free scheme for doctors intolerable, says prof

BY GERALD REILLY

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RMH 50/1/82



# Govt fee-fixing for doctors 'intolerable', says Masa

Own Correspondent

PRETORIA. — The government's fee-fixing procedures for doctors had led to an intolerable situation "and it cannot be allowed to continue", the president of the Medical Association of South Africa (Masa), Professor Guy de Klerk, said at a press conference in Pretoria yesterday.

Earlier this week the Minister of Health, Dr Lapa Munnik, angered the country's doctors by rejecting a demand for a six percent increase in fees. He referred the demand back to the SA Medical and Dental Council.

Professor De Klerk said the profession was at the mercy of one individual — "and he can block our recommendations for fee adjustments for just as long as he likes".

Dr Munnik controlled the income levels of 90 percent of those involved in medical and health services.

His decision had dismayed the association. The asked-for increase in the statutory tariff was approved by the Medical Council five months ago and Dr Munnik's action was an insult to the authority of the Medical and Dental Council.

Professor De Klerk pointed out that the minister had delayed for nine months the implementation of the nine percent in-

crease in 1981.

The association was now placed in a position where it "would be unable to appeal to its members not to contract out and patients would feel the blow".

Professor De Klerk emphasized that the problem was greater than just doctors earnings. It included the earnings and therefore the recruitment of nurses and para-medics and in fact concerned the quality of all national health services.

He said if the government wanted to wait until the Browne Commission reported on doctors earnings an interim adjustment could have been made.

The profession had been given no explanation on why the request had been rejected, he said.

Professor De Klerk said Dr Munnik could delay increases indefinitely.

He had to reply to demands by the medical council within three months. But once he referred the recommendations back to the council there was no time limit laid down for his response.

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CAR - Crits 30/1/82 (93)



ARGAS 8/2/82

# 'Urgent' need to train doctors

56  
93

A UNIVERSITY of the Western Cape medical faculty, training at least 80 doctors a year, is urgently required to relieve the health position on the Cape Flats, says the university's rector, Professor Richard van der Ross.

Addressing the university's graduation ceremony at the weekend, Professor van der Ross expressed his dismay at Government delays in establishing the long-promised faculty.

The Cabinet, he said, approved this development in 1974 and in 1977 the prevailing recession was cited as the reason why it could not be established.

Since then, Professor van der Ross said, the economy had recovered and was already approaching its next recession, and still no medical faculty had been established.

A 'great city' like Mitchell's Plain had, in the

interim, developed on the Cape Flats — but no provision was made for a general hospital.

In spite of the economic recovery, Professor van der Ross said, nothing had been done to relieve the general health of the community, and a UWC medical faculty was the only measure that could remedy this.

He said the apparently arbitrary detention of students was hampering the

smooth functioning of the university, and expressed concern at such detentions.

A total of 576 degrees were awarded at the ceremony, including a doctorate for Mr Aubrey Clifton Redlinghuis, honouring his pioneer study in geography and environmental studies.

Dr Anna Böeseken, the eminent historian, was awarded an honorary professorship by the university.



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Sunday Tribune 14/2/82

Grief-stricken beyond tears . . . Mrs Jill Berger, Neil Aggett's sister

Mourning

Pictures by

Bush

+ Paul Weir

LEADING medical men, num-  
bered by the death in detention  
of Dr Neil Aggett, seem set for  
a national confrontation over  
the organisations that steer  
doctors' relations with the  
State and its detention laws.

With the Steve Biko affair always  
looming in the background, Profes-  
sor Peter Folb, chief physician at  
Cape Town's Grootte Schuur Hospital  
and chairman of the Medical Con-  
trols Council, said that while deten-  
tion laws had made Dr Aggett's  
death possible, the medical profes-  
sion shared a dreadful responsibility.

Professor Folb's statement was  
adopted by a meeting of about 500  
staff and students at the University  
of Cape Town medical school.

He said many doctors  
were becoming ashamed  
of being members of  
their profession and  
that South Africa was  
losing some of its finest  
sons and daughters in  
its dungeons and was  
plummeting into the  
dark ages.

In Durban, Professor  
Theodore Sarkin, outgo-  
ing dean of the  
University of Natal's  
medical faculty, went  
along with Professor  
Folb.

"I would say that all  
doctors such as those in  
the Medical Council and  
the Medical Association  
(Masa) should come out  
strongly against deten-  
tion without trial and  
solitary confinement,  
which is absolutely  
medically inhuman and  
unacceptable."

He added: "Yes, I can

By **RON GOLDEN**  
and **TONY**  
**SPENCER-SMITH**

say the council has not  
carried out reforms  
called for after the  
Steve Biko inquiry.

"The whole method  
of detention and in-  
terrogation should be  
totally under medical  
supervision. To keep  
these people away from  
their families is also  
totally inhuman and  
unacceptable."

Professor Phillip  
Tobias, dean of the  
medical faculty at the  
University of the  
Witwatersrand, told the  
**Sunday Tribune** he  
would like to put the  
matter in a "more  
positive light by urging  
the medical bodies to  
get cracking."  
"My faculty believes

Masa overtures to the  
Minister involved  
should be expedited  
and broadened.

"We believe — as  
long as the pernicious  
security laws remain on  
the statute book — that  
the major thrust of the  
action by members of  
the medical profession  
should be to strive for a  
change in the laws  
governing the treat-  
ment of detainees and  
not just the right of ac-  
cess of doctors to de-  
tainees.

"We don't believe  
that goes far enough.

"A detainee patient  
should have access to a  
doctor of his own  
choice. Moreover in the  
event of an injury sus-  
tained by a detainee, it  
should be made  
obligatory for the doc-  
tor in attendance to  
report this to the ap-

propriate authority, in-  
cluding, especially, the  
Minister of Health."

Dr Tobias recalled, as  
did the executive com-  
mittee of Masa after a  
meeting yesterday, that  
in June last year Masa  
asked for a meeting  
with the Minister of  
Health and the Minister  
of Justice on detainees'  
health.

"No less than six  
months has elapsed  
since that decision was  
taken and there is no  
indication that the in-  
terviews have been held  
or changes in the  
legislation about de-  
tainees are pending."

Professor Frans Gel-  
denhuys, president of  
the Medical Council,  
would not comment.

Professor Guy de  
Klerk, chairman of the  
federal council of Masa,  
was not available.

# Medical chiefs seem set for row over the detention laws



The draped coffin of Dr Neil Aggett is carried into St Mary's Cathedral by six pallbearers.



Cape Times 20/2/82

# Masa document on role in Biko affair

Staff Reporter

THE Medical Association of South Africa yesterday issued a 14 page document rebutting "accusations and false statements" on its role in the Steve Biko affair and related health matters.

Released in the name of the secretary-general, Dr C E M Viljoen, the supplement to the South African Medical Journal urged all registered doctors in South Africa to reassess their position with Masa. They were asked to give unqualified support to the organization to ensure that health services did not become a local or international "political football".

Because of the "hostile and uninformed criticism" against Masa in recent years, the executive committee of the Federal Council decided in November last year to pub-

lish "the true and correct facts".

Commenting on deaths and torture in detention and Masa's role in "the so-called conspiracy of silence", Dr Viljoen said no shred of evidence had been produced to support the allegations.

## 'Out of hand'

He rejected "out of hand" any implication that Masa had been involved with "torture and murder" of political prisoners.

Dr Viljoen emphasized the organization's unreserved support of the "Declaration of Tokyo", which provided guidelines for medical practitioners in respect of such circumstances.

On the medical treatment of the late Mr S B Biko - the black consciousness leader who died in detention - Dr Viljoen said there was noth-

ing Masa could do, legally or constitutionally, after the Cape Midlands branch had found there was no *prima facie* case against the doctor concerned.

## Ethical

He pointed out that Masa's constitution had since been amended to enable the federal council to always have the final say in ethical matters and to initiate ethical inquiries.

"The association is not, however, aware of a single positive step taken by any of its many critics to improve either the medical care of prisoners and detainees, or to define the medical ethics involved in such care, and it is to be doubted whether any such steps have in fact been taken by them, although they have been vociferous enough in their negative criticism."



# Masa calls for doctors' support

ARGUS 22/2/82 (93) ~~22/2~~

**Medical Reporter.**  
 THE Medical Association of South Africa has urged doctors to reassess their position with Masa following 'accusations and false statements' on its role in the Steve Biko affair. In a 14-page statement, Masa calls for the unqualified support of doctors to prevent health services from becoming a local or international political football.

The statement, issued in the name of the secretary-general, Dr C E M Viljoen, and carried in the latest issue of the South African Medical Journal, rebuts what it terms 'hostile and uninformed criticism.' It also rejects any implication that Masa was involved with the torture and murder of political detainees.

Dr Viljoen said no evidence had been produced to support allegations of Masa's role in the so-called conspiracy of silence on the matter of deaths and torture in detention. Concerning the medical treatment of black consciousness leader Steve Biko, who died in detention in 1977, Dr Vil-

joen said there was nothing Masa could do legally or constitutionally, after the Cape Midlands branch had found there was no prima facie case against the doctor concerned. He added that Masa's constitution had since been amended to enable the federal council to have the final say always in ethical matters and to initiate ethical inquiries.

(2)

24 000	24 000	Bank	Jan 31:	Debtor (Insurance Company)	being receipt of proceeds
300	300	Income Statement	Jan 2:	Insurance Expense	being closing entry
24 000	24 000	Income Statement	Jan 2:	Income from Life Policy	being closing entry
24 000	24 000	Debtor (Insurance Company)	Jan 2:	Income from Life Policy	being accrual of proceeds receivable
300	300	Bank	04, Jan 1:	Insurance Expense	
Years 02 and 03 - same as 01					
300	300	Income Statement	Dec 31:	Insurance Expense	being closing entry
300	300	Bank	01, Jan 1:	Insurance Expense	being payment of premium

(1)

Premiums Treated as Business Expense

SOLUTION TO: GL5



ROOM 27/2/82 (93)

# 'Facilities not to blame for lack of black doctors'

By J S MOJAPELO

THE present shortage of black doctors was primarily due to the lack of sufficiently qualified matriculants rather than insufficient medical school facilities, according to Professor F P Retief, the rector of the Medical University of South Africa (Medusa).

Of the 15 663 doctors in the country during December 1980, less than two percent were black.

Writing in the current edition of the South African Medical Journal, Prof Retief said over the past three decades 3% to 4% of white Stan-

dard Ten schoolchildren with matric exemption subsequently qualified as doctors compared with 1½% for blacks, 9% to 18% for Asians and 7½% for coloureds.

Prof Retief said five years ago about 50% or more of serious black applicants to medical schools were successful in comparison with about 25% in the case of whites.

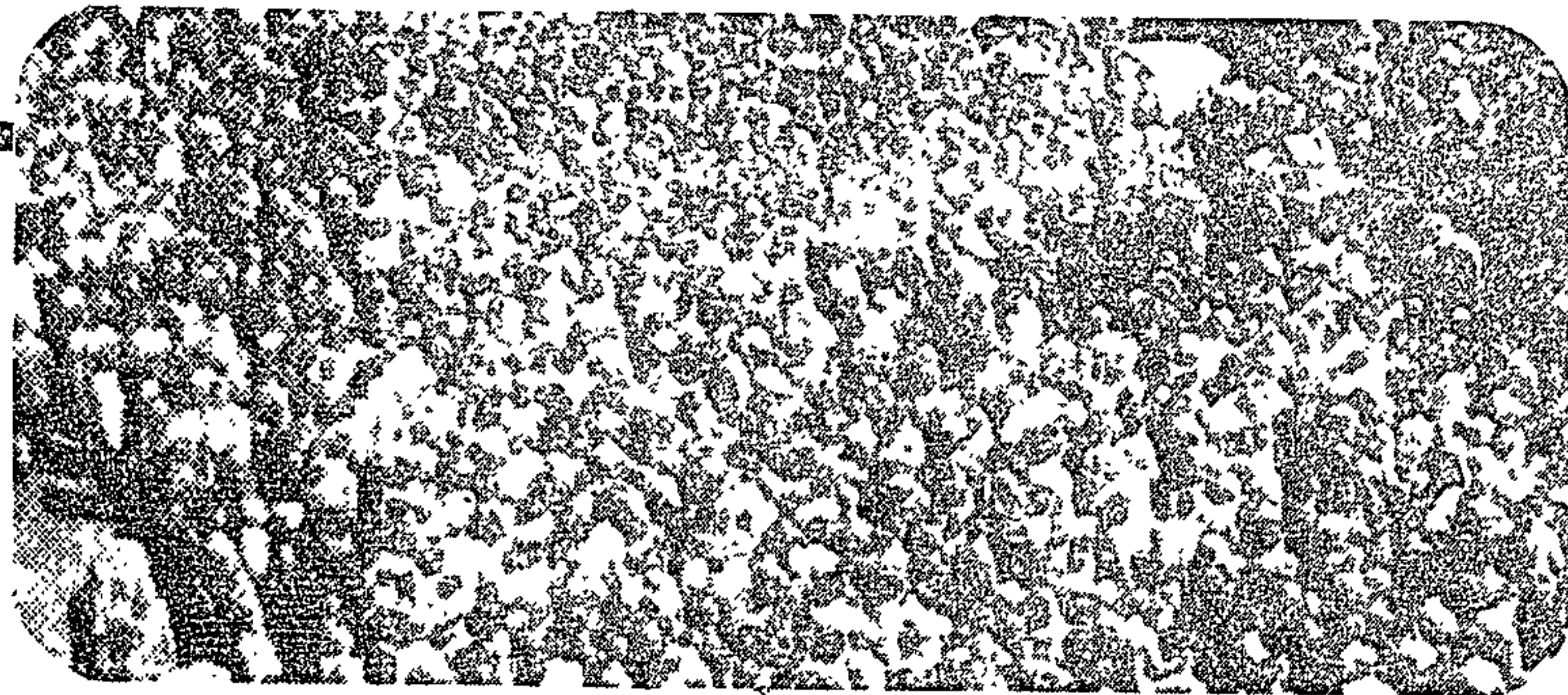
He said due to the recent explosion of black matriculants (11 000 in 1977, rising to 43 000 in 1980) there had been a marked drop in the percentage of successful black

applicants in spite of the creation of Medusa in 1976, which caters predominantly for blacks.

He added that in view of the fact that present matriculants were often academically disadvantaged, the extensive backlog of black doctors would not be met simply by increasing the black intake on a merit or quota basis at existing universities.

Prof Retief said a strong case could be made for the establishment of Medusa-like institutions over the next decade.





● This picture graphically illustrates the incidence of heart disease. The shaded portion of the crowd represents the 20% of South Africans who will be killed by heart disease.



● Dr Ali Bacher  
... happy after local op



● Dr Marius Barnard  
... blacks susceptible

# The medical aid schemes are killing us, say heart experts

**CATHY KENTRIDGE finds that members may not get a fair return on subscriptions**

**HEART** disease deaths account for 20% of the annual toll in South Africa — yet cardiac specialists claim they are being forced out of business by medical aid societies.

Although members of these schemes apparently have the choice of treatment at either a provincial or a private hospital, Sunday Express investigations have revealed that most societies will only pay provincial hospital rates.

But, especially in the Transvaal, private doctors are not allowed to operate at provincial hospitals.

Specialists said few people could afford to foot the bill themselves for open-heart surgery in a private hospital — between R4 000 and R8 000 — and that this meant patients were being deprived of the choice of where and by whom they could be treated.

It also meant, they said, that highly-trained surgeons in private practice were being deprived of the opportunity to exercise their skills.

The fear expressed by many cardiac surgeons and cardiologists is that the future of cardiac surgery in South Africa is being placed in jeopardy, because they are not being motivated to undertake the four-year specialisation course.

An eminent cardio-thoracic surgeon told the Sunday Express that provincial hospitals could not even absorb the number of cardiac surgeons they trained.

"In a way these young doctors are caught in a vicious circle. They don't know which direction their ca-

reers will take because if they turn to private medicine they are in effect deprived of the opportunity to practise their profession."

Cardiac surgeon Dr Marius Barnard told the Sunday Express: "This is a very serious problem since white South Africans have the highest incidence of coronary artery diseases in the world and the black population is particularly susceptible to rheumatic heart ailments through septic throats being neglected because of lack of primary health care."

But a very different view was expressed by one eminent cardiac surgeon in full-time practice.

He did not agree that the future of cardiac surgery in this country was at stake as there were "plenty of jobs in provincial hospitals at this point in time".

He said that the question of medical aid for open heart surgery was a very new problem as up until two years ago almost 90% of open heart surgery was performed in the teaching hospitals and that schemes

hospital, including the operation, cost my medical aid scheme R175. In the US it would have cost me between R30 000 and R50 000."

Mr Tony Factor, of discount stores fame, also had his open-heart surgery performed at the J G Strijdom.

"I had no choice in the matter as I was unconscious at the time. But I'd go there again as I feel, and have world opinion on my side, that I got the very best treatment there.

"It cost my medical aid scheme about R150. The doctor who did my op said, when I wondered at the very small amount it had cost, that he reckoned I had no need to feel bad, as being a large taxpayer, I had paid for the treatment indirectly through taxes which went towards financing the hospital."

Many such people have subsequently given large donations to medical research funds.

The medical aid point of view was expressed by a spokesman for a prominent

Johannesburg scheme who said: "By limiting our payments to provincial rates for major surgery such as open-heart, we are in fact benefiting all our subscribers in the long run.

"By not paying out too much to any one person, we do not drain the pool for others. We will however hear appeals on the grounds of hardship for ex gratia payments."

The cost of open-heart surgery remains the same at a provincial hospital, but is "hidden" — the whole operation could apparently cost as little as R175 — with the taxpayer rather than the patient or medical aid scheme paying the difference. The societies merely pay "bed" fees.

One doctor said: "Medical aid schemes are in fact renegeing on their contracts by insisting, in effect, that open heart surgery is performed at provincial hospitals.

"Their subscribers may have been paying regular subscriptions for years and then when they really need

to derive benefit from their scheme, the scheme 'cops out' and lets the province — that is the taxpayer — foot the bill."

He feels that it is only the patient or subscriber to medical aid schemes who can really bring any pressure to bear — by boycotting the schemes if necessary to get them to change their regulations.

Last week delegates from the Federal Council of Medical Associations met with the Representative Association of Medical Schemes (RAMS) to discuss the question of whether regulations could be changed to include medical aid cover for private open heart surgery.

The chairman, Mr D J Ernstzen, could not be reached for comment.

Whatever conclusions RAMS reaches can only be passed on to the various medical aid societies — of which there are about 300, most registered in South Africa — as recommendations rather than as obligations.

**DON'T BE MISLED**

**NOT ALL SEALYS ARE POSTUREPEDI!**



heart surgery

He expressed reservations about private open-heart surgery, explaining that an open-heart operation was essentially a matter of teamwork.

"I do not know if the necessary team which does exist in a teaching hospital can be created in a private hospital."

However, private doctors, while accepting the importance of teamwork, maintain that their standard of excellence is every bit as high as at the provincial hospitals.

At one provincial hospital doctors work a 20-hour day to get through their open-heart list while private doctors are working at far below capacity.

At the J G Strijdom Hospital about 1 200 open-heart operations are performed annually.

A nearby private hospital performs about 100 a year.

But there is also the apparent anomaly of some people who can afford private surgery having it done at provincial hospitals.

Dr Ali Bacher, a former Springbok cricket captain and himself a medical doctor, said: "When I was told I needed open-heart surgery my immediate reaction was to run to America.

"But I was persuaded that the cardiac unit at the J G Strijdom hospital was equal to the best in the world. And I have been very happy with the results.

"My seven-day stay in the



# Suspended surgeon to be prosecuted

93 S. Times 28/2/82

THE Attorney-General is to prosecute a former Northern Cape district surgeon on a charge of culpable homicide.

This follows the suspension of the district surgeon, who was based in Vryburg, by the SA Medical and Dental Council which found him guilty of disgraceful conduct.

A disciplinary committee found that he had neglected to make an examination of a patient for almost 10 hours after he had been informed that the patient had a suspected brain injury.

Nine hours later he had still not given his unconscious patient any treatment.

The patient, Mr J J F van Wyk, a coloured labourer, died on March 30, 1979, as a result of the injury.

The council suspended the former district surgeon for six months.

The suspension, which came into effect on August 5, 1981, arose from a complaint

By KEVIN DAVIE

lodge with the council 18 months previously by ombudsman Mr Eugene Roelofse.

The ombudsman office became involved in the case when Mr van Wyk died after being arrested by the police on a charge of drinking in public.

## Ombudsman

Mr van Wyk's family asked the ombudsman office to investigate and to represent them at the inquest.

"We found that rumours in the town that Mr van Wyk had died of a police assault were unfounded. He had attempted to escape from the charge office. A scuffle fol-

lowed and he bumped his head on the ground."

At the inquest, the magistrate returned an open verdict.

The ombudsman office decided to pursue the matter because of inconsistencies in affidavits submitted at the inquest and laid a complaint with the SA Medical and Dental Council.

But Mr Roelofse was not completely satisfied with its finding and took the matter further.

"We were dissatisfied because we believed the council could have taken action on other grounds as well," says Mr Roelofse.

"We referred the issue to the Attorney-General suggesting the degree of negligence was so gross as to justify a charge of culpable homicide."

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1/3/82

THE ARGUS, MONDAY MARCH 1 1982

ARGUS Bureau  
PORT ELIZABETH.

The conduct of only one of the three doctors who treated Steve Biko before his death was investigated at an inquiry by the Medical Association of South Africa (MASA).

The fact that he was not found guilty of disgraceful or improper conduct does not necessarily mean he was regarded as entirely blameless.

The inquiry was hampered, among other things, by the fact that it is based on only three of the 23 lengthy volumes of

# Medical body's probe on three Biko doctors hampered — claim

Argus 1/3/82

The evidence at the inquiry on Mr Biko in 1977, according to informed sources.

The Argus investigation points out that the main South African Medical Council (SAMCO) not to act against the Biko doctors inquiry be held to deter

mine if he was a fit and proper person to continue being a member.

The other district surgeon concerned, Dr Ivor Tucker, a district surgeon in the Eastern Cape Midlands branch of the association that an inquiry be held to deter

plaintiff did not question his merits for continued membership.

The decisions by MASA and the SAMCO show members: Dr Angus, Hofmeyr (chairman of the branch and the committee), who is a pathologist, Dr J J Geete, a radiologist, Dr R P Benson and Dr P D Beck, both pathologists.

One was a decision by a professional body and the second (by the SAMCO) a decision by a statutory body on the conduct of the three doctors, with a view to possible further steps.

Both decisions were based on conclusions arrived at by committees of the parent bodies.

Both committees based their decisions to a large extent on a study of a limited part of the record of the inquiry.

93  
2/29

to see the issue in a certain way. Members were for instance, encouraged to read certain newspaper reports, described as biased.

Some of this correspondence, now being referred to in MASA as 'hot documents' will be available if an open inquiry into the issue is held.

Although the impression has been created that the ethics committee had the full record of the inquiry proceedings, it in fact had only three of the 23 volumes. The committee were not prepared to pay the thousands of rands it would have cost them to obtain the full record.

Only three sets of the ethics committee have of all three doctors by the Tucker comment or their in-over all three — the camera, two of them have said that they believe

One of them said: 'There is a lot of ignorance about what has happened (about the medical treatment of Mr Biko). But even with more evidence, our decision about Dr Tucker would have been the same.'

Another member said that if representatives of Mr Biko's family had allowed the medical evidence at the inquiry to proceed more spontaneously, additional important facts would have emerged.

The only way these facts can come to light is through a full appraisal of all three doctors by the jurisdiction all three — the committee

## PERSPECTIVE

MASA looked into the matter as a result of a request signed by 38 members, that an inquiry be held into the conduct of one of the doctors.

The complaint and accompanying evidence were provided hastily and were not well prepared. Important points to be raised in the inquiry were left out.

The complainants were so keen to see a man that in their view was correspondence pressure through them in a limited time.

## VOLUMES

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## DISCUSSIONS

The members knew the three doctors in question well and had personal discussions with them, which to a certain extent must have influenced their judgment.

A special inquiry held later by MASA disclosed that Dr Lang and Dr Tucker were forbidden by the Department of Health to appear before the ethics committee.

The members of this inquiry, however, found, and facts would have emerged.

The only way these facts can come to light is through a full appraisal of all three doctors by the jurisdiction all three — the committee

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# Inquest finds doctor responsible for death <sup>93</sup>

*Daily Dispatch 2/3/82*

JOHANNESBURG — A doctor who attended the confinement of a woman who died during the normal birth of her third child was yesterday found criminally responsible for her death.

An inquest magistrate, Mr A. B. Joubert, found Dr H. A. Nel was responsible for the death of Mrs Ann Holt, 22, who died on June 22 last year of post partem bleeding.

The findings of the formal investigation into Mrs Holt's death will be forwarded to the Attorney-General in Pretoria, who will make the final decision on whether criminal proceedings will be instituted against Dr Nel.

Mr S. M. Wentzel, for the sisters of the Mary Mount Clinic and the

Holt family, said in his evidence that the post mortem had not found Mrs Holt had a placenta accreta (a placenta which had become attached to the womb), as Dr Nel had diagnosed. He asked the court to recall the events of the fatal night. It was clear that Dr Nel himself was disturbed about Mrs Holt's condition, if one looked at what he and his wife would say.

Dr W. B. Irwin, an anaesthetist, said in previous evidence that Mrs Nel telephoned him and almost shouted: "This is an emergency case, come quickly."

According to a gynaecologist, Dr Abraham Stein, there was blood on the sheets and blood in the kidney bowl. In his opinion, the

only way to stop the bleeding was to remove the placenta.

Mr Wentzel said Mrs Holt bled to death "over a period of time and not suddenly."

Dr Nel's description that Mrs Holt's condition had changed from that of a healthy patient after Dr Irwin had entered the maternity ward, and that she had suddenly begun bleeding actively, did not fit in with existing medical knowledge.

Mr M. J. Strydom, for Dr Nel, said in his evidence that a failure of judgment on Dr Nel's part was more likely than negligence.

The magistrate was assisted by Professor J. D. Loubser, the chief state pathologist. — SAPA.

JUST

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# Cape has 212 E. Post 4/3/82 (93) housing units for doctors

Post Correspondent

CAPE TOWN — The Department of Hospital Services has 212 houses or flats which it makes available to provincial doctors, of which the majority are in Port Elizabeth, Bellville and East London.

Mr Piet Loubser, MEC in charge of hospital services, gave statistics of housing available for hospital personnel in reply to questions by Mr Edward Trent (PFP, Port Elizabeth Central) in the Cape Provincial Council.

At Port Elizabeth, there is accommodation for 33 doctors at the Provincial Hospital and 53 at Livingstone Hospital. There are 41 homes or flats for doctors at Tygerberg Hospital in Bellville.

There are 27 houses and flats attached to Frere Hospital in East London.

Other figures are: Kimberley 19, Uitenhage 11, Grey (King William's Town) and Eben Donges (Worcester) six each, Conradie, Stellenbosch and Frontier, three each, Settlers (Grahamstown) and Knysna two each, and one each at Karl Bremer, Oudtshoorn and George.



93 (107)

Mercury 4/3/82

# Doctor shortage in KwaZulu 'desperate'

**By PATRICK LEEMAN**  
THERE is a desperate shortage of doctors in KwaZulu hospitals

At least a third of the doctors' posts in 30 hospitals are vacant and the situation 'is incredibly bad', according to Dr Dennis Madide, Minister of Health, Welfare and Pensions for the region

Dr Madide said yesterday that the position was getting worse and he said

he was 'extremely disappointed' with the response of South African doctors

'Most of our recruitment is with overseas doctors,' he explained

Dr Madide said there were 64 vacancies out of a total of 209 doctors' posts in KwaZulu

He said that there were 25 Army doctors working in the region and this would be increased to 45 in May

Dr Madide said some church groups which formerly recruited doctors were no longer active in South Africa

The minister said that where churches such as the Evangelical Lutheran Church and the Catholic Church retained an interest, they helped the KwaZulu Government with recruitment. They did not, however, run the hospitals any longer

Dr Madide said the

Medical School of the University of Natal in Durban was experiencing the same problems as KwaZulu

Last year 80 medical students completed their course, he said, but of these only 18 were blacks

Dr Madide said provincial hospitals could often offer 'perks' to doctors which KwaZulu hospitals could not. Very often, however, salary scales,

such as those for medical superintendents, were on a par

The secretary of the Young Men's Christian Association in Durban and a past president of the Port Natal Rotary Club, the Rev William Bell, said yesterday he had written to Rotary clubs and Christian organisations all over the world appealing to doctors to work in KwaZulu hospitals



# Plea for medical school in PE

5/3/82  
E. Post  
93  
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Post Correspondent

CAPE TOWN — A plea for a teaching hospital and medical school in Port Elizabeth, where there was only one doctor for every 1 344 people, was made in the Cape Provincial Council yesterday by Dr John Sonnenberg, chief opposition spokesman on health.

Dr Sonnenberg (PFP, Green Point) said there were already two medical schools attached to teaching hospitals in Cape Town, where there was one doctor for every 218 people.

Quoting the Department of Statistics, Dr Sonnenberg said the doctor-population ratio was one for every 374 in Pretoria, one for each 422 in Durban and one for every 727 in Johannesburg.

Bloemfontein, which was half the size of Port Elizabeth and which had a medical school, had one doctor for every 575 people.

But there was no teaching hospital or medical school in Port Elizabeth, Dr Sonnenberg said.

1. See p.5 in Effective Communication of Laboratory and Design Work, P.D. Stevens-Guille (PDSCG/28/76) for a discussion of the conclusions.

2. Taken from Notes written by the Communication Studies Division of the University of the Witwatersrand.

3. Taken from Notes as above.

4. Taken from Notes as above.

## REFERENCES







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# Masa official: SA the target

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D. Dispatch 6/3/82

CAPE TOWN — The "hostile, uninformed half truths and fabrications" aimed at the South African Medical Association since the death of Steve Biko in 1977 is a well-planned and co-ordinated attack on South Africa, says Masa's general secretary, Dr C. E. M. Viljoen

This was stated in a supplement to the February edition of the South African Medical Journal, drawn up by Dr Viljoen in compliance with a resolution taken by the Masa executive last year.

Dr Viljoen said a superficial reading of all

allegations against Masa showed that identical words were used.

"It would be naive... to come to any other conclusion than that this is a well-planned and co-ordinated attack... against the country itself."

Answering allegations that Masa discriminated between its members and practised "apartheid medicine," Dr Viljoen noted that any legally qualified medical practitioner living in South Africa could become a member.

"Out of approximately 10 000 members there

are more than 700 Asians and 200 blacks," he said.

"A favourite ploy of critics is to quote the doctor/patient ratios according to racial groups.

"And that is to imply that while there is one medical practitioner for 400 white South Africans there is only one for 40 000 black South Africans."

Dr Viljoen said black, Asian and coloured patients were treated mostly by white doctors because they represented the majority of doctors.

Denying that Masa was

involved with the Security Police and "the torture and murder" of political prisoners, Dr Viljoen said: "Not a shred of evidence has been produced to support this."

He stated that regarding the treatment of Steve Biko, Masa "did not condone or endorse the findings of the SA Medical and Dental Council regarding the conduct of the doctors responsible."

But "there was nothing legally and constitutionally further the association could do." — DDC.



# Barnard hits at warning to hospitals

Cape Times 6/3/82

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Political Staff

**DR MARIUS BARNARD**, chief Opposition spokesman on health, has objected to a call on heads of provincial hospitals to be guarded in drafting their annual reports.

The Director of Hospital Services, Dr R L M Kotze, instructed hospital heads in a circular on January 13 to satisfy themselves that annual reports had been drawn up in "a responsible manner".

Dr Kotze said hospital heads would in future be held personally responsible for ensuring that reports did not give the outside world "a false image" of the institutions under their control.

In the recent past certain information had been presented in such a way that unfavourable and "unwarranted" criticism was generated.

## 'Insulting' circular

Dr Barnard, who for 10 years wrote the annual report of the department of cardiac surgery at Groote Schuur Hospital, said the circular was distasteful, insulting and seemed to query the integrity of the many hard-working doctors in provincial service.

"The circular suggests that the hospital reports in the past have been irresponsible and that they might give the world a false image of hospitals," Dr Barnard said in a statement released yesterday.



Dr Marius Barnard

"This I find a slur on the integrity and honesty of many doctors whose only aim is to serve their patients to the best of their ability," he said.

Dr Barnard said he hoped the provincial administration's medical staff would ignore the circular and that at all times the profession would uphold the ideals of medical integrity.

"It would be interesting to know if this circular was supported by either the Minister of Health or his Director-General, and if this circular has been sent only to the doctors of the Cape Province and not to those in the Free State, Natal and Transvaal."

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# White Kalafong doctors slammed

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Sowetan  
8/3/87

By MONK NKOMO

TWO Atteridgeville parents last week lashed out at "some white" medical doctors at the Kalafong Hospital "who caused a lot of misery and did not care about the lives of black people".

Mrs Emily Nkwana, of 58 Thidisa Street, told The SOWETAN that the condition of her son, Daniel (15), whose right hand "does not function", had deteriorated since he was injured on January 19 this year.

"Instead, every time we come here the white doctors prescribe pain killers for him. I have already spent R700 for his treatment but the doctors are really doing nothing. I even took him to the Garankuwa Hospital where I was told that there were no suitable doctors for this kind of treatment", said Mrs Nkwana.

The 58-year-old mother of two, who earns R58,00 per month as a flat cleaner, said she was the sole breadwinner in the family. Her husband, Mr Piet Nkwana, was semi-paralysed and her daughter had a newborn baby.

She added: "I wake up at 4.15 am to do piece meal jobs before getting to my normal duties at 7 am. Out of the salary I earn, R26,25 is deducted for my rent and the balance is spent on maintaining the family. I really cannot cope. Life is just unbearable.

"The white doctors make my life more miserable because Daniel, a standard four pupil, is my only hope. Our whole future lies with him".

Dr I Kapp, the hospital's deputy superintendent, promised to investigate the matter adding that he would "try and get the files and then look into the whole issue".

Mrs Nkwana said she was making plans to take her son to the Baragwanath Hospital, Johannesburg, for treatment.

"The doctors really do not care for our lives at Kalafong," said Mrs Nkwana.

Mr Asiel Mabaso (33) complained about the inefficient treatment received by his niece, Millicent (13), whom he drove to the hospital on Tuesday morning with a swollen right ankle.

He found on his return from work that the youth was in great pain and her ankle "worse than in the morning".

"The kid told me a white doctor only felt her ankle with his hand and ordered that she be bandaged without being X-rayed, or given medicines, even after having paid the initial R1,00 hospital fee," said Mr Mabaso.

He added: "I took her back to the hospital where I paid another R1,00 for hospital services. An Indian doctor then ordered that an X-ray be conducted.

"He said her tissues were damaged and prescribed a rubbing ointment and different types of tablets."

This, according to Mr Mabaso, "proved that the first doctor, who happened to be white, was either inefficient or racist. The fact that my niece was helped by a black doctor also proves that some white doctors do not care about our lives", said Mr Mabaso, who vowed that he would never in future "go to Kalafong for treatment".

"I'll be taken there unconscious," he said.

"The first doctor should have done what the second did. But I will go into the matter as soon as possible," said Dr Kapp.



# Medical aid schemes are killing us, say cardiac specialists

HEART disease deaths account for 20% of the annual toll in South Africa — yet cardiac specialists claim they are being forced out of business by medical aid societies.

Although members of these schemes apparently have the choice of treatment at either a provincial or a private hospital, Sunday Express investigations have revealed that most societies will only pay provincial hospital rates.

But, especially in the Transvaal, private doctors are not allowed to operate at provincial hospitals.

Specialists said few people could afford to foot the bill themselves for open-heart surgery in a private hospital — between R4 000 and R8 000 — and that this meant patients were being deprived of the choice of where and by whom they could be treated.

It also meant, they said, that highly-trained surgeons in private practice were being deprived of the opportunity to exercise their skills.

The fear expressed by many cardiac surgeons and cardiologists is that the future of cardiac surgery in South African is being placed in jeopardy, because they are not being motivated to undertake the four-year specialisation course.

An eminent cardio-thoracic surgeon told the Sunday Express that provincial hospitals could not even absorb the number of cardiac surgeons they trained.

"In a way these young doctors are caught in a vicious circle. They don't know which direction their careers will take because if they turn to private medicine they are in effect deprived of the opportunity to practise their profession."

Cardiac surgeon Dr Marius Barnard said: "This is a very serious problem since white South Africans have the highest incidence of coronary artery disease in the world and the black population is particularly susceptible to rheumatic heart ailments through septic throats being neglected because of lack of primary health care."

But a very different view was expressed by one eminent cardiac surgeon in full-time practice.

He did not agree that the future of cardiac surgery in this country was at stake as there were "plenty of jobs in provincial hospitals at this point in time".

He said that the question of medical aid for open heart surgery was a very new problem as up until two years ago almost 90%

— By —  
**CATHY KENTRIDGE**

of open heart surgery was performed in the teaching hospitals and that schemes were probably baulking at the high cost of private open heart surgery.

He expressed reservations about private open-heart surgery, explaining that an open-heart operation was essentially a matter of teamwork.

"I do not know if the necessary team which does exist in a teaching hospital can be created in a private hospital."

However, private doctors, while accepting the importance of teamwork, maintain that their standard of excellence is every bit as high as at the provincial hospitals.

At one provincial hospital, doctors work a 20-hour day to get through their open-heart list while private doctors are working at far below capacity.

At the J G Strijdom Hospital about 1 200 open-heart operations are performed annually.

A nearby private hospital performs about 100 a year.

But there is also the apparent anomaly of some people who can afford private surgery having it done at provincial hospitals.

Dr Ali Bacher, a former Springbok cricket captain and himself a medical doctor, said: "When I was told I needed open-heart surgery my immediate reaction was to run to America."

"But I was persuaded that the cardiac unit at the J G Strijdom Hospital was equal to the best in the world. And I have been very happy with the results."

"My seven-day stay in the hospital, including the operation, cost my medical aid scheme R175. In the US it would have cost me between R30 000 and R50 000."

Mr Tony Factor, of discount stores fame, also had his open-heart surgery performed at the J G Strijdom.

"I had no choice in the matter as I was unconscious at the time. But I'd go there again as I feel, and have world opinion on my side, that I got the very best treatment there."

"It cost my medical aid scheme about R150. The doctor who did my op said, when I wondered at the very small amount it had cost, that he reckoned I had no need to feel bad, as being a large taxpayer, I had paid for the treatment indirectly through taxes which went towards financing the hospital."

Many such people have subsequently given large donations to medical research funds.

The medical aid point of view was expressed by a spokesman for a prominent Johannesburg scheme who said: "By limiting our payment to provincial rates for major surgery such as open-heart, we are in fact benefitting all our subscribers in the long run."

"By not paying out too much to any one person, we do not drain the pool for others. We will however hear appeals on the grounds of hardship for ex gratia payments."

The cost of open-heart surgery remains the same at a provincial hospital, but is "hidden" — the whole operation could apparently cost as little as R175 — with the taxpayer rather than the patient or medical aid scheme paying the difference. The societies merely pay "bed" fees.

One doctor said: "Medical aid schemes are in fact reneging on their contracts by insisting, in effect, that open heart surgery is performed at provincial hospitals."

"Their subscribers may have been paying regular subscriptions for years and then when they really need to derive benefit from their scheme, the scheme 'cops out' and lets the province — that is the taxpayer — foot the bill."

He feels that it is only the patient or subscriber to medical aid schemes who can really bring any pressure to bear — by boycotting the schemes if necessary to get them to change their regulations.

Last week delegates from the Federal Council of Medical Associations met with the Representative Association of Medical Schemes to discuss the question of whether regulations could be changed to include medical aid cover for private open heart surgery.

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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s, notes, pieces of paper or other material be brought into the examination room and candidates are so instructed.

Candidates are not to communicate with other candidates or with any person except the invigilator.

One of the answer books is to be torn out.

Answer books must be handed to the commissioner or to an invigilator before leaving the examination room.

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**Detainees:**  
*Star 19/3/82*  
**Masa seeks**  
**new ideas**

The Medical Association of South Africa will explore new proposals in an effort to ensure detainees receive medical treatment from a practitioner of their choice.

This follows the Government's rejection of suggestions made by Masa at a top-level meeting in Cape Town yesterday.

The chairman of the Federal Council of Masa, Professor J N de Klerk, the vice-chairman, Professor N S Louw, and Professor David McKenzie met the Minister of Health, Dr Munnik, the Minister of Justice, Mr Coetsee, and General Mike Geldenhuys, the Commissioner of Police.

In a statement afterwards Professor de Klerk said there was discussion of the possibility of detainees having consultations with practitioners of their or their families' choice. The Government rejected the proposal "for reasons of security", he said.

**INTERFERED**

Professor de Klerk said the Government delegation was told that Masa's legal advisers believed section six of the Terrorism Act — the "detention clause" of the act — interfered with the rights of a practitioner to treat a detained patient.

General Geldenhuys outlined in detail procedures followed for the medical care of detainees.

The Masa delegation said it felt there was a very real attempt by the authorities to provide the best possible medical care for detainees.



# Parents lash Masa's stand on detainees

By ANNE SACKS

THE special health group of the Detainees' Parents Support Committee has lashed out at the Medical Association of SA for its "inconsistent" stand on State health care of security detainees.

Under attack is the view of Masa's Federal Council that "these people (the State) are trying to provide the best possible physical and mental care (for detainees)".

This statement was made by the federal council chairman, Professor Guy de Klerk, after a meeting with the Ministers of Law and Order and Justice. It was broadcast on Radio Today on March 18.

The DPSC health group says the statement contradicts a 1980 federal council statement that the doctors treating the late Mr Steve Biko did not have complete clinical independence, and that Mr Biko's treatment would probably have been different if he were not a security detainee.

They claim the statement also contradicts a 1981 Masa report which says the recommendations of Mr Biko's doctors — Dr Ivor Lang and Dr Benjamin Tucker — were overruled by Security Police.

The health group says "It is indeed a contradiction to accept the bona fides of the State's health care system after clearly documenting the compromised health care given to detainees".

The contradiction rendered Masa's earlier statements meaningless, which was emphasised by Dr Neil Aggett's death and the hospitalisation of at least nine detainees, it said.

"It took 45 deaths in detention before Masa acknowledged there was a problem.

"There have now been at least 50 deaths in detention. How many more deaths will it take for them to take action in applying pressure to ensure adequate health care for detainees?" the group said.

It said Masa had not committed itself to the DPSC move to incorporate independent doctors because it "has done and is doing everything in its ability to ensure that prisoners and detainees receive proper medical care".

But Masa's lack of support was in stark contrast to the positive response to the DPSC

campaign from health groups and medical associations both locally and abroad.

Several of the more than 180 medical groups contacted by the DPSC had already pledged their support to the parents' demand to have their detained relatives seen by an independent panel of doctors.

The health group questioned Masa's Radio Today statement, accusing it of making "no active effort" to alter the medical treatment of detainees; of being non-committal about discriminatory health practices; and of placing State security above the needs of patients, even though it condemned mixing health and politics.

Prof De Klerk's radio statement also brought into sharp focus a number of related issues the health group finds unacceptable.

He said detainees were tied to State doctors for a second opinion — although this was contrary to medical ethics. But for security reasons, it was "probably the only way in which it can be handled".

The health group condemns this view, saying it shows Masa's possible lack of confidence in the integrity of doctors.

Prof De Klerk suggested a medical panel be submitted for security clearance so a patient could choose, but then agreed with the Ministers that such a panel would be labelled a "stooge committee".

The health group said it could not see how a panel of doctors not appointed by the Security Police would be called a "stooge committee".

It also could not accept that:

- Masa should not concern itself with whether the law is right.
- The physical, especially psychological, welfare of detainees is of prime importance to the Security Police because their methods totally contradict this.

- District surgeons and Government-appointed specialists could provide a service equal to or better than any hospital service, especially because of the lack of privacy and confidentiality in the present system.

Prof De Klerk said Masa had a direct line of communication with the Minister of Justice. But the DPSC asked if the same applied to the Minister of Law and Order, since Section Six of the Terrorism Act falls under him.

The DPSC also invited Masa to establish a direct line with it. Thus far the parents have not heard from Masa.

Dodgers to sue DPSC over 'Odious D'



# Probe into racism, violence

Argus Correspondent

DURBAN. — A commission of inquiry has been set up to investigate racism and violence at the University of Natal in Durban. It will act in close liaison with the principal, Professor Des Clarence.

This follows a violent clash between opposing factions of students at an anti-cricket tour rally held at the university on Tuesday.

In a statement released today the Students' Representative Council appealed to all students to join it in challenging such 'abhorrent' behaviour on the campus.

The SRC called on all students to participate fully in presenting their views to the committee of inquiry.

# Jail for four in raid on TV during Springbok tour

Argus Correspondent

AUCKLAND (NZ). — The stiffest sentence on Springbok tour protesters has put four men behind bars for nine months.

The men — Paul William Tucker, 32, a wood turner; Martin Douglas Burton, 32, storeman; Dean Leo Parker, 33, scriptwriter, and John Frederick Irons, 28, an engineer — took part in what was described in court as a 'Commando-style operation' on September 12, the day of the final test between the

Springboks and the All Blacks.

The four men were found guilty on a joint charge of causing damage amounting to more than R10 000 to a microwave guide.

Their object was to cut a television transmission cable at a satellite station 65 km north of Auckland. During the raid, in which damage estimated at R45 000 was done to the transmitter, the raiding party wore balaclavas and masks. They carried slashing tools.

A security guard and his dog were intimidated.

Crown prosecutor Mr David Morris told the court that in recent years judges had been required to listen to evidence about defendants 'euphemistically described as protesters.'

Appearing for Burton and Tucker, a defence lawyer said it could well be that the principal offenders were not before the court. The seriousness of the offence was in the amount of damage done, but much of this wrong could be righted in civil proceedings.

Deterrence must be a factor in considering sentence on the four.

### RULE OF LAW

Pleading for Irons and Parker, their lawyer said: 'Having regard to deterrence, the court should have regard for the most unusual circumstances.'

'It was a tour, contrary to Government policy, by a Springbok rugby team that to many people condoned apartheid.'

Addressing the men before imposing his sentence, Mr Justice Kerr said: 'It saddens me that men of your character should be sentenced to a term of imprisonment.'

'But I cannot accede to submissions that your penalty should be less than custodial.'

'I have no doubt the raid was carried out as a protest against the South African rugby tour, a tour that divided New

ARGUS 19/3/82  
Masa in new bid on care of detainees

Argus Correspondent

JOHANNESBURG. — The Medical Association of South Africa will explore new proposals in an effort to ensure detainees receive medical treatment from a practitioner of their choice.

This follows the Government's rejection of suggestions made by Masa at a top-level meeting in Cape Town yesterday.

The chairman of the federal council of Masa, Professor J N de Klerk, the vice-chairman, Professor N S Louw, and Professor David McKenzie, met the Minister of Health, Dr L A P A Munnik, the Minister of Justice, Mr H J Coetsee, and General Mike Geldenhuys, the Commissioner of Police.

Professor de Klerk said the possibility of detainees having practitioners of their or their families' choice was discussed.

### REJECTED

The Government rejected the proposal 'for reasons of security,' he said.

Professor de Klerk said the Government delegation was told that Masa's legal advisers believed Section 6 of the Terrorism Act interfered with the rights of a practitioner to treat a detained patient.

General Geldenhuys outlined in detail procedures followed in medical care of detainees.

### REAL ATTEMPT

After a thorough discussion of this procedure and problems identified by members of Masa, it was felt by the Masa deputation that there was a very real attempt by the authorities to provide the best possible medical care for detainees within the limit of the Act,' Professor de Klerk said.

Masa was assured detainees are visited on a continuing basis by three responsible individuals who are not members of the establishment.

# Expert on

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93 Medical school for Coloureds 24/3/82  
Hansard Q. Col. 477  
361. Mr. A. G. THOMPSON asked the  
Minister of Internal Affairs:

- (1) Whether it is the intention of the Government to establish a new medical school for Coloureds in the Durban area; if so, (i) when and (ii) where;
- (2) whether such medical school will be served by a teaching hospital; if so,
- (3) whether any provision has been made for such teaching hospital; if so, what provision?

The MINISTER OF INTERNAL AFFAIRS:

- (1) No. (2) and (3) Fall away.



**"This is South Africa"**

354. Mr. W. V. RAW asked the Minister of Foreign Affairs and Information:

- (1) (a) How many copies of the information booklet *This is South Africa* were published in (i) 1980 and (ii) 1981 and (b)(i) in what languages was this booklet published, and (ii) how many copies were printed in each such language, in each of these years;
- (2) (a) how many copies of the (i) English and (ii) Afrikaans edition are dis-

tributed in the Republic and (b)(i) to whom and (ii) for what purpose are they so distributed?

The MINISTER OF FOREIGN AFFAIRS AND INFORMATION:

- (1) (a) The relevant edition was published in nine languages, with a total impression of 560 000 copies. Of this number
- (i) 338 000 were printed in 1980 and
- (ii) 222 000 in 1981.

(b)	(i)	(ii) Number of Copies	Year
English	.....	250 000	1980
Afrikaans	.....	53 000	1980
Hebrew	.....	35 000	1980
German	.....	49 000	1981
French	.....	59 000	1981
Spanish	.....	43 000	1981
Portuguese	.....	22 000	1981
Dutch	.....	27 000	1981
Italian	.....	22 000	1981

- (2) (a) (i) and (ii) Of the total impression, 175 000 in English and 48 000 in Afrikaans

(b) (i) They are distributed among the general public, but especially among South African citizens who intend to travel abroad, foreign tourists and businessmen.

(ii) Their purpose is to make available, in a handy and concise format, information on all aspects of South Africa, which would normally have to be drawn from a great number of sources.

93 (93) *Handwritten: Howard Q. G. 495*  
*Medical school for Blacks 496*  
*29/3/82*  
 362. Mr. A. G. THOMPSON asked the Minister of Education and Training:

- (1) Whether it is the intention of the

93  
 Hansard Q. 61-500-  
 Medical schools: first-year students 502  
 29/3/82  
 453. Dr. M. S. BARNARD asked the  
 Minister of National Education:

How many applications by students in  
 each race group for admission to the first-  
 year course were (a) received and (b) ac-  
 cepted in 1981 at each medical school fall-  
 ing under his Department?

The MINISTER OF NATIONAL EDU-  
 CATION:

University		Whites	Blacks	Indians	Coloured	Chinese
UP .....	(a)	553	—	—	—	—
	(b)	220	—	—	53	17
UW .....	(a)	688	159	281	8	6
	(b)	179	15	9	—	—
UOFS .....	(a)	460	—	—	—	—
	(b)	118	—	—	—	—

501  
 TUESDAY, 30 MARCH 1982  
 502

University		Whites	Blacks	Indians	Coloured	Chinese
UCT .....	(a)	734	30	298	157	10
	(b)	147	—	6	17	—
UN .....	(a)	—	204	250	24	—
	(b)	—	30	39	—	—
US .....	(a)	712	(62 applications were received from race groups other than white, but the University is not in a position to furnish the figure for each race group)			
	(b)	160	—	—	4	—

Note: The number of applications includes students who applied for admission to a number of universities.



Department of education	(a) Shortage	(b) Percentage	Latest date for which figures are available
Cape	No vacancies	44,8	April 1981
Transvaal	14 vacancies	49,3	9 March 1982
National Education	1 vacancy	31,3	31 March 1982

93 Howard Q. Col. 575-576  
500. Dr. A. L. BORRAINE asked the Minister of National Education:

How many students in each race group qualified as doctors at each medical school in the Republic at the end of 1980 and 1981, respectively?

University	White	Coloureds	Asians	Blacks
Orange Free State	61	—	—	—
Pretoria	169	—	—	—
Stellenbosch	114	—	—	—
Cape Town	137	14	7	—
Natal	—	—	48	47
Witwatersrand	176	4	7	4

Howard Q. Col. 575-576  
Universities: cost per student 2/4/82  
504. Dr. A. L. BORRAINE asked the Minister of National Education:

What was the cost to the State per student, excluding medical students, at each of the universities for Whites in 1980 and 1981, respectively?

The MINISTER OF NATIONAL EDUCATION:

University	1980 (R)	1981 (R)
UCT	2 168	2 601
US	2 369	2 847
UW	2 122	2 519
UP	2 379	2 862
RU	3 043	3 581
UN	2 791	3 359
PU for CHO	2 408	2 915
UOFS	2 425	3 032
UPE	3 411	3 594
RAU	2 873	2 940

Note: Dental students have been regarded as medical students.

The MINISTER OF NATIONAL EDUCATION:

Particulars for 1981 not yet available. Particulars for 1980 as follows: Students who qualified as medical doctors

Supplementary reply to Question 27 on Monday, 8 February 1982, put by Mr. D. J. Dalling (col. 36):

International sporting associations

27. Mr. D. J. DALLING asked the Minister of National Education:

- Whether South Africa was excluded or suspended from any international sporting associations in 1981; if so, from which associations;
- whether South Africa was in that year admitted to any such association from which it had formerly been excluded or suspended; if so, to which associations;
- whether in 1981 any countries or associations barred participation by South Africans or withdrew invitations to participate in sporting events; if so, (a) which countries and/or associations and (b) what were the events (i) from which South Africa was barred or (ii) for which invitations were withdrawn;

(4) what is the full list of international sporting associations or events from which South Africa is at present excluded, barred or suspended?

The MINISTER OF NATIONAL EDUCATION:

	(a)	(b)	(i) or (ii)
Canada	Women's Squash Rackets World Championships		(ii)
England	Rugby (Club)		(ii)
Taiwan	Rugby (Schools)		(ii)
West Germany	World Games for the Deaf		(ii)
Japan	Karate		(i)
International Athletic Federation	International Millrose Games (USA)		(ii)
International Athletic Federation	Hochst International City Marathon (West Germany)		(ii)

(4) With reference to the answer to Question 27(4) of 2 February 1982, I wish to inform that owing to the collective nature of the question, a collective answer was given.

The answer to Question 27(4) of 2 February has been reconsidered after further information was obtained, and is qualified as follows:

- SPORTING ASSOCIATIONS EXCLUDED/BARRED FROM PARTICIPATION IN ACTIVITIES OF THE RELEVANT INTERNATIONAL CONTROL LING BODY
  - SA Women's Cricket Association—not allowed to take part in world championships.
  - SA Badminton Union—may participate in world championships as individuals only.
  - SA Sporting Federation for the Deaf—not allowed to take part in any international meetings.
  - SA Roller Hockey Federation—not allowed to take part in world championships.
- SA Ice Skating Association—not allowed to take part in world championships.
- SA Women's Hockey Association—not allowed to take part in world championships.
- SA National Shooting Association—may participate in world championships as individuals only.
- SA Small-bore Rifle Shooting Association—not allowed to take part in world championships.
- SA Amateur Fencing Association—not allowed to take part in world championships, but further participation is unrestricted.
- SA Yacht Racing Association—in some divisions entries only for individual participation accepted, otherwise unrestricted and only by invitation.
- SA Women's Bowls Association—may not participate internationally (as a result of the Gleneagles Agreement).
- SA Waterski Association—is excluded.



# Foreign doctors amazed — local medics unimpressed

918 93 ROM 13/4/82

SEVENTY-FIVE of the 504 posts at Baragwanath are filled by foreign doctors, all attracted by the volume and diversity of cases and the advanced stage at which some patients come to have their diseases treated.

One foreign doctor, impressed by the volume of patients, said he had seen three septic joints on his first day at Baragwanath. He had seen three others in all his 12 years in medicine.

Local doctors say they are "under the impression" that foreign doctors are being awarded posts at the expense of black doctors, although they do not have figures to prove it.

The authorities dismiss this, saying they are forced to recruit doctors from overseas because there are too few local doctors to fill all the posts.

There are several reasons for the shortage of local doctors.

Scores of graduates leave the country to train at reputable teaching hos-

pitals abroad. Then there are medical students who have had their national service deferred until after they graduate, then go overseas to avoid military call-up. Others go into the army, and so on.

The shortage of black doctors is even more acute — there are only 133 at Bara — which many say is absurd since most South Africans are black.

They blame the inferior Bantu Education system for making it virtually impossible for blacks to compete for entry into medical school.

Also, blacks have to compete against each other for a place in "white" medical schools, which have a rigid quota system.

There are only two "black" medical schools, Medunsa near Pretoria and Westville in Durban, while medical schools at the University of the Witwatersrand and the University of Cape Town admit some black students.

Foreign doctors at Bara come for practical experience. Most do not try to understand the socio-economic context in which Bara functions.

A local doctor said: "We could not discuss the Neil Aggett affair with the foreign doctors because they are not interested in politics."

Foreign doctors argue that they are visitors and have no right to tell others to make changes.

They say the lack of identity between doctor and patient is not unique to South Africa. A foreign doctor interviewed by the Rand Daily Mail said Soweto was as much a mystery to him as east Los Angeles.

He said he could not identify with a Chicano patient in a Los Angeles hospital, for example.

Local doctors share the problem of not being able to identify with patients because of the language barrier.

③ A fall in the rate of interest will increase the liquidity preference of a consumer and increase the marginal efficiency curve which will cause the A-D curve to shift up and move where it is now. This will in turn increase consumption.

③ An increase in the marginal rate of tax will mean the consumption function slope will decrease because what this is saying is that as income for a consumer increases he does his tax rate increase. This is done so as to stabilize the consumption function.

CONSUMER A	MPC = 0.4	with R100 consumption R40
CONSUMER B	MPC = 0.8	.. .. 2.00 .. .. R20

A have the consumption function will change. Consumer B would consume R40 more than Consumer A because and give it to consumer E.

*[Handwritten signature]*



Coloured students at medical schools for Whites  
93 Hansard Q. Col. 595 14/4/82  
\*11. Dr. A. L. BORAINÉ asked the Minister of Internal Affairs:

How many Coloured students were granted permission to study at medical schools for Whites in 1981?

†The MINISTER OF INTERNAL AFFAIRS:

93.

# Plea for rise in medical tariffs likely

By GERALD REILLY  
Pretoria Bureau

THE SA Medical and Dental Council is expected to ask for an increase in doctors' fees this week.

The council, which is holding its quarterly meeting in Durban this week, is expected to make a strong demand that doctors' fees be increased with immediate effect.

Earlier this year, the Minister of Health, Dr L A P A Munnik, rejected and referred back to the council a recommendation for a 6,6% fee increase.

The demand for the increase — scaled down from the 15% asked for by the Medical Association of SA — was made to the Minister in October last year.

This was referred back to the medical council by Dr Munnik at the end of December for further consideration by the council's tariff committee.

This week's meeting of the council will consider a revised recommendation by its tariff committee.

The last tariff increase for doctors — of 9,1% — was approved by the Minister in September last year — a year after the original recommendation was made by the medical association.

Doctors have complained that the Minister waits until the maximum statutory period for his response has run out before making his decision known.

And Mr J Ernstzen, chairman of the Representative Association of Medical Aid Schemes, says the cost of getting sick continues to escalate at an accelerated pace.

He pointed out:

- Private hospital fees rose by 15% on April 1.
  - Two months ago provincial hospital tariffs were raised substantially.
  - Dentists' fees were raised 25% and physiotherapy fees by more than 30% in February.
- Mr Ernstzen said medical schemes had to keep constantly under review the level of subscriptions paid by their 1 200 000 members.

Except for a relatively small income from investments, the schemes were dependent on subscriptions.

Last year the schemes paid out more than R600-million in members' claims. About R240-million went to doctors, he said.

Sapa reports that among the issues to be discussed at this week's meeting of the medical council are measures to streamline the investigation of patients' complaints against doctors and dentists.

The council's registrar, Mr N M Prinsloo, said the changes would be in the interests of the public.

A proposal to separate disciplinary inquiries from examinations of the physical and mental capacity of doctors and dentists to practise will also be debated.

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To warm you up on cold winter nights — the simply sensational look of lurex and velvet.

Whatever your taste is, there is always some unique and lovely creation especially for you on easy to reach racks in the comfort and elegance of Stuttafords. If it's help and inspiration you need there are always friendly staff to assist you.

Hot news for Summer '83

Stuttafords in true go-ahead style are already importing their Summer '83 range, 'And it's absolutely beautiful', is the promise.

Silky, soft and flowingly feminine, with the accent on jade greens, nautical colours, brights and shockings.

Fabrics are organdies, silks, moire taffetas (as favoured by the Princess of Wales) and lace. The style is definitely 'romantic' with lots of tucking, low necklines and mother of pearl buttons. There will be a big return to longer lengths in formal and casual wear and plains as opposed to patterns. N.P.T.



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Changes made for overseas doctors

Mercury Reporter  
COMPREHENSIVE changes to the basis of registration for overseas medical and dental practitioners were among the many issues which were resolved at the second session of the 120th ordinary meeting of the South African Medical and Dental Council which began on Tuesday.

Since one in five of South Africa's doctors qualified through overseas universities, the president of the Council, Prof F G Geldenhuys, pointed out the importance of having one system which would serve as the basis of all registration, and which would take into account the ethical, legal and language requirements of the Republic.

The council consequently accepted a grouping of foreign qualifications into four categories, which provided for practitioners whose qualifications were automatically acceptable, to those who would have to write a full practical and written examination to be accepted.

Resolved

Special consideration was given to about 70 Polish refugee doctors who had applied to practise in South Africa.

Since most had fled their home country without documentary evidence of qualifications or proof of service, the council resolved to give them limited registration in the Republic on the strength of affidavits.

This decision will initially allow them to work for a period of six months, during which time they will be subject to progress reports at whatever provincial hospital they are employed, and also will have to comply with legal, ethical and language requirements of the Republic.

A question was also tabled concerning an allegation in a newspaper report that the council had done nothing to give effect to a resolution taken in October 1980 which had expressed concern to the Minister of Health, Welfare and Pensions about apparent deficiencies in medical care for prisoners and detained persons.

This was denied by Prof Geldenhuys, who said that the report did not accurately reflect the attitude of the council.

Among other issues considered was interest on overdue medical accounts.

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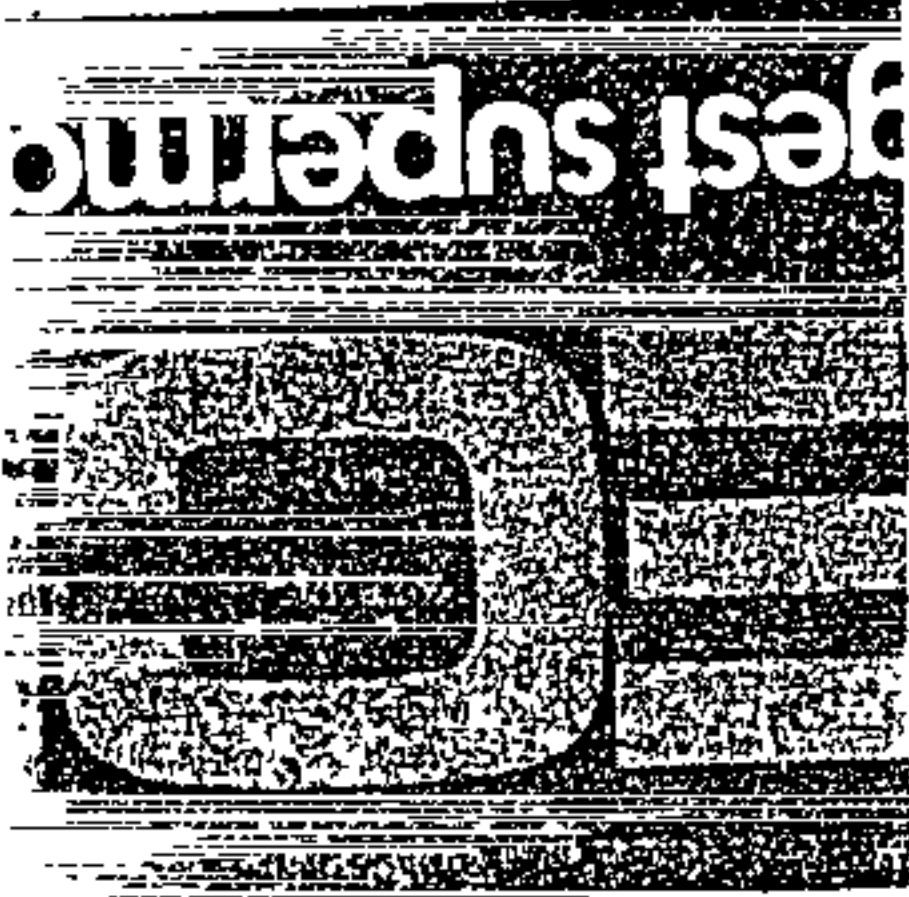
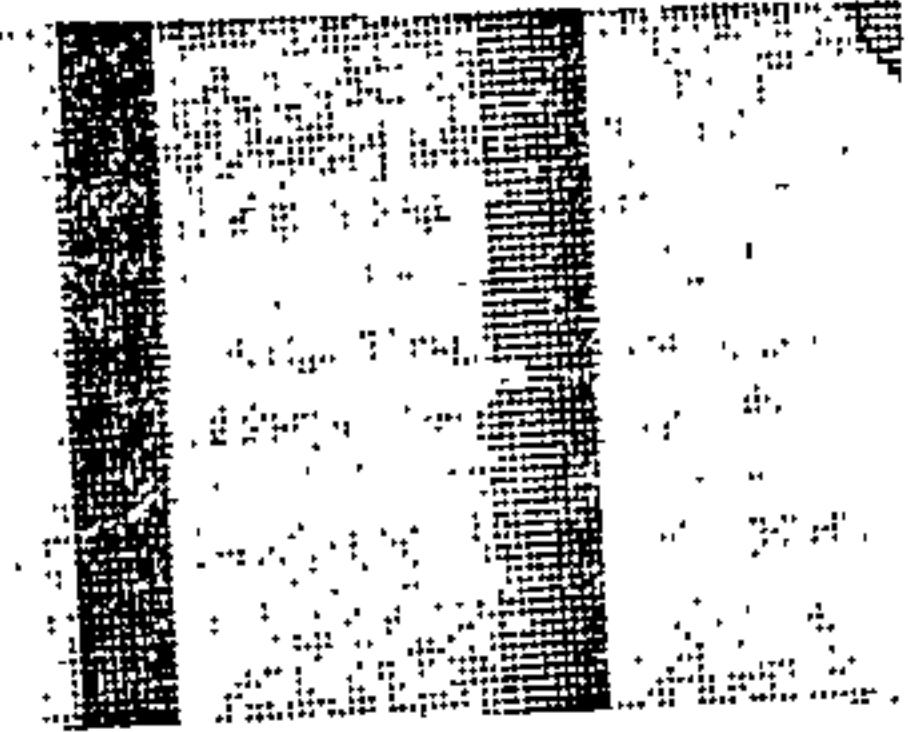
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# Rules relaxed for Polish doctors

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15/4/82  
Star

## Own Correspondence

DURBAN — About 70 doctors who fled Poland after the imposition of military rule have applied to practise in South Africa.

To help the Poles the South African Medical and Dental Council decided this week to relax its stringent rules governing the recognition of overseas qualifications.

A resolution on Tuesday cleared the way for this.

Because the medical refugees could probably not produce proof

of qualifications and experience, the council is prepared on strength of affidavits, to register them for six months and allow them to practise in South Africa.

According to the resolution the council would then need statements from the doctors' employers on their competence before extending the registration for five years.

Mr N M Prinsloo, registrar of the SAMDC, said about 70 Polish doctors had applied to practise in South Africa.

# Pan-Am service delayed

Pan-Am's renewed jumbo jet service to South Africa will start about five weeks late.

The airline was to have opened a new service between New York and Johannesburg on April 26, but runway repairs at Abidjan, the Ivory Coast capital, have forced it to postpone the start until June 1.

This was confirmed in Johannesburg yesterday by Mr Jimmy Eichelgruen, the marketing manager for southern Africa.

The flights, three a week, were to have stopped over at Abidjan, but the airport is closing at certain times over the next month for repairs, so the first journey from New

York has been delayed to June 1.

Pan-Am's take-offs from Jan Smuts Airport are scheduled for 8.30 pm on Mondays, Wednesdays and Fridays.

The aircraft are scheduled to arrive in New York at 7.30 am, with connections to many United States centres, Mr Eichelgruen said.

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## Officer pleads guilty to car theft

East Rand Bureau

A former senior Benoni traffic int-  
day denied stealing a luxury German

Mr Jacobus Johannes Greyling  
dock Street, Geduld Extension, Spr-  
not guilty in the Springs regional cou-  
of car theft. He also pleaded not guil-  
ternative charges of receiving and  
session of stolen goods.

Mr Greyling told the court he had  
the car at a parking lot in Bunyan Str-  
while on duty on December 11. He to-  
local traffic department and two day-  
took it home.

He claimed he was unable to est-  
owned the car.

The case was postponed until J-  
Greyling's bail of R300 was extended.

# AAU PEDIC GIVES MORE FOOD





DETAINEES FM 16/4/82

## No choice of doctors

Health Minister Lapa Munnik, Justice Minister Kobie Coetsee, and General Mike Geldenhuys, representing the Minister of Police, have rejected a Medical Association SA (Masa) proposal that detainees or their families should be allowed to choose their own doctors.

Another proposal, that Masa establish an independent panel of doctors to monitor the health of detainees, was turned down "for reasons of security."

Despite this, Professor Johan de Klerk, chairman of Masa's federal committee, told the FM: "A lot of constructive stuff came out of the meeting which will lead to an improvement in the situation. The main thing is that contact was established."

De Klerk's report on the meeting, which took place on March 17, appears in the March 27 issue of the *SA Medical Journal*.

Masa's proposals for the medical treatment of detainees are based on several internationally-accepted ethical codes, including the World Medical Association's "Declaration of Lisbon," which states that:

- A patient has the right to choose his physicians freely; and
- A patient has the right to be cared for by a physician who is free to make clinical and ethical judgments without any outside interference.

At the meeting, Masa also declared that Section 6, sub-section 6 of the Terrorism

Act interferes with the right of a doctor to treat detainees held in terms of the Act.

The sub-section states: "No person other than the Minister, or officer in the service of the State acting in the performance of his duties, shall have access to any detainee, or shall be entitled to any official information relating to or obtained from any detainee"

In rejecting Masa's proposals the authorities gave assurances that:

Detainees may request medical attention over and above the routine fortnightly consultation. The officer responsible for the detainee must accede to this request.

Detainees can make representations about medical care to three "responsible individuals" who visit them at intervals who are not members of the prison establishment.

(The Detainees' Parents Support Committee points out, however, that these individuals — a magistrate, an inspector and a district surgeon — are all dependent on the State for their salaries.)

Masa "can feel free" to draw the Minister of Justice's attention to any problems relating to the medical care of detainees which are reported to it.

De Klerk's report says that after the meeting the Masa deputation felt there had been a "very real" attempt by the authorities to provide the best possible medical care for detainees within the limits of the Terrorism Act.

But this does not mean Masa will stop pushing changes to the existing procedures for medical care of detainees. "We put this to the authorities and they came up with an argument which we do not necessarily agree with," De Klerk told the FM: "We will abide by their decision but Masa will remain unhappy until detainees can have access to doctors of their choice."

# Doctors' fees may go up

Own Correspondent

DURBAN — South African doctors would like to put up their fees by 6,6 percent.

This would add R1,20 a month to the medical aid bill of a man now paying R40 a month, Mr W M C Davidson, chairman of Medical and Dental Council's Tariff Committee said yesterday when presenting his report.

Standing in the way of doctors though is a Memorandum issued by the Minister of Health on tariffs. Medical fees cannot be increased pending an inquiry on practising costs and doctors' incomes.

Mr Davidson said legislation stemming from the inquiry would not be before Parliament before 1983.

The public should be informed what increases doctors wanted, like the 6,6 percent now, so that if in the end they were saddled with a huge increase "this council should not be blamed for irresponsible action."

Jan (7/4/82) 93



93 3/27/81  
Decision  
S. Africa  
soon on  
18/4/81  
two Biko  
doctors

By CHARLENE  
BELTRAMO

THE executive of the South African Medical and Dental Council will meet next week to consider reopening an investigation into the conduct of two doctors in the Steve Biko case.

The move comes after a group of prominent medical men petitioned the council to reopen the case. Dr Ivor Lang and Dr Benjamin Tucker were called in to treat the black consciousness leader in September 1977 for massive injuries he received while detained by Port Elizabeth security police. Mr Biko died the day after being taken, naked, to Pretoria.

The SA Medical Association has consistently resisted taking action against the two doctors, despite repeated appeals and protests from the local medical fraternity and international bodies.

Dr C E Marais Viljoen, general secretary of the association, said that after next week's executive meeting the matter would be brought before a full council meeting between May 4 and 6.

This is despite an earlier assurance by Dr Marais Viljoen that the matter would be discussed at a Medical and Dental Council board meeting this past week.

The petition was drawn up by Prof Francis Ames, head of the Department of Neurology at Groote Schuur and the University of Cape Town; Prof Philip Tobias, dean of the University of the Witwatersrand Medical School; Prof Trefor Jenkins, head of the Department of Genetics at Wits University; and two Durban medical practitioners, Dr E Barker and Dr M. Robertson.

19/4/84  
 Medical schools: cost to State per student  
 Hansard Q. 601. 628-629  
 337. Dr. A. L. BORAINÉ asked the Minister of National Education:

What is the present estimated cost to the State of the training per student for the M.B. Ch.B. degree at each of the medical schools in the Republic?

The MINISTER OF NATIONAL EDUCATION:

The present estimated cost to the State.

629 TUESDAY, 20

at universities falling under the Department of National Education, is as follows

University	Cost per Student (R)
University of Natal	46 578
University of the Orange Free State	22 896
University of Cape Town	21 468
University of the Witwatersrand	19 962
University of Stellenbosch	16 854
University of Pretoria	16 350

Note: The cost per student is based on the minimum duration of six years and on the 1981-1982 expenditure.

During the period 1980-84 the Medical School of the University of Natal is in a process of changing over from budget financing to financing according to the following formula.

Industrial Council: Brewl  
 Registration: Yes  
 Founded:  
 Area of Operation: Witwater  
 Officials: Secretary: J.T.  
 2107  
 Marshalltown  
 P.O. Box 61634  
 Address:

Telephone: (011) 834 4636

Year	Membership			
	African	Asian	Coloured	White
1980				101
1979				101
1978				107
1977				107
1976				107
1975				107
1974				..
1973				107
1972				..
1971				..
1970				..
				Total

WITWATERSRAND BREWING EMPLOYEES UNION



93 ~~Harwood Q. Col. 648~~  
Students qualified as doctors

20/4/82

516. Dr. M. S BARNARD asked the  
Minister of Education and Training:

How many students in each race group  
qualified as doctors at the end of 1980 and  
1981, respectively, at each medical school  
falling under his Department?

The MINISTER OF EDUCATION AND  
TRAINING:

None. The first students of the Medical  
University of Southern Africa will com-  
plete their studies at the end of 1982.

20/4/82  
 Medical schools: applications for admission  
 93/87 Hansard Q. 61. 648-649  
 517. Dr. M. S. BARNARD asked the  
 Minister of Education and Training:

How many applications by students in each race group for admission to the first-year course were (a) received and (b) accepted in 1980, 1981 and 1982, respectively?

649 WEDNESDAY.

ly, at each medical school falling under his Department?

The MINISTER OF EDUCATION AND TRAINING:

	1981		1982	
	(a)	(b)	(a)	(b)
Blacks	638	40	619	15
Indians	13	-	19	-
Coloureds	5	-	9	-
Whites	2	-	2	-

The information is in respect of the Medical Faculty of the Medical University of Southern Africa. The first-year course was not yet offered in 1980.

Registration: Yes  
 Founded: 1979  
 Area of Operation:  
 Officials: Secretary: T. Scheepers

Address: P.O. Box 3400 Johannesburg 2000  
 Telephone: (011) 834 8029

Year	African	Asian and Coloured	White	Total	\$
1980				468	
1979					
1978					
1977					
1976					
1975					
1974					
1973					
1972					
1971					
1970					



20/4/82  
 93 Medical doctors who left Republic  
 Hansard Q. Col. 645-646  
 477. Dr A. L. BORAINÉ asked the Min  
 ister of National Education:

Membership of TUCSA

20 APRIL 1982

646

How many medical doctors left the Republic permanently in 1970, 1980 and 1981, respectively?

The MINISTER OF NATIONAL EDUCATION:

1970 ..... 123  
 1980 ..... 65  
 1981 ..... 55 (preliminary)

Registration: - Can

Founded:

Area of Operation:

Officials: Secretary: A.G. Foblah

Address: 301 Noor Chambers  
 208 Grey Street  
 Durban  
 4001

Telephone: (031) 329933

Year	Membership			Total
	African	Asian and Coloured	White	
1970				100
1971				100
1972				100
1973				85
1974				..
1975				85
1976				100
1977				95
1978				95
1979				95
1980				95

TEA AND COFFEE WORKERS UNION

# Support for a medical faculty at UPE

2. Post  
20/4/87 (93)

Post Reporter

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Subject

THE Eastern Province chairman of the Medical Association of South Africa, Dr Angus Hofmeyr, is doggedly continuing with his one-man investigation into the establishment of a medical faculty at the University of Port Elizabeth.

It was decided to form a committee at the end of last year after much public interest had been shown in the matter and consultations had been held between interested parties and the principal of UPE, Prof S J Schoeman.

Dr Marius Barnard, the official Opposition's spokesman on health, said yesterday the shortage of facilities for black mentally ill patients emphasised the need for a medical school in Port Elizabeth.

He and his colleagues would do everything in their power to alleviate this need.

Dr Barnard, accompanied by the MPCs for

Walmer and Gardens, Mrs Molly Blackburn and Mrs D: Bishop, spent two days visiting institutions caring for the mentally ill of all races in the Eastern Cape.

Dr Hofmeyr said his investigation into a medical faculty for UPE was free of political overtones and was being conducted on the lines of establishing the need, identifying the need and setting up a *modus operandi* under the auspices of the Medical Association of South Africa.

He did not want to identify himself with any political groups, he said.

The establishment of a medical faculty at UPE could take up to 20 years

The economic climate was not conducive to the immediate establishment of a medical faculty in the Eastern Cape.

He had not reached the stage of establishing a committee but was "feeling pulses" in conjunction with certain authorities, Dr Hofmeyr said.

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EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

	Internal	External
(1)	(2)	(3)
	28	
10		
Examiners' Initials		

(to  
Bl  
.....  
Paper No. 1 (2.2)  
(to be copied from the heading on the Examination Paper)

**NOTE CAREFULLY**

1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
2. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
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4. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

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3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University



**BIKO:**

**CALL**

**FOR**

**NEW**

**PROBE**

ARGUS  
26/4/82

93

227

#### Medical Reporter

THE South African Medical and Dental Council is considering a request for a full inquiry into the death in detention of Mr Steve Biko.

But there was no indication today how early the council would decide whether or not to institute an inquiry.

The request for an inquiry was made last month by five prominent doctors in a 60-page document submitted to the council.

#### PETITIONERS

The document was drawn up by Professor Frances Ames, head of the department of neurology at Groote Schuur Hospital, two other professors and two doctors.

It submits that the circumstances surrounding Mr Biko's death warrant a finding of improper or disgraceful conduct between the doctors concerned.

Alternatively the council should make it explicitly clear to the medical profession in South Africa and abroad, and to the general public, that the conduct of the doctors was in accordance with the standards of profession competence and ethical conduct expected of medical practitioners in South Africa.

#### WITHOUT FEAR

If the alternative finding is made, the council should make it clear that other doctors may so conduct themselves in future, without fear of disciplinary proceedings against them.

The signatories are understood to be Professor Ames, Professor T Jenkins of the research institute of the University of the Witwatersrand Medical School; Professor Philip Tobias of the Witwatersrand Medical School; Mr E Baker, a Durban surgeon; and Dr M Robertson, also of Durban.

If their request for an inquiry is turned down, it is likely the petitioners will take the issue to the Supreme Court.

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# R4-m Trust Bank case settled

THE R4-million Trust Bank damages claim against Hout Bay businessman Mr Bill Mitchell and nine other defendants was settled out of court yesterday.

No details of the settlement have been disclosed. It was concluded last night after negotiations between the parties on what would have been the third court day of a hearing which had been set down for several weeks.

The court did not reconvene after adjourning on Friday and it is not expected to sit again.

## ALLEGATION

Trust Bank alleged that R4-million out of a loan of R12-million made to Jeffrey's Bay Property Holdings (Pty) Ltd in June 1972, for the development of Wavecrest township, had been fraudulently obtained or stolen from the bank and used for private purposes.

It claimed R4-million plus interest at the rate of 11 percent a year from the defendants, as well as costs.

In papers before the court, defendants denied the bank's allegations and said the R12-million had been a genuine loan advanced to Jeffrey's Bay Property Holdings by Trust Finansië Korporasie (Ontwikkelings) Beperk (TFKO), a wholly owned subsidiary of Trust Bank.

Most of the hearing after the civil action opened last Thursday was taken up by argument on an application for a separation of issues.

Counsel for the defendants argued for a separate

hearing on whether the R12-million loan and the R4-million alleged to have been stolen or alienated was the bank's money or that of TFKO.

It was alleged that a mistake had been made in initiating the action in the name of the Trust Bank.

Mr Sydney Kentridge, SC, for the Trust Bank, submitted that the application had been made to 'put off the evil day' when evidence would be led about the conduct of the defendants.

'We shall say that this fraud was a fraud on the Trust Bank, not simply on TFKO, and we shall say the money was stolen from Trust Bank,' he said.

## DEFENDANTS

The defendants were Mr Mitchell, the private companies Valley Earth Moving and Contractors, Octopus Investments, Areal, Enzol, Lambot, Allcape Investments, Azrock Investments, a Cape Town accountant and auditor Mr H P Broodryk, and Mr A P J Burger of Cape Town, a former managing director of Trust Bank.

Mr Justice Vivier was on the Bench.

Mr S Kentridge, SC, assisted by Mr R Marais, SC, and Mr T D Cloete, and instructed by Sonnenberg, Hoffmann and Galambik, appeared for the Trust Bank of Africa Ltd.

Mr H Snitche, QC, assisted by Mr P B Hodes and instructed by Bufrski, Herbststein and Ipp, appeared for Mr Mitchell and six other defendants.

Mr I Farlam, SC, assisted by Mr A H Veldhuizen and instructed by Reillys, appeared for Enzol Investments (Pty) Ltd; Mr S Aaron, SC, assisted by Mr S Selikowitz and instructed by Abrahams and Gross, appeared for Lambot (Pty) Ltd; Mr M Burger, SC, assisted by Mr D van Reenen and instructed by Silberbauers, appeared for Mr A P J Burger.

# R46 500 to train a doctor in Natal

ARGUS  
20/4/82  
93

## Parliamentary Staff

IT costs R46 578 to train a doctor at the University of Natal — more than double the cost at any other South African university.

However, Dr Gerrit Viljoen, Minister of National Education, said in a footnote to his answer to a question from Dr Alex Boraine (PFP, Pinelands) in Parliament, the University of Natal was changing from budget financing to subsidy financing.

At the University of the Free State it costs the R22 866 to train a doctor.

## NOT INCLUDED

These figures do not include the cost to parents or bursars.

At the University of Cape Town it costs R21 468 and at the University of the Witwatersrand R19 962.

The cost for each student is based on the minimum duration of six years and on the 1981-expenditure.

At the University of Stellenbosch it costs R16 854 to train a doctor and at the University of Pretoria R16 350.

A recent report said one of every five South African doctors had been trained overseas, most of them in Britain.

## Noisy planet

MOSCOW. — Venus is a noisy planet because of howling winds which whip constantly around its surface, according to the latest findings from data sent back by two Soviet spacecraft to the planet. — Sapa-Reuter.

# Quarters get 24-hour respite

Israel area by April 26, as provided in the peace agreements between the two countries. The initial targets were pockets of extremists who have holed up in buildings reinforced with barbed wire and sandbags. Some are said to have

fully, but with no visible results. The Israeli Defence Ministry announced a 24-hour halt in the operation because of Remembrance



# Detainees: Munnik says Masa satisfied

93 389

Cape Times 21/4/87

**Political Staff**

**HOUSE OF ASSEMBLY**  
 — The Official Opposition's spokesman on health, Dr Marius Barnard (Parktown) yesterday call on the government to ask the Medical Association of South Africa to appoint a panel of doctors to visit detainees.

The Minister of Health, Dr Lapa Munnik, while not directly rejecting the appeal, said Masa was satisfied the Department of Health "was doing its job correctly".

During the debate on vote on the Department of Health, Dr Barnard said he thought Dr Munnik would agree with him that "there is dissatisfaction about them (detainees) being seen only once a week at the request of the police by a district surgeon.

**'Not enough'**

"The Rabie commission has recommended that such detainees should be seen at least twice a week.

"I do not think this is enough. I am not satisfied

with that.

"Recommendations have been made and the idea has been put forward that he (the detainee) should be seen by his own medical practitioner.

"I think this is a good idea, although I think it can lead to abuse.

"I appeal to the minister to ask the medical association to appoint doctors to look at the detainees.

"They should be able to visit them on a regular basis and at the request of the patient.

"I think that once an independent group of doctors is brought one, the minister will find that this gray area will be eliminated and it will be good not only for the detainees, but also for the public of South Africa and the medical profession," Dr Barnard said.

Replying, Dr Munnik said this matter had been fully discussed in the presence of the Minister of Justice, Commissioner of Police and members of the executive of Masa a few weeks previously.

"They were satisfied

that the department was doing its job correctly.

"One must realise that the detainees are not detained just because he is found doing something wrong.

"They are people who are being specifically investigated because of the possibility of their being a danger to the state.

"They have to be examined, questioned, etc, but there are certain regulations that are laid down by the police," he said.

**'Villain'**

The detainees were immediately seen on arrival by the district surgeon and they seen at regular intervals after that or at their own request.

However, district surgeons were being brought into the political arena and they were being crucified.

"The district surgeon who must today examine these people, is regarded as a villain.

"He is either knowledgeable or he works together with the government or he kicks the prisoners around and hits them," Dr Munnik said.

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## NOTICE TO CANDIDATES

### WAARSKUWING

- Candidates must not use both sides of the paper for their answers. The left-hand pages may be used for rough work, but the examiners will only give credit for answers written on the right-hand pages.
- Candidates are reminded to indicate their names on all loose sheets accompanying an answer to an examination question.
- No candidate may have with him in the examination room any books or notes whatsoever unless specially instructed by the Registrar by written notice to bring such with him, when he may take into the room the books indicated but no other books or notes.
- A candidate attempting to help or obtain help from any other candidate, or having any unauthorised books or notes in his possession will be liable to be disqualified and to be further dealt with as may be determined by the Senate.
- A candidate must not take out of the examination room any examination books supplied by the University.
- Pages must not be extracted from this book.

- Eksamenantwoorde mag net aan één kant van die papier geskryf word. Kladderwerk mag op die agterkant van 'n bladsy gedoen word, maar die eksaminator sal vir eksamendoeleindes alleen in aanmerking neem wat op die voorkant geskryf is.
- Kandidate word herinner om hulle name op alle los blaaië wat 'n antwoord op 'n eksamenvraag versamel, te skryf.
- Geen kandidaat mag boeke of aantekeninge van watter aard ookal by hom in die eksamenkamer hê nie tensy die Registrateur deur skriftelike kennisgewing las gegee het om bepaalde boeke mee te bring.
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- Geen eksamenskrifte deur die Universiteit verskaf, mag uit die eksamenkamer weggeveem word nie.
- Geen bladsye mag uit hierdie eksamenskrif geskeur word nie.

# Medical students cost R16 350 each to train

Political Staff

HOUSE OF ASSEMBLY  
— It costs South African taxpayers at least R16 350 to train medical students during their six years at university.

The Minister of National Education, Dr Gerrit Viljoen, said yesterday that the cost to the state at the six universities falling under his department for the training of medical students ranged from R46 578 to R16 350.

Replying to a question which had been tabled in Parliament by Dr Alex Boraine (PFP Pinelands), Dr Viljoen said the cost to the state at the University of Natal, where black medical students are trained, was R46 578 per student.

The cost to the state at the University of the Orange Free State was R22 866, at the University of Cape Town R21 468, at the University of the Witwatersrand R19 962, at the University of Stellen-

bosch R16 854 and at the University of Pretoria R16 350.

The acting Minister of Education and Training, Dr Dawie de Villiers, said yesterday less than ten percent of the students who applied to study at the black medical university of southern africa were admitted last year.

Replying to a question tabled by Dr Marius Barnard (PFP Parktown), the minister said 40 of the 638 applicants had been accepted in 1981 and 51 of the 619 applicants the previous year.

He also said that none of the 20 white, coloured and Indian people who applied for admission in 1981 and none of the 27 who applied in 1980 were admitted.

In reply to another question by Dr Barnard, the minister said no students had qualified as doctors from Medunsa yet and that the first graduates were expected at the end of this year.

**EVERY CANDIDATE MUST** enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.



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Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.)..... B. Com.

Subject..... ECONOMICS I A.  
(to be copied from the heading on the Examination Paper)

Paper No..... 1 (ONE)  
(to be copied from the heading on the Examination Paper)

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Examiners' Initials		

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Medical  
ARGUS 21/4/82 125  
93  
drain slows

THE number of doctors who left South Africa permanently dropped from 123 in 1979 to a preliminary estimate of 55 last year.

This was disclosed yesterday by the Prime Minister in a written reply to a question by Dr Alex Boraine (PFP, Pinelands).

Mr Botha said 123 medical doctors left South Africa permanently in 1979, 59 in 1980 and the preliminary figure for 1981 was 55. — Sapa.

93 (824) Star 23/4/82  
Medical council may  
reopen inquiry on Biko

The South African Medical and Dental Council will meet next week to consider reopening an investigation into the conduct of the two doctors who treated black consciousness leader Steve Biko — who died in Security Police custody in 1977.

A spokesman from the SAMDC said yesterday that the meeting results from representations by certain doctors that the case be reopened.

The petition was drawn up by Professor Francis Ames of Groote Schuur Hospital in Cape Town, Professor Philip Tobias, dean of the faculty of medicine at the University of the Witwatersrand, and Professor Trevor Jenkins of the genetics department, and Dr E Barker and Dr M. Robertson of Durban.

The doctors who treated Mr Biko were Dr Ivor Lang and Dr Benjamin Tucker of Port Elizabeth.



## Facing the ratios

93  
Statistics about the current shortage of black doctors and a gloomy prediction that SA has scant chance of training enough people for future needs are contained in a paper published recently by a leading academic.

Writing in the *SA Medical Journal*, Professor Francois Retief, rector of Medunsa, points out that blacks constitute a mere 2% of SA's 15 663 doctors.

He also says the present shortage of black doctors is mainly due to the lack of suitably qualified matriculants because of qualitative differences in the secondary schooling of blacks and whites rather than insufficient medical school facilities.

In his paper *The Training of Black Doctors*, Retief estimates the present doctor/patient ratio in SA (excluding Transkei, Bophuthatswana and Venda) to be 1:1 540. A racial breakdown of this figure reveals the ratio for whites to be 1:330; 1:730 for Indians; 1:12 000 for coloureds and 1:91 000 for blacks.

Retief says that over the past 10 years, production of white doctors has varied between 3% and 4% of the matric graduate population. The figure for blacks varied between 1% and 2,5%.

Examining the admission of black applicants to SA medical schools, Retief says that up to five years ago, about 50% of applicants were admitted. But even though more blacks are matriculating each year, the proportion now qualifying to enter medical schools is dropping.

The rise in the number of black matriculants calls for extension of medical

school facilities, says Retief. But because the quality of black education is lower than that of whites, the black doctor backlog will not be met by simply increasing black intake on a merit or quota basis at existing universities.

Commenting on the quality of black education, Retief said: "The situation is improving but it will take a long time before it reaches the level of the whites."

If black matriculants were to reach the same 3%-4% admission rate to universities as their white counterparts, SA would need three new medical schools for blacks by the end of the decade — and the sheer shortage of academic manpower would prevent that.

The solution, for Retief, is that doctors of the future must become members of health-care teams made up of nurses and other para-medical personnel. Only in this way, with doctors acting as co-ordinators in the team, will health care for all be possible.

93 ~~527~~  
Call to open  
Biko-doctor  
case again

2001  
24/4/82  
Mail Reporter

THE South African Medical and Dental Council will meet next week to consider re-opening an investigation into the conduct of two doctors who treated black consciousness leader, Mr Steve Biko.

The doctors — who treated Mr Biko before he died in custody in 1977 — are Dr Ivor Lang and Dr Benjamin Tucker of Port Elizabeth.

Next week's meeting follows a petition from certain doctors calling for the case to be re-opened.

The doctors include Professor Francis Ames of Cape Town's Groote Schuur Hospital and Professor Philip Tobias, of the University of the Witwatersrand.

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## Saunders stresses constant vigilance

# Detention: 'Doctors failed to speak out'

w/k ARGUS  
24/4/82

93

~~ARGUS~~

THE medical profession 'has been negligent in failing to draw to the attention of the authorities — clearly, firmly and publicly — the profound, seriously adverse effects of solitary confinement,' Dr S J Saunders said last night.

Dr Saunders, Vice-Chancellor and Principal of the University of Cape Town, was addressing the College of Medicine of South Africa and new fellows, diplomates and members received into the college.

He said the profession has an obligation to set an example to society in those areas in which it has special knowledge, and here again there has recently been widespread concern about the effects on detainees of detention without trial, especially with regard to their access to medical care and most particularly to the consequences of solitary confinement.

### Ethics

The profession had to demonstrate its ethical values, just as justice had to be seen as well as received.

'I mention these things because we live in the real world and because we must always be vigilant in order that we maintain the ethical standards which society rightly demands of us.'

Earlier, Dr Saunders questioned the validity of accepted medical training in the light of modern medical technological advances, and also asked whether methods of selecting students ensured that the best possible doctors entered the profession.

### Base

'It seems to me that we must broaden the base of our educational system.'

'We should at least insist that medical students choose from one of a group of subjects, such as history, or a language or philosophy.'

'One should try to ensure that this happens by removing something from the curriculum which is already too crowded and compressed.'

Doctors 'require more than factual knowledge,' he said.

CAPE Times 26/4/82

# Call to end 'root causes' of disease

Staff Reporter

THE medical profession should aim at eliminating the root causes of socio-economic illnesses such as TB and malnutrition, rather than merely treating each case, the vice-chancellor of the University of Cape Town, Dr S J Saunders, said on Friday.

Dr Saunders was addressing the College of Medicine of South Africa.

"The profession's obligation is, of course, to ensure that society, and particularly the opinion-makers and policy-makers in society, remain fully informed about the root causes and extent of problems such as these," he said.

The profession was obliged to give good diagnostic and therapeutic services, but its main aim, he said, should be to eliminate this type of illness, which was widespread among underprivileged people and had its root cause in socio-economic conditions.

### Detention

Dr Saunders said there had recently been widespread concern about the effects of detention without trial on detainees, especially with regard to their access to medical care and the effects of solitary confinement. The profession had an obligation to set an example to society in those areas in which it had special knowledge, he said.

"The profession thus far has been negligent in failing to draw to the attention of the authorities clearly and firmly and publicly the profound, seriously adverse effects of solitary confinement."

The profession could not remain silent on ethical issues of this kind, he said.

The medical profession should be alert to diseases arising from industrial hazards and was obliged to alert society to the danger of "luxuries" such as smoking and alcohol abuse.

### Ethical problems

Dr Saunders said there were no easy answers to the difficult ethical problems in fields like abortion, test-tube pregnancies, genetic engineering and life-support systems. However, these difficulties underlined the need for doctors to receive well-rounded, broadly-based education.

He said it appeared that the base of the present medical educational system should be broadened. Medical students should at least have to choose from one of a group of subjects, such as history, a language or philosophy.

Doctors needed more than factual knowledge and the question should be asked as to whether the medical profession was doing enough to ensure that doctors were more than technicians.

Registration:

Founded:

Area of Operat

Officials: Sec

4014

Date

P.O.

Address:

61351 )

Year	Membership		
	African	Asian and Coloured	White
1970			
1971			
1972			
1973			
1974			
1975			
1976			
1977			
1978			
1979			
1980			
Total			

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# Inquiry into Biko death

A MEDICAL committee will meet in Pretoria today to decide whether there are grounds for a full disciplinary inquiry into doctors' handling of black consciousness leader Mr Steve Biko, who died in detention.

The registrar of the SA Medical and Dental

Council, Mr N M Prinsloo, told Sapa the council had decided two years ago not to institute a disciplinary hearing, but following fresh representations from certain members of the medical profession had decided to "re-investigate the matter."

"A committee of preliminary inquiry will meet in Pretoria today to decide whether there are grounds for a disciplinary hearing, which would be heard in public," he said.

It is not known when the committee's findings will be made known. — Sapa

93 27/4/82 Sowetan

Address: P.O. Box 3390  
Cape Town  
8000

Officials: Secretary: J. Heeger

Area of Operation: Cape Town

Founded:

Registration: Yes

Industrial Council: Canvas and Ropeworking Industry (Cape)

Telephone: (021) 558539

Year	Membership			Total
	African	Asian and Coloured	White	
1980		405		405
1979		87		87
1978		146		146
1977		199		199
1976		199		199
1975		137		137
1974				137
1973		214		214
1972				137
1971				137
1970				137

S.A. CANVAS AND ROPEWORKERS UNION (CAPE)

93 Hansard Q. Col. 707-  
District surgeons 708  
27/4/82

503. Mr. A. G. THOMPSON asked the Minister of Health and Welfare:

- (1) How many (a) permanent and (b) temporary posts of district surgeon are there in his Department in each province;
- (2) how many such (a) permanent and (b) temporary posts were filled in each province as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) Transvaal—63  
Cape—52  
Orange Free State—21  
Natal—27
- (b) Orange Free State—61 (part-time posts).  
The part-time district surgeon services in the other provinces have been transferred to the respective provincial administrations.

(2) (a)

	Transvaal	Cape	O.F.S.	Natal
Full-time .....	25	23	3	12
Sessional basis .....	37	29	16	15

(b) Orange Free State—61.





A RIFT has emerged between black graduates of the University of the Witwatersrand's medical school and their teachers.

A group of graduates have accused the school of neglecting the training of black doctors and allowing itself to become an "integral element of apartheid medicine" — allegations which have provoked a deeply hurt reaction from the dean of the Faculty of Medicine, Professor Phillip Tobias.

Copies of the confidential correspondence revealing the graduates' disquiet, as well as Prof Tobias' reply, were given to the Rand Daily Mail this week.

The letter to Prof Tobias is signed by 18 graduates who are now busy with their year as housemen at various hospitals on the Witwatersrand.

It begins by supporting the traditional ethical standards governing medicine and stressing their belief that the practice and teaching of medicine should be totally devoid of discriminatory elements arising out of religious, social or racial considerations.

The graduates then note with concern that "apartheid medicine" in South Africa restricts easy and equal access to health care; renders existing health care inappropriate to the needs of most South African citizens; and rigidly divides hospitals and other facilities along racial lines.

"Apartheid, by permeating every facet of existence in South Africa such as housing, education, income and recreation ... affects the health of the black population adversely," they say.

The letter also attacks the South African Medical and Dental Council as "an instrument of State policy — as evidenced by the composition of the council and its handling of the Biko affair".

It says the council is "directly and indirectly implementing the State policy of apartheid".

Then the graduates come to the three hard-hitting allegations that are the crux of their

# 'J'accuse', say Wits medical graduates

A group of black graduates from the University of the Witwatersrand's medical school have accused their alma mater of becoming a "tool of apartheid medicine". Education Reporter MARTIN FEINSTEIN reports on a confidential exchange of letters between the students and the dean of the university's Faculty of Medicine.

unhappiness with the university's medical school.

"The training of black doctors has been seriously neglected," they claim.

"The permit system for the admission of blacks into medical schools is still operative and the concept of a free and open university is non-existent."

Secondly, they say, the medical school "has become an integral element of apartheid medicine".

"It is subject to Government control and ideology as evidenced by student admissions, student teaching during clinical years and staff involvement in racial hospitals."

The third — and most serious — charge claims the school's teachers have failed to uphold not only the Geneva Declaration, which binds doctors to forbid race, party politics or social standing from interfering with the treatment of patients, but also the age-old Hippocratic Oath.

"The members of the medical profession, including our teachers, by electing to remain passive observers of apartheid medicine and its consequences, are failing to uphold the essential codes of medical ethics."

The letter provoked a deeply hurt reaction from Prof To-

bias, the head of the school and an outspoken opponent of apartheid and campaigner for academic freedom.

"I have read your document of your beliefs, your concern and your recommendations with the greatest of interest and I have no hesitation in informing you that I find myself in considerable sympathy and agreement with almost everything you have said," he begins his reply.

He disagrees strongly with the graduates' claim that the concept and principle of a free and open university is non-existent, and writes: "It is precisely the concept and principle that we have fought to keep alive for 12 years from 1948 to 1959 when the so-called Extension of University Education Act was passed, and since that time from 1959 to the present."

"We are absolutely dedicated to keeping that concept and principle alive; it is enshrined on the wall of the Great Hall of the university; we re-affirm it annually; and a great number of our deeds are an implementation of that principle and concept."

It is the practice of a free and open university that has been impossible since 1959, Prof Tobias says, when the Act introduced racial segregation and ministerial permits to

higher education.

"The principle, I declare, unreservedly, is alive and well and it is not simply lip service that leads us to take every possible action to try to have the offensive legislation removed from the statute book."

Answering the allegations against the medical school and its teachers, Prof Tobias marshals three pages of facts to back up his reply.

"It seems to me that either you are going out of your way to upset your school and your teachers by these offensive remarks or else you are in deepest ignorance of the developments in our medical faculty in the last two years — and over previous years as well," he says before going on to list some of them.

The Dean points out that, as well as going out of its way to try and have the 1959 legislation rescinded, the faculty has taken "every conceivable step" to allow access to more black students.

"Thus, by amassing statistics and other arguments, we managed to persuade the Minister for the first time ever to grant permission to some 17 African students to register for the first year of medicine at Wits."

"The total intake of black students into the medical

course in 1981, irrespective of the year of study into which they were admitted, comprised no fewer than 20% of the grand total taken in last year."

Prof Tobias goes on to list more examples of the faculty's attempts to combat apartheid medical education, including:

- The national and international lead it took in the Biko affair. "The views of the faculty were widely announced ... in nearly a dozen of the world's leading international medical and scientific journals. (It) acted as a rallying point for opinion and spearheaded two further developments: the establishment of a professional and ethical standards committee at Wits and the establishment of a contact group between Johannesburg, Cape Town and Durban medical academics to take the struggle further."

- A campaign — so far unsuccessful — to allow a banned doctor, Dr M Ramphela, to study at Wits, as well as a campaign to protest at the detentions of Wits students and doctors.

- A one-year "catch up" period of grace for disadvantaged black students to give them a chance to make up a large part of the educational deficit with which they entered the university;

- Representations aimed at having the Johannesburg Hospital opened to students and patients of all races, which gathered the support of the hospital's Medical Advisory Committee.

- Representations which succeeded in the opening of the Hillbrow Hospital.

- "Negotiations and overtures" about the "parlous" state of affairs at Baragwanath Hospital, which succeeded in getting a Medical Advisory Committee established and a research laboratory set up.

"The above list is not by any means exhaustive," said Prof Tobias, "but I am sure you will agree that we have been doing as much as is humanly possible and as the prevailing political dispensation allows."

Year	Membership		
	African	Asian and Coloured	White
1974		214	214
1973			137
1972			137
1971			137
1970			137
Total			



# R150m <sup>VDH</sup> hospital <sup>21/4/71</sup> project <sup>93</sup>

Pretoria Bureau

THE Government is to spend R150-million on building a new Ga-Rankuwa Hospital to make it suitable for the training of medical students of the University of Southern Africa (Medunsa).

The hospital superintendent, Dr L van Heerden, said yesterday construction started last year and would be completed in 10 years' time.

According to Dr Van Heerden the hospital's wards and other buildings would be broken down and new ones built. Patients would be transferred to empty wards during building.

"If we had land we would be erecting additional buildings to the existing hospital, but we have no alternative save to break down the buildings as we will be building for efficiency and service," he said.

Dr Van Heerden said the hospital was not originally planned for medical students. With the advent of Medunsa, innovations had be effected.

The SA Government is paying for the undertaking.

He said the hospital could accommodate 2 000 patients but would accommodate 1 200 after renovation.

This was in accordance with new policy that an academic hospital should at most have 1 200 patients.

Registration cancelled 26/1/

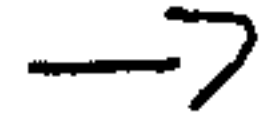
Membership		Year		
	African	Asian and Coloured	White	Total
				1970
				1971
				1972
				1973
				1974
				1975
				1976
				1977
				1978
				1979
				1980
		986		986
		986		986
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		986		986
				..
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				∅
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				\$
				\$





Handwritten: 93, Hansard Q. Col. 739-740, Medical school for Indians, 30/4/82  
363. Mr. A. G. THOMPSON asked the Minister of Internal Affairs:

(1) Whether it is the intention of the



APRIL 1982

740

Government to establish a new medical school for Indians in the Durban area; if so, (i) when and (ii) where;

(2) whether such medical school will be served by a teaching hospital; if so,

(3) whether any provision has been made for such teaching hospital, if so, what provision?

The MINISTER OF INTERNAL AFFAIRS:

(1) (i) and (ii) Yes, the Cabinet has in principle approved the establishing of a faculty of medicine at the University of Durban-Westville when justified.

(2) and (3) The Department is presently negotiating with the Natal Provincial Administration to provide for training facilities for medical students in the planning of a new hospital at Phoenix.





... been recovered to date, a police spokesman said

# Medical Council 'delays' over Biko

Mercury 4/5/82 (1109) 93  
Mercury Reporter

THE Medical and Dental Council has been criticised for 'dragging its heels' on the issue of whether the conduct of the doctors who treated black consciousness leader Steve Biko should be re-examined by the council.

Yesterday Prof Ted Sarkin of the University of Natal's Medical School said in an interview that he and other local doctors were 'not very happy' about the fact that discussion of a request to re-open an inquiry into the issue had been repeatedly postponed.

The issue should finally be brought to book, he said.

A petition to the council, signed by Prof Frances Aimes (head of the Department of Neurology at Grootte Schuur Hospital), Prof Phillip Tobias (dean of the University of the Witwatersrand's medical school), Prof Trevor Jenkins

(head of the Wits Department of Genetics), as well as two Durban medical practitioners, Dr E Barker and Dr M Robertson, was due to be discussed by the council in April.

Dr C E Marais, the general secretary of the council, said the issue would be discussed by a committee of the council before it was put to the council.

Subsequently, Dr Marais said the matter would be discussed by the full council between May 4 and May 6. Later, however, he announced that the discussions had been postponed until June.

The petition calls for the re-examination of the conduct of the two doctors who treated Mr Biko, Dr Ivor Lang and Dr Benjamin Tucker. It is understood that it also calls for the conduct of a further three doctors to be reviewed.

(7/15/82) (a3) ROM 6/5/82

# Detainee health probe

Pretoria Bureau

THE MEDICAL Association of South Africa has launched an investigation into the health care of security detainees

The move was announced yesterday by Prof Guy de Klerk, outgoing chairman of Masa's Federal Council, after the association's annual meeting in Pretoria

He said the investigation would be conducted by an ad hoc committee, formed in the wake of allegations of Security Police abuse of detainees.

The move was welcomed by the Detainees' Parents Support Committee because it aimed at improving existing conditions of detention

The DPSC said the numerous deaths in detention and statements by psychologists on the harmful effects of solitary confinement were ample evidence that the treatment of detainees warranted Masa's serious attention.

The DPSC also called on Prof De Klerk to retract a statement he made after a meeting with the Ministers of



Dr J J Geere, left, the new chairman of the federal council of Masa, and Prof Guy de Klerk.

Picture: DAVID SANDISON

Law and Order and Justice, saying he was satisfied the State "are trying to provide the best possible physical and mental care (for detainees)".

The DPSC said: "In the light of the deaths in detention of people like Mr Stephen Biko and Dr Neil Aggett, we found that statement shocking"

Prof De Klerk said a main aim of the ad hoc committee

would be to find a solution to the "problem" of the DPSC demand that all detainees be seen by an independent panel of doctors.

He also announced that moves were afoot to establish a Health Foundation for Southern Africa.

Dr J J Geere of Port Elizabeth is the new chairman of Masa's Federal Council



# Masa denies Biko charges

(224) (93) Star 6/5/82

The Medical Association of South Africa yesterday denied claims that it had not taken appropriate action following the death of black consciousness leader Mr Steve Biko who died in police detention in 1977.

Masa said it had done all it could as a voluntary medical association with no statutory powers

The association also reported that it had decided at its annual general meeting in Pretoria to appoint an ad-hoc committee to look into the medical care of detainees.

The chairman of the Masa federal council, Professor Guy de Klerk, told a news conference Masa would make recommendations regarding physical and

mental care of detainees to the health authorities on the strength of the committee's findings

The body said in a statement it had expressed its concern over the Biko affair to both the South African Medical and Dental Council and the Minister of Health.

Furthermore, Masa had called for an in-

quiry to determine whether "Dr Benjamin Tucker, one of the doctors who treated Mr Biko, was a fit and proper person to continue to be a member of Masa."

As required by the constitution, the matter was referred to the Cape midlands branch of Masa which recommended the case against him be closed. —Sapa

- Black Allied Workers Union
- Cape Explosives Industrial Workers Union
- Chemical and Allied Workers Union
- Chemical Workers Industrial Union
- Chemical Workers Union
- Durban Rubber Industrial Union
- Engineering and Allied Workers Union
- Engineering Industrial Workers Union of S.A.
- Federated Mining, Explosives and Chemical Employees Union
- Industrial Salariat Staff Association
- General Workers Union
- Metal and Allied Workers Union
- National Union of Engineering, Industrial & Allied Workers
- National Union of Motor Assembly & Rubber Workers of South Africa
- S.A. Chemical Workers Union
- South African Allied Workers Union (SAAWU)
- Steel, Engineering and Allied Workers Union
- Umgogintwini Industrial Workers Union
- Weskapse Plofstof & Chemiese Operateursakbond
- Non-Metallic Mineral Products
- Building, Construction and Allied Workers Union
- Glass & Allied Workers Union
- Glass Workers Union
- National Cement Employees Union
- National Union of Brick and Allied Workers
- Transport & General Workers Union
- Base Metal Industries and Manufacture of Fabricated Metal Products
- Machinery and Equipment
- Amalgamated Engineering Union of South Africa
- Amalgamated Society of Woodworkers
- Black Allied Workers Union
- Electrical and Allied Trade Union of S.A.
- Electrical and Allied Workers Union of S.A.
- Engineering and Allied Workers Union
- Engineering Industrial Workers Union of S.A.
- General Workers Union

# Probe into medical care for detainees

Cape Times 6/12/82 (93) ~~2011~~

Own Correspondent

PRETORIA — The Medical Association of South Africa (Masa) yesterday announced that it had established an *ad hoc* committee to investigate the medical and health care of detainees

At a press conference after the annual general meeting of Masa, the outgoing chairman of the body's federal council, Professor Guy de Klerk, said the committee — which would fall under the auspices of Masa's parliamentary committee — would investigate the effects of confinement on detainees.

Regarding the death in detention of Mr Stephen Biko in 1977, Professor De Klerk said the matter was now in the hands of the South African Medical and Dental Council.

He said he expected the council to make an announcement soon about Mr Biko's death

Masa decided to establish the *ad hoc* committee in the wake of reports concerning the treatment of detainees, Professor De Klerk said, adding that Masa yet had to hear evidence to substantiate allegations that detainees had been ill-treated

Commenting on this, a representative of the Detainees' Parents Support Committee yesterday said the numerous deaths in detention were ample evidence that the treatment of detainees warranted serious attention.

He stressed the importance of allowing detainees to see doctors of their own choice because, he added, under the current conditions it was impossible to establish the health or otherwise of detainees.

He could only welcome the establish-

ment of the *ad hoc* committee if its specific aim was to improve the existing conditions under which detainees were held

"The statements by psychologists about the effect of solitary confinement on people should be sufficient evidence for Masa to take action and support the parents," the representative said.

Another member of the DPSC called on Professor De Klerk to retract his recent statement that he was satisfied that police were doing all they could to ensure the safety and health of detainees

"In the light of the deaths in detention of people like Mr Stephen Biko and Dr Neil Aggett, we found that statement shocking," the representative said

He also said the DPSC demanded that detainees be seen by an independent panel of doctors — appointed by the DPSC, the detainees themselves and the parents.

Professor De Klerk said that one of the prime aims of the *ad hoc* committee would be to find a solution to the "problem" posed by demands for an independent panel of doctors

## Evidence from anyone

He added that the committee would be prepared to hear evidence from anyone concerning detainee health care.

● Professor De Klerk said Masa would again make representations to the South African Medical and Dental Council concerning the adjustment of doctors' tariffs.

He criticized the refusal by the Minister of Health, Dr L A P A Munnik, to grant a 6.6 percent tariff increase as an interim measure.

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been established:

National Federation of Workers  
Orange-Vaal General Workers Union  
General and Allied Workers Union

## AGRICULTURE, FORESTRY AND FISHING

Black Allied Workers Union  
Farmworkers Union  
Food and Canning Workers Union  
National Certified Fishing Officers Association  
Orange-Vaal General Workers Union  
Trawler and Line Fishermen's Union

## MINING AND QUARRYING

Amalgamated Engineering Union of S.A.  
Amalgamated Union of Building Trade Workers  
Amalgamated Society of Woodworkers of S.A.  
Black Allied Workers Union  
Black Miners Union  
Federated M

Food & Bev  
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Bakery Em  
Black All  
Boland In  
Brewery E  
Cadbury I  
East Lond  
Food and  
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General W  
General W  
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Natal Sup  
National  
National  
National  
National  
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Pretoria

Underground  
S.A. Techni  
S.A. Engine  
S.A. Electr  
S.A. Boiler  
Mine Worker  
Mine Surfac  
Mine Colour  
Iron Moulder  
Federated M



7/5/82 ROM 93

# Masa move on detainees

By ANNE SACKS

THE Medical Association of South Africa is prepared to set up a panel of independent doctors to see detainees, says Professor Guy de Klerk, chairman of Masa's federal council.

Prof De Klerk said in Pretoria yesterday that a panel of doctors appointed by the Detainees' Parents Support Committee would be as suspect as a panel appointed by the State.

"The only solution would be a panel set up by an organisation that stands above suspicion.

"Despite criticism of the Medical Association, this organisation's ethical standards cannot be questioned.

"If Masa were called upon to set up an independent panel of doctors, it would have sufficient status to be accepted as an honest panel with integrity," Prof De Klerk said.

He said Masa was concerned about the health and medical care of detainees, and intended seeking solutions acceptable to both the authorities and the DPSC.

He stood by his earlier statement that the State was "trying to provide the best possible physical and mental care (of detainees)".

He said he had met with a group of district surgeons, who were disturbed about attacks on their medical integrity.

"They are doing their best to give detainees the best possible care under most trying circumstances.

"Masa, and I in particular, have never stated we are completely satisfied with the present state of affairs.

"We will continue to find ways and means of finding a solution to the vexing problem of independent medical care of detainees," he said.

Prof De Klerk said the association had "noted with concern" recent allegations of abuse of detainees, and intended investigating them fully.

He said: "Because there is reason to believe that in the past some doctors may have acted incorrectly, this does not mean an honourable section of the medical profession should be cast under the same cloud".

Year				
1970				
1971				
1972				
1973				
1974				
1975	3 900		3 900	+
1976	6 700		6 700	x
1977	7 000		7 000	x
1978			..	
1979			..	
1980			8 400	

Fosatu Annual Report Nov. 1980/81

Address: 1 Central Court  
125 Gale Street  
Durban  
4001

Telephone: (031) 69215

Officials: Secretary: D. Sibabi

Area of Operation: Transvaal, Natal, Eastern Cape

Founded: 1973

Registration: See note on FOSATU registration, p. 11

- Recognition:
- |                      |                           |
|----------------------|---------------------------|
| 1) Tensile Rubber    | 9) McKennon Chairs        |
| 2) Precision Tools   | 10) Alusaf                |
| 3) Automatic Plating | 11) Vosa                  |
| 4) Hendrick Trailors | 12) Craft Engineering     |
| 5) Hendler           | 13) Selchain              |
| 6) Kraft Engineering | 14) Stone Street & Hansen |
| 7) William Bros.     | 15) Barlows               |
| 8) Scottish Cables   |                           |

Membership: 1981 = 24 300

**BIKO CASE, FM 7/5/82**  
**Diagnosis for change**

329 93  
Assessing the Biko case it is necessary to distinguish between voluntarily and officially organised medicine. After some hesitation and delay the medical profession, as voluntarily organised in the Medical Association of SA (Masa), did the right thing

about the doctors who treated the late Steve Biko in detention. Masa examined the evidence and issued a statement criticising the Biko doctors. It clearly set out the requirements of medical ethics in such cases.

On the other hand, it is doubtful whether officially organised medicine, represented by the SA Medical and Dental Council (SAMDC), which alone has the power to take disciplinary action against doctors, can ever re-establish its credibility without a total reorganisation.

The impression among the public and among many doctors is that the SAMDC has done everything it can to avoid taking action. That impression seems justified.

Four-and-a-half years ago the presiding officer at Biko's inquest referred evidence about the conduct of the doctors concerned to the SAMDC. In terms of the Medical, Dental and Supplementary Health Service Professions Act he was only empowered to do so if it appeared there was "*prima facie* proof of improper or disgraceful conduct on the part of a registered person."

In a letter to the Natal coastal branch of Masa one of the medical assessors at the inquest, Professor Ockie Gordon, has since stated that the presiding officer, Pretoria magistrate Marthinus Prins, and his assessors were indeed satisfied that a *prima facie* case existed.

Normally the SAMDC has to wait for a formal complaint against a doctor before

investigating his behaviour. In the case of the Biko doctors, however, it was in a position to take action from the moment it received a copy of the inquest record forwarded by Prins.

This was because in the case of a referral from "any court of law" the Act empowers the SAMDC to appoint its own "*pro-forma* complainant to present the case." It did not do so. Instead it waited for a complaint and one was forthcoming from then-SA Council of Churches ombudsman Eugene Roelofse.

Possibly Roelofse, who is neither a doctor nor a lawyer, was not the best person to handle the matter. The complaint might have been better worded by someone more conversant with the requirements of the law and of medical ethics.

#### Preliminary inquiry

In the event the SAMDC referred the complaint to a "preliminary committee of inquiry," five of whose six members were drawn from government appointees on the council. When the committee concluded that no action should be taken many doctors were outraged.

An attempt was made to take action through Masa, which has no statutory powers but could draw conclusions from the evidence and throw its considerable moral weight behind a requirement for the strictest observance of medical ethics in the treatment of detainees.

When the Port Elizabeth branch of Masa, to which some of the Biko doctors belonged, declined to take action the national organisation refused to let the matter drop. It appointed its own *ad hoc* committee of inquiry under the chairmanship of a well known advocate, Issy Maisels QC.

Only one of the doctors involved in the Biko affair agreed to give evidence before the inquiry (the others were "strongly advised" not to do so by the Department of Health), but it did have at its disposal the full record of the inquest.

In its conclusions the committee criticised the behaviour of the Biko doctors and the attitude of the SAMDC. It said the decision not to hold a council inquiry was "somewhat surprising if not unfortunate, having regard not merely to the public interests, both nationally and internationally, arising out of the Biko case, but in the interests of the medical profession itself."

The language might seem mild but, given the medical profession's aversion to washing dirty linen in public, it actually amounts to a strong condemnation. The committee also suggested that the one Biko

doctor who had consistently called for a public inquiry in order to clear his name should be given his wish.

Subsequently two groups lodged their own complaints with the SAMDC against the doctors who treated Biko. One includes some of the country's best known medical professors, while the other is the Transvaal Medical Society — representing black staff members in Transvaal hospitals.

#### New material

Both complaints apparently include material not found in the Roelofse submission. A spokesman for the SAMDC said the complaints would be discussed by a committee before being presented to the full council. Later he said the full council would consider the matter in May. Still later he said discussions had been postponed until June — thus drawing a charge from Professor Ted Sarkin of the Natal University Medical School (not a complainant) that the SAMDC was "dragging its heels."

What needs to be appreciated here is that the doctors involved in the Biko case are not really on trial — the SAMDC is. The

doctors are certainly entitled to a fair and public hearing and to be judged on the evidence. One of the charges against them is that they subordinated the interests of their patient to those of the Security Police and many feel that in its avoidance of an inquiry the SAMDC is subordinating the interests of the public and of the medical profession to those of the State.

Even the holding of a full and fair inquiry at this stage will not change that. The SAMDC will be judged to have acted reluctantly and under intense pressure.

While the present organisation of the SAMDC persists there will be no confidence that it will not in future act in the interests of the government rather than those of the public and the medical profession.

The only way to build that confidence is to reduce the large number of government appointees on the council. Masa, whose executive is freely elected by doctors, is perceived to have acted correctly in the Biko case — albeit with hesitation and delays. The SAMDC, with its heavy official element, is accused of acting, at best, unwisely.



Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been established:

- National Federation of Workers
- Orange-Vaal General Workers Union
- General and Allied Workers Union

AGRICULTURE, FORESTRY AND FISHING

Black Allied Workers Union

Farmworkers Union

Food and Canning Workers Union

National Certified Fishing Off

Orange-Vaal General Workers Un

Trawler and Line Fishermen's U

MINING AND QUARRYING

Amalgamated Engineering Unio

Amalgamated Union of Building

Amalgamated Society of Woodw

Black Allied Workers Union

Black Mineworkers Union

Federated Mining Explosives a

Iron Moulders Society of S.A.

Mine Coloured Staff Associati

Mine Surface Officials Associ

Mine Workers Union

S.A. Boilermakers, Iron and S

S.A. Electrical Workers Assoc

S.A. Engine Drivers, Firemens

S.A. Technical Officials ASSO

Underground Officials Associa

MANUFACTURING

Food & Beverages

African Food and Canning Wor

Amalgamated Engineering Unio

Bakery Employees Industrial

Black Allied Workers Union

Boland Immaakwerkersverenig

Brewery Employees Union (Cape

Cadbury In-Company Union

East London Meat Trade Union

Food and Canning Workers Unio

Food, Beverage & Allied Workers

General Workers Union

General Workers Union of South

Natal Baking Industry Employees

Natal Sugar Industry Employees

National Milling Workers Indus

National Union of Dairy Employ

National Union of Operative Bi

National Union of Sugar Manufa

National Union of Wine, Spirit

Operative Bakers, Confectioner

Pretorise Bakmywerheidsveren

Biko:

Masa

hits at

critics

By ANTON HARBER

THE Medical Association of South Africa has attacked critics of its response to the death in detention of black leader Steve Biko in 1977.

In a statement this week Masa defended its role in the Biko case and questioned the motives of those who criticised the organisation

SA doctors have "suddenly and undeservedly been placed in a position where their standards as well as their bona fides are being queried", the statement said.

"Every possible effort is being made by certain individuals and bodies to discredit and isolate the SA medical profession and Masa and to create dissension in their ranks, especially between doctors of different races.

"About the motives of such people one can only speculate," the statement said.

Although some were concerned about justice, others welcomed the "tragic event" as an opportunity to attack the Government, the political system and the medical establishment, including Masa

The statement said some criticism may stem from a failure to understand that Masahas no statutory powers.

Masa said that it had tried through representations, memoranda and personal interviews with politicians to have legislation amended.

The association formed a committee to look into the Biko case and published its findings. It also drew up a code of conduct on the medical care of detainees and prisoners.

"The record of Masa on the death of Mr Biko is there for all to see and compare with the records of its critics," the statement concluded.

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28/5/82

lders and Welders Society

Union

# Biko: Masa rejects critics

Own Correspondent

JOHANNESBURG. — The Medical Association of South Africa (Masa) has attacked critics of its response to the death in detention of black consciousness leader Steve Biko in 1977.

In a statement this week, Masa defended its role in the Biko case and questioned the motives of those who say the organization did not respond adequately to it.

South African doctors have "suddenly and undeservedly been placed in a position where their standards as well as their bone fides are being queried", the statement said.

"Every possible effort is being made by certain in-

dividuals and bodies to discredit and isolate the SA medical profession and Masa and to create dissension in their ranks, especially between doctors of different races.

"About the motives of such people one can only speculate," the statement said

While some of them were motivated by a concern for justice and ethics, "others in fact welcomed this tragic event as a wonderful opportunity for attacking not only the South African Government and the present political system in this country, but also the existing medical establishment, including Masa".

The statement said some of the criticism

might be due to a failure to understand the powers and function of Masa, a voluntary organization with no statutory powers.

Masa said that it had tried through representations, memoranda and personal interviews with the responsible politicians to have legislation amended

The association formed an ad hoc committee to look into the Biko case and published its findings. It also drew up a code of conduct on the medical care of detainees and prisoners.

Professor S A Strauss of Unisa has been quoted as saying Masa "did what was legally within its power" on the case.

CAPL TIMES 8/5/82 (93)



(211) (93) RDM 10/5/82

# DPSC rejects claims of 'suspect' medical panel

By LIZ MCGREGOR

THE Health Committee of the Detainees' Parents Support Committee yesterday rejected an allegation by Professor Guy de Klerk, chairman of the Medical Association of South Africa's federal council, that any panel of doctors appointed by the DPSC would be "as suspect as a panel appointed by the State".

Prof de Klerk announced last week that Masa was prepared to set up a panel of independent doctors to see detainees

He said such a panel would have to be set up by an organisation "that stands above suspicion".

"Despite criticism of the Medical Association this organisation's ethical standards cannot be questioned," he said.

In a heated response to Prof de Klerk's comments, the DPSC said that "while noting with interest that Masa supports the principle of an independent panel of doctors", the DPSC

had already established such a panel.

"We repeat our demand for the recognition of this panel, although we would be willing to consider supplementing the panel with other medical practitioners and organisations," the DPSC said in a statement.

In response to Prof de Klerk's statement that Masa's ethical standards could not be questioned, the DPSC said: "The British Medical Association certainly saw fit to question the ethical standards of Masa in September, 1981, when they opposed the readmittance of Masa to the World Medical Association until it can demonstrate acceptance and application of international medical ethics."

The DPSC also said the WMA had drawn up a code of ethics relating to the medical care of prisoners and detainees known as the Declaration of Tokyo.

"Masa is bound by this. Why then has it drawn up yet another 'code of conduct' which makes no mention of torture," said the statement.

(d) *Highveld*

United Development Company

*Central Transvaal*

Sigma Motor Corporation (Pty) Ltd.

Goldstein

United Development Company

*Eastern Transvaal*

Ermelo Mines

*Northern Cape*

De Beers (Pty) Ltd.

Wacon Lime

Record Stone Crushers

*Eastern Cape*

S.A. Permanent Building Society

United Development Company

National Building Society

Allied Building Society

Standard Building Society

Rhodes University

Volkswagen of S.A. (Pty) Ltd.

*Oranje Vaal*

United Development Company

S.A. Permanent Building Society

A.E.C.I.

Carbochem

Sasol I

Electricity Supply Commission

Private Individuals

*Southern O.F.S.*

Homes Trust

Poly Flora

Thaba Nchu Transport

Stoomhoek Transport

Excelsior Stropers

L.T. Motors

Electricity Supply Commission

Badenhorst Transport

Mobil Oil

South African Railways

Albany Bakers

Anglo American

Boereidens

Wesselsbron Electrical

*East Rand*

S.A. Permanent Building Society

A.E.C.I.

Gundle Industries

Ronald J. Hill

L.B. Mahlangu

United Building Society

Urban Foundation

Impact Homes

Lenning Holdings

J. en W. Beleggings

Barlow Rand

S.A. Trident for Impact Homes

*West Rand*

Rand Mines Properties

Rio Tinto

Machem

United Building Society

Future Generation

A.D.C.C. Homes

B. Peters

Allied Building Society

Everite (Pty) Ltd.

S.A. Permanent Building Society

South African Broadcasting Corporation

Poly Foil

D. and M. (Pty) Ltd.

De Beers (Pty) Ltd.

Nedbank

South African Police

Department of Education and Training

Anglo American

Pick 'n Pay

Sasol

Shell Oil

J. Mahlangu Building Contractor

Wimpy Homes

Goch Cooper

Concord Construction

Tshabalala Enterprises

L.T.A. Construction

Natal Building Society

Davis Construction

Edward Dube

Johannesburg Stock Exchange

Liberty Life

The Star

I.B.M.

WEDNESDAY, 12 MAY 1982

810

*Handwritten:* Howard Q 601 809  
 327 93 Overwacht 12/5/82

576. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:

- (1) (a) When was Onverwacht first settled and (b) what was its annual population growth from the date of its establishment to the latest specified date for which figures are available.
- (2) how many (a) doctors, (b) community health workers and (c) social welfare workers are there at Onverwacht;
- (3) (a) how many houses were built in Onverwacht by (i) his Department and (ii) private individuals in each specified year since its establishment and (b) how many tents are there at present;
- (4) how many taps are there in this area.
- (5) whether Onverwacht has a water borne sewerage system;
- (6) how much was paid out in (a) pensions and (b) disability grants in the Onverwacht area in each of the latest specified three financial years for which figures are available?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

- (1) (a) June 1979.
- (b) December 1979—17 000  
December 1980—54 171.  
The figures above are in respect of persons settled by the Department of Co-operation and Development.  
Estimated population 1981—120 000. The said figure includes approximately 66 000 persons who joined relatives and friends at Onverwacht.
- (2) (a) Two doctors—part time basis.  
Three District Surgeons.  
One Dentist—daily basis.  
One Psychiatrist—twice a week basis.

The following persons are also connected with the local clinic

*Curative Services*  
 2 Senior Sisters  
 11 Sisters  
 7 Staff Nurses  
 2 SANITA Information Officers  
*Family Planning*  
 1 Senior Sister  
 4 Sisters  
 2 Assistant Nurses  
 5 Female Information Officers  
 2 Male Information Officers  
*Health Services*  
 2 Health inspectors

- (b) 9
- (c) There are four posts for social workers of which three posts are vacant
- (3) (a) (i) 53  
(ii) 591 while 8 080 wood and iron structures have been erected pending the provision of permanent structures
- (b) 61 Tents have been supplied by the Department of Co-operation and Development while 28 tents have been pitched by individuals

- (4) Taps have been provided every 150 metres
- (5) No
- (6) (a) Old age pensions and disability grants paid:  
1979—R184 670  
1980—R323 343  
1981—R332 862  
It is unfortunately not possible to furnish separate figures in respect of old age pensions and disability grants.

*Handwritten:* Howard Q 601 810  
 342 235 Female population 12/5/82

597. Mr. B. B. GOODALL asked the Minister of Co-operation and Development:



# Medical aid scheme attacked by doctors

Mercury Reporter

DOCTORS have accused the National Medical Plan scheme of exercising control over treatments administered by private doctors in an attempt to cut down costs and work loads.

A local general practitioner, who cannot be named for professional reasons, threatened yesterday to withdraw from the National Medical Plan scheme because he was 'tired of being dictated to from laymen on how to treat patients'.

The doctor said he had experienced cases where a patient had been admitted to hospital with chest pains and where he had ordered cardiograph treatment for three days

The medical aid scheme had questioned the treatment and determined that only one day under treatment was sufficient

'Medical Plan is deliberately trying to cut down on our work load, said the doctor. 'Excuses are always given that they are acting in the patient's interests'

He said he had been 'cleared by the Medical Association in Pretoria who had investigated his complaints and confirmed he was not charging patients for unnecessary and expensive treatments

He added it appeared that National Medical Plan was following American trends where patients were often given unnecessary tests 'which cost a fortune'.

## 'Blows'

A specialist, who cannot be named, confirmed he had also 'come to blows with the National Medical Plan scheme'

He said he had been accused of 'overtreating' patients admitted to hospitals with serious complaints and who had had to undergo operations

The secretary-general of the Medical Association in Pretoria, Dr C E Viljoen, said yesterday although he had not studied the complaints in great detail, he could assure doctors that such attitudes would not be tolerated.

'I cannot believe that the Medical Association would condone either doctors overtreating patients or the malfunctioning of medical aid schemes,' said Dr Viljoen

The general manager of the National Medical Plan, Mr R H Basson, said his company, as all other medical aid companies, were 'only trying to act in the interests of their members'.

'We are a trust fund,' said Mr Basson 'Although I am not a doctor we have a committee of doctors who may be approached with any problems.'

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12/5/57 Mercury

93

# Call for legal rules on detainees' medical treatment

A BITTER split in South Africa's medical profession has grown in the four years since the death in detention of Black Consciousness leader Steve Biko.

Concerned doctors have demanded an immediate SA Medical and Dental Council hearing, and improved regulations for the medical treatment of detainees and prisoners. On both counts, nothing has been done.

The Medical Association of South Africa and the South African Medical and Dental Council have been racked by charges of a Government cover-up, denied by the Minister of Health, Dr L A P A Munnik.

Now the Professional Standards Committee of the Medical Faculty at the University of Cape Town has made the strongest demands yet to the Government.

Calling detention in solitary confinement and prolonged interrogation "tantamount to

torture", the medical faculty's dean, Professor D McKenzie, outlined the committee's six proposed points of medical conduct to the authorities in the SA Medical Journal's May 8 issue.

These points of conduct are: ● In the delivery of health care to prisoners and detainees, the autonomy and judgment of the medical practitioner caring for the prisoner or detainee should at all times be paramount.

No-one should have the power to overrule such judgment offered by the practitioner, since under no circumstances can he practise his profession without ensuring that the health interests of his patient supersede all else.

● The rights of prisoners and detainees in medical care should be statutorily defined and the prisoner or detainee should be informed of such right of access to medical attention.

93

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MDM

18/5/82

THE death in detention four years ago of Black Consciousness leader Steve Biko cast a shadow on South Africa's medical profession. The cell death of trade unionist Dr Neil Aggett made things worse. The Professional Standards Committee of the University of Cape Town's medical faculty last month drew up proposed new rules of medical conduct for the treatment of detainees and prisoners. ADA STUJIT reports.

● The need under certain circumstances for maximum security is understood, but this should not be at the expense of available adequate facilities to enable the examining physician to discharge his responsibility to the patient in a proper professional manner.

● The use of paramedical health service personnel is not in any way abused.

● The dangers of injury and depression resulting from isolation cannot be too greatly stressed.

● The standards laid down and the adherence to these standards should come under constant review so that they are not allowed to lapse by default.

● The committee expressed its deep concern about the medical effects of detention in solitary confinement or excessive and prolonged interrogation: "Such procedures present a high risk of injury and severe psychological disturbance and an ever-present possibility of suicide.

As such, these practices alone or in combination are tantamount to torture.

The South African medical profession, as a signatory through MASA to the Tokyo Declaration, is committed not to "countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations including armed conflict and civil strife."

"We call upon the appropriate Ministers of State and upon MASA and the SA Medical and Dental Council to do everything within their powers to assure in law proper protection and health rights for persons held in South African jails and to ensure that standards

laid down should not be allowed to lapse by default.

These six points have been verbally communicated to the relevant authorities... as being the considered view of the Faculty of Medicine of the University of Cape Town," Professor McKenzie wrote.

Meanwhile, the controversy continues.

For instance, summing up the problems of MASA in its wrangle on this issue, Dr S van der Spuy of Port Elizabeth's provincial hospital wrote: "When dealing with individuals suspected of involvement in subversion or in the creation of social and industrial disorder, there are two sides to this coin."

"One side relates to the security of the State and the safety of its citizens, the other to the welfare and rights of the suspect and the duty of the (medical) profession in this regard. One side obviously cannot be divorced from the other."



(219) (93) 1204 19/5/82

# Masa to probe medical care of detainees

By ADA STUIJT

ALLEGATIONS about deficiencies in the medical care of people detained under Section 6 of the Terrorism Act have been noted with concern — but as they have not yet been proved or supported by evidence to the Medical Association of SA, Masa could not comment on the charges, it was said yesterday.

Dr C E M Viljoen, Masa's secretary general, announced the formation of another ad hoc committee by Masa's federal council to inquire into the medical care of prisoners and detainees and to make recommendations if necessary.

Commenting on the "six points of conduct" issued by the University of Cape Town faculty of medicine — which include the demand that a doctor should have the final say about a detainee's medical treatment rather than the authorities — Dr Viljoen said

"These proposals as published in the SA Medical Journal of May 8 have been noted and are not in conflict with the policies of Masa

"Masa is doing everything in its ability to prevent discrimination on any basis, including race or colour, in the med:

cal care received by patients and to insure that such medical care will in fact be the best available

"When the committee's findings are available the matter will if at all possible, be discussed with the authorities concerned, and if indicated representations will be made in this regard

"As guidelines this committee will use the report prepared by the American Medical Association on the standards for health services in jails," he said.

Masa would seriously consider the university's recommendations he said.

*Handwritten:* Hausard Q. Col. 847  
Tembisa - 848  
18/5/82  
*Printed:* 93

600. Mr. B. B. GOODALL asked the Minister of Health and Welfare:

- (1) Whether there are any clinics in Tembisa; if so, how many;
- (2) whether there are any (a) doctors, (b) community health workers, (c) social welfare workers and (d) nurses in Tembisa; if so, how many in each category?

8 MAY 1982

848

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;  
3 full-time clinics and 3 part-time satellite clinics;
- (2) yes;
  - (a) 1 part-time Medical Officer of Health, 2 part-time Clinical Medical Officers, and 1 full-time Tuberculosis Medical Officer;
  - (b) 5 Community Health Nurses, 1 Health Educator, and 3 Health Inspectors (4 posts, 1 vacant);
  - (c) 4, employed by East Rand Administration Board (12 posts, 8 vacant);
  - (d) 19 registered Nurses and Midwives for general clinical work, 1 Sister—family planning, 1 Sister—geriatric services, and 3 Psychiatric Nurses.



## Detainees: Masa checking claims

Own Correspondent

JOHANNESBURG. — The Medical Association of South Africa had noted with concern the allegations about deficiencies in the medical care of persons detained under section 6 of the Terrorism Act but could not comment on them as these had not as yet been proven or been supported by checkable evidence to the Masa. Dr C E M Viljoen, its secretary general, stated yesterday.

He announced the formation of another ad hoc committee by Masa's federal council, this time to inquire into the medical care of prisoners and detainees and to make recommendations if needed.

Commenting about the "six points of conduct" issued by the University of Cape Town's medical faculty — which include the

demand that a doctor should have the final say about a detainee's medical treatment rather than the authorities — Dr Viljoen said:

### 'Discrimination'

"These proposals as published in the SA Medical Journal of May 8 have been noted and are not in conflict with the policies of Masa.

"Masa is doing everything in its ability to prevent discrimination on any basis, including race or colour in the medical care received by patients, and to ensure that such medical care will in fact be the best available.

"When the committee's findings are available, the matter will, if at all possible, be discussed with the authorities concerned, and if indicated, representations will be made in this regard."

currence of the bodies mentioned above.

What poison does the hon. member want to suck out of this again? [Interjections.]

**Farewell function for Director-general of Education and Training**

\*8. Dr. A. L. BORRAINE asked the Minister of Education and Training:

Whether his Department intends to arrange a farewell function for the former Director-General of the Department; if so, (a)(i) when and (ii) where is such function to be held, (b) who will be invited to attend such function and (c)(i) what is the anticipated cost and (ii) from what source will such cost be met?

**THE MINISTER OF EDUCATION AND TRAINING:**

Yes.

(a), (b) and (c) Various farewell functions are being arranged to offer to as many persons practically possible in the employ of the Department the opportunity to take leave of the former Director-General. The functions are arranged for different venues and dates and the costs involved will be met by the persons concerned.

Arrangements are being made for one function for senior officers which will be held in Pretoria. The costs incurred will partly be defrayed out of the official entertainment allowance.

*Howland* **Beef**  
\*9. Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

Whether beef imported into the Republic during the latest specified period of three years for which figures are available, has had any effect on the local market; if so, what effect?

**†THE MINISTER OF INDUSTRIES, COMMERCE AND TOURISM** (for the Minister of Agriculture and Fisheries):

No.

**Beef**

\*10. Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

(1) For what purpose was beef imported into the Republic over the latest specified period of three years for which figures are available;

(2) whether the imported beef was used solely for the purpose for which it was intended; if not, why not?

**THE MINISTER OF INDUSTRIES, COMMERCE AND TOURISM** (for the Minister of Agriculture and Fisheries):

(1) Processing purposes. (2) Yes.

**Beef**

\*11. Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

Whether further importations of beef into the Republic are envisaged for the 1982-'83 financial year; if so, (a) what quantity, (b) from where and (c) for what purposes?

**†THE MINISTER OF INDUSTRIES, COMMERCE AND TOURISM** (for the Minister of Agriculture and Fisheries):

No.

(a), (b) and (c) fall away.

*Howland* **Fingo Village**  
\*12. Mr. E. K. MOORCROFT asked the Minister of Co-operation and Development:

Whether his Department subsidizes the Administration Board Eastern Cape for the administration and maintenance of Fingo Village, Grahamstown; if so, by what amount annually?

**THE DEPUTY MINISTER OF CO-OPERATION:**

Yes, since the 1978-'79 financial year the Administration Board Eastern Cape is subsidized by the Department of Co-operation and Development with an amount of R30 000 per annum in respect of Fingo Village.

*Howland* **Onverwacht**  
\*13. Dr. M. S. BARNARD asked the Minister of Defence:

(a) How many South African Defence Force personnel are seconded to Onverwacht at present and (b) in what capacities are they serving there?

**†THE MINISTER OF JUSTICE** (for the Minister of Defence):

(a) 4 members of the S.A. Defence Force are employed at Onverwacht.

(b) Two medical officers; one dental officer; one pharmacist officer on a part-time basis.

*For written reply:*

*Howland* **Administration boards: claims against banking institution**  
\*14. Mr. H. H. SCHWARZ asked the Minister of Co-operation and Development:

(1) (a) and (b).

Administration Board	Shares of 1c each
Central Transvaal	4 500 000
West Rand	8 136 000
Northern Transvaal	1 503 000
East Rand	4 500 003
Drakensberg	150 000
Port Natal	4 500 000
Southern O.F.S.	2 655 000
Western Transvaal	600 000
Western Cape	1 500 000

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

(4) what are the assets of the new company?

(1) (a) Which Administration Boards received shares in respect of the whole or part of their claims against a banking institution the name of which has been furnished to the Minister's Department for the purposes of his reply and (b) what number of shares did each receive;

(2) what percentage of the total issued share capital of the new company is now held by Administration Boards;

(3) whether the Administration Boards concerned have any representation on the board of directors of the new company; if not, why not; if so, who are their representatives;

(3) Yes, Mr. A. J. Nel, member of the East Rand Administration Board was appointed as a director on the board of directors on 30 January 1981 and is acting on behalf of all ten Administration Boards concerned.

(4) Holiday resorts, motels, a printing business, agricultural property, loose assets and debtors.

*Howland* **99-year leasehold scheme**  
\*15. Mr. P. R. C. ROGERS asked the Minister of Co-operation and Development:

(1) How many persons in each specified Administration Board area applied for leases in terms of the 99-year leasehold scheme in 1981;

(2) whether the figures in respect of each such Administration Board represent an increase or decrease in comparison with the relevant figures for 1980?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

(1) Administration Board 1980

Orange Vaal 47

Southern O.F.S. 42

Highveld 42



# Cape has not given orders to district surgeons

Weekend Post  
Correspondent

CAPE TOWN — No specific instructions have been issued by the Cape Provincial Administration to district surgeons in regard to evidence of assault or injury to people awaiting trial or in detention.

In the Provincial Council, Mrs Di Bishop (PFP, Gardens) asked whether there were instructions to district surgeons who found evidence of assault or injury to people detained in police custody, who were awaiting trial or serving a period of imprisonment.

Mr Piet Loubser, MEC in charge of hospital services, replied: "The actions of district surgeons and medical officers are dictated by their ethical codes.

"However, guidelines have been published by the State Department of Health and Welfare in a booklet entitled *The Medical Practitioner in the Health Service*.

"Copies have been furnished to district surgeons.

"It is not considered necessary to issue this booklet to medical officers in the service of the province, as all the categories of patients referred to are seen by a district surgeon before being referred to a hospital."

# Detainees' doctors should say if overruled official

CARE TIMES  
1/6/82

93

Staff Reporter

DOCTORS responsible for the care of detainees who felt that their advice was in any way overruled, could and should immediately appeal to a senior district surgeon, Dr J de Beer, Director-General of the Department of Health and Welfare, said in a footnote to a letter published in the latest issue of the South African Medical Journal.

The letter, written by Dr P V Suckling of Kenilworth, referred to the death of Steve Biko and the continuing attention still being paid to this "appalling event".

Dr Suckling said he had yet to see any

"clear-cut plan to prevent a repetition" of the case which, as he saw it, involved the advice of three doctors being overruled by a security police officer.

He believed members of the police had the authority to overrule medical advice without reference to higher medical authority.

In reply, Dr De Beer said medical officers responsible for the health care of detainees were employed by the Department of Health and Welfare. If they felt that their advice was in any way overruled, they could and should immediately appeal to the senior district surgeon or the regional director for health services.



(227) (93) CWM 1/6/82

## Detainees' doctors have 'appeal right'

Mail Correspondent

CAPE TOWN. — Doctors responsible for the care of detainees who felt that their advice was being overruled should immediately appeal to a senior district surgeon.

That was advice given by Dr J de Beer, director-general of the Department of Health and Welfare, in a footnote to a letter published in the latest issue of the South African Medical Journal

The letter, written by Dr P V Suckling of Kenilworth, referred to the death of Steve

Biko and the continuing attention still being paid to it.

Dr Suckling said he had yet to see any "clear-cut plan to prevent a repetition" of the case which, as he saw it, involved the advice of three doctors being overruled by a Security Police officer

In reply, Dr De Beer said medical officers responsible for the health care of detainees were employed by his department and if they felt their advice was being overruled, they should immediately appeal to a senior district surgeon.

Post Reporter

THE chairman of the Eastern Province Branch of the Medical Association, Dr A L C Hofmeyr, said today that although he was grateful for the 6,6% increase in doctors' fees it was "a drop in the ocean".

Dr Hofmeyr said this adjustment could not compensate for the increase in the cost of living.

A demand for a 6% fees increase was rejected by the Minister of Health, Dr Lapa Munnik, in January.

Dr Munnik referred the demand back to the South African Medical and Dental Council. Within six to seven weeks the council referred it back with the recommendation that a 6% increase be supported.

In terms of the Medical Schemes Act the Minister has announced that a 6,6% increase in fees for medical practitioners who are contracted in will come into effect on August 1.

"It negates the whole fee issue. We're not even at square one. We're still trying to get on the board," said Dr Hofmeyr.

Sapa reports from Cape Town that Prof Guy de Klerk, the chairman of the Medical Association of South Africa, said the way in which medical tariffs are determined needed to be investigated in the interest of both the medical

# Rise in fees of doctors 'a drop in the ocean'

profession and the authorities.

In response to the increase in medical tariffs, Prof De Klerk said the Government announcement finally came a year after Masa had originally asked for a 13% increase.

Commenting on the increase, the chairman of the Representative Association of Medical Schemes, Mr John Erntzen, said the increase was not excessive.

He said, however, that the latest increase, added to increases in provincial and private hospital tariffs and dentists' and physiotherapists' fees, would hit medical schemes hard and some would have to increase their membership subscriptions.



balance after pulling his body |

# Masa <sup>93</sup> cuts <sup>ROM</sup> off UK <sup>5/6/82</sup> ties

By DON MARSHALL  
Pretoria Bureau Chief

THE Medical Association of South Africa last night broke off ties with the British Medical Association because of what it regards as "open hostility" towards it by the British group.

A spokesman for Masa said the decision to sever ties with the BMA, was taken at a meeting of their federal council in Pretoria last month.

The two groups had been associated for 36 years.

The cause of the split was the BMA's move to oppose the re-admission of Masa to the World Medical Association at a meeting in Lisbon late last year.

However, Masa was re-admitted to the world organisation despite the British opposition.

The BMA had also continually criticised Masa over issue of the late Steve Biko. This is believed to have caused the tension between the two groups.

"Not only have relations cooled but the BMA has become openly hostile to the Masa. Reports of meetings of the BMA council give the impression that the Masa is a collection of moral lepers unfit to associate with the BMA," the Masa spokesman said.

Masa has written to the BMA to tell them of the decision. The letter was released to the Press last night.

It says that in opposing the re-admission of Masa to the world body, the BMA had implied that Masa and its members did not conform to internationally accepted ethical criteria.

The BMA had also referred to a number of aspects "of the current situation in South African political and medico-political circles, including the problems of the Steve Biko case".

Masa said it did not believe the South African medical profession would suffer materially from the break in ties.

Own Correspondent

A part-time medical officer working night shifts at a provincial hospital can earn more than double the salary of a fulltime medical officer at the same hospital who does even more night work.

During the committee stage of the Budget debate in the Transvaal Provincial Council, Dr J C Jurgens (NP, Springs) said a fulltime medical officer at a provincial hospital could earn R6 000 a year if he worked an extra four nights a month above his normal duties.

However, a part-time medical officer could earn R7 824 a year doing the same extra shifts.

If the part-time medical officer did the maximum of 13 extra night shifts a month he would earn R13 692 a year, Dr Jurgens said.

Fulltime medical officers also had to sign an agreement that if they did the extra shifts they could be asked to work an addi-

# Hospital pay scandal: It pays to be a part-timer

93 (8/5) (2/7) Star 10/6/82

tional 16 hours a week, if necessary in any other department, as decided by the hospital superintendent.

Dr Jurgens said: "However, if they do not want to work extra shifts they must sign a second agreement in which they acknowledge that they can be asked to do extra duties, again without additional pay."

Dr Jurgens, a former superintendent of the Far East Rand Hospital at Springs, said it was unreasonable, unjust and unethical to expect doctors to work extra hours without pay at night.

He said the new dispensation for nurses could help relieve nurs-

ing staff shortages, but shortages among doctors at provincial hospitals were now threatening.

There was a 65 percent vacancy in doctors' posts at one hospital where only three of 12 posts were filled.

In reply the MEC in charge of hospital services, Dr Servaas Latsky, said his department was aware of salary anomalies facing medical officers.

Dr Latsky said it was hoped that the recently completed investigation into medical staff salaries by the Commission for Administration would resolve these and other problems.

The debate was

marked by clashes between Dr Latsky and Mr Joel Mervis (PFP, Edenvale) over the patient/day costing at and private hospitals.

Mr Mervis said figures released by the provincial auditor showed great cost discrepancies between different provincial hospitals and between these and private hospitals.

Dr Latsky said it was impossible to compare cost factors at the various provincial hospitals, as some performed duties for others, and had expensive equipment and carried out expensive surgery.

He accused Mr Mervis of trying to create suspicion and acting

for political gain.

Mrs Irene Menell (PFP, Houghton) appealed for chronically sick outpatients in the lower income group to be granted relief from recent increases in hospital fees.

She said patients not covered by a medical aid scheme faced a doubling of fees from R1 to R2, which would mean an increase of R8 a month if they needed treatment each week.

The maximum income allowed for H3 category patients was R40 a month, and with extra travelling costs the additional fees would create an intolerable burden for the chronically ill, she said.



# Hospital turns away dangerously ill babies

CAPE TIMES 12/6/82 (93) (11/12)

Own Correspondent

JOHANNESBURG. — The ultra-modern Johannesburg Hospital, one of the most sophisticated in the world, is turning away dangerously ill infants because a staff shortage has closed its wards.

At least two babies suffering from an outbreak of gastro-enteritis which has struck on the Reef have been turned away to other hospitals in the past 48 hours.

Their parents were either told there were no beds or not enough staff to attend to their children. A hospital spokesman last night confirmed more babies could be referred to other hospitals if the situation worsens.

The two babies seen yesterday by the Rand

Daily Mail were admitted to the J G Strijdom Hospital on Wednesday after they could not be admitted to the Johannesburg Hospital.

Mrs Vicky Obhlidal of Berea was one of the distraught mothers who had to hire an ambulance to transport her three-and-a-half-month-old son Mark to the J G Strijdom Hospital after a doctor at the Johannesburg Hospital told her that her baby was in a serious condition but could not be admitted to the hospital because of a staff shortage.

"They told me to go to a private clinic. I cannot afford the R30 a day tariff and decided to take a chance by having him taken to the J G Strijdom hospital," Mrs Obhlidal said.

Her son was put on a drip and driven to the J G Strijdom by ambulance where he was admitted without delay. They arrived at the Johannesburg Hospital at 8.30pm but by the time they got to the J G Strijdom it was close to lam in the morning.

The Mail's senior deputy News Editor, Mr Paul Bell, also experienced the trauma of being told his by a doctor at the Johannesburg Hospital that his 13-month-old daughter Antonia was not able to be admitted because they were not taking "any more gastro's".

A spokesman for the Johannesburg hospital last night said babies will be referred to other hospitals if the hospital could not accommodate them.

"All children brought in are treated. When we don't have enough beds available we will try to find them either at the South Rand Hospital or the J G Strijdom Hospital. If there are no beds at these hospitals we will just have to find them."

She confirmed that more than the usual num-

ber of babies suffering from gastro-enteritis have been admitted to the hospital in the past few days.

"We have 11 cases at the moment but it is not that unnatural as gastro-enteritis occurs more often during the change of season."

Half the wards of the 2 000-bed hospital are permanently closed because of the staff shortage.

Johannesburg Hospital Superintendent, Doctor I Costa, last night said no more wards had been closed nor did the staff position deteriorate.

Yesterday's drama involving at least six seriously ill infants turned away from the Johannesburg Hospital was described last night as "appalling" by a Progressive Federal Party spokesman on health.

Mrs Irene Mendel, MPC for Houghton, said it was shocking to hear babies suffering from gastro-enteritis were being turned away and sent to the J G Strijdom Hospital in Auckland Park when they should be receiving immediate attention.

# Baby's death: doctor and nurse negligent

93

Mail Reporter

ROM 17/6/82

A RADIOLOGIST and a radiographer at Vereeniging Hospital were both found criminally negligent at an inquest hearing into the death of a five-week-old baby.

The inquest, held in Johannesburg, was into the death of Izak van der Vyfer, who suffered severe convulsions and brain damage before dying of cardiac arrest on June 10 last year.

He died five days after being given X-rays at Vereeniging Hospital.

In previous evidence, Dr Adam Bezuidenhout, the hospital's radiologist, told the court he could not remember how much contrast material — X-ray fluid — had been given to the child out of a 250ml container.

Professor N J Scheepers, a State pathologist, said the maximum to be given to a child of that age and weight should be 12ml.

He said every container of contrast material came with a pamphlet giving the prescribed dosage and side-effects of an overdose. He read out the pamphlet which said 2 to 4ml should be given per kilogram of body weight.

Izak weighed 3kg on June 5 last year. Dr Bezuidenhout told the court he did not know Izak's weight before administering the drip.

A student nurse at the hospital, Miss S Dreyer, told the court she had been in the room and watched the drip for one-and-a-half hours — Dr Bezuidenhout had said earlier the drip was only in for an hour — and during that time had not seen Dr Bezuidenhout at all.

She said the full bottle of contrast material, 250ml, had been given to the child, and after the X-rays were finished the child immedi-

ately showed signs of distress.

The radiographer, Mrs Wilna Leeuwner, had said the baby was probably cold.

Miss Dreyer said by the time they took the child to the ward, he was blue.

Prof Scheepers, who did the autopsy on Izak, gave the cause of death as cardiac failure and added the findings were consistent with an overdose of contrast medium which was allegedly given intravenously.

In court yesterday, Dr Bezuidenhout said he had done tests after Tuesday's hearing and was now able to say he had definitely given the prescribed dosage.

At Tuesday's hearing he said he could not remember what dosage he had given.

Mr C Schoeman, appearing for the Van der Vyfer family, asked Dr Bezuidenhout if he understood the meaning of the oath because of his changed evidence before the court.

Mr A M Snyman, also appearing for the family, said Miss Dreyer's evidence that the whole bottle had been used was unchallenged while neither Dr Bezuidenhout nor Mrs Leeuwner could remember exactly what was left.

"I don't think it is necessary to re-examine in detail the evidence. It is my submission that Dr Bezuidenhout's own evidence clearly demonstrates that he stands condemned before this court," Mr Snyman said.

He said the incident showed the "grossest negligence in a specialist who should know better".

The magistrate, Mr A H Van Zyl, assisted by Dr V Kemp, Chief District Surgeon, found that Dr Bezuidenhout and Mrs Leeuwner, who was not in court yesterday, were both criminally negligent.



By NOREEN SUTCLIFFE

AN intensive investigation into the establishment of a medical faculty at the University of Port Elizabeth is underway and will gain momentum in the next few weeks when three Port Elizabeth doctors who form the steering committee start studying its feasibility.

The investigation will be strictly non-political and the immediate aim is to gather information to build up the city's case as a top contender for the country's next medical faculty.

Dr Angus Hofmeyr, who was asked to convene the committee, told Weekend Post this week the steering committee would investigate the whole project condition that it was lifted from the political arena and "that there be no political overtones" attached to approaches made to individuals.

"I feel very strongly about this because we are going to need everybody's help," he said.

Dr K Geere and Dr R Benson, have agreed to become part of the steering committee and the three

# UPE medical faculty probe is underway

QB ~~SB~~

S. Post

19/6/82

men will meet "very shortly" to start on what is described by Dr Hofmeyr as a long-term programme.

"There is a distinct lack of funds and we would need, in the immediate future, the assurance from the Government that when the time is ripe for the establishment of another medical faculty, that we be considered the logical contenders.

"This outlook is for years ahead. We must not get people whipped up and then the bubble bursts. We must be realistic at all times."

Dr Hofmeyr said another prime condition concerning the establishment of a medical faculty was that admission must be "pri-

marily on ability. No other conditions can supercede that requirement".

Mr J Barnardo, UPE's public relations head, told Weekend Post this week the university was ready to receive and help the steering committee.

"We are open for further negotiations and to give them as much help and further information as we can."

Dr Hofmeyr said the initial task was to form an effective centralised executive committee which would have the prime function of co-ordinating information obtained from various specialised sub-committees still to be appointed.

These sub-committees would be finance, statistics, internal politics and structure and organisation, among others.

"We cannot do without the help of the business and industrial sectors of the community either and they will be approached via the Afrikaanse Sakekamer, the Chamber of Industries and the Chamber of Commerce.

"Much will depend on the recommendations we obtain from these quarters. In fact, the success of this venture will need the support, drive and expertise of the business sector.

"By the same token, we will lean heavily on the expertise, goodwill and co-operation of the University

of Port Elizabeth. I have already had personal discussions with Professor S J Schoeman, principal of UPE, about this whole concept. I have left his office with no doubts about their preparedness and willingness to help."

Dr Hofmeyr said the cost of a medical faculty in Port Elizabeth would be in the region of R66 million.

"We are considering approaching the international corporations in the city — if we don't ask now we will never know whether they support us."

He had also written to the Administrator outlining the motivation of a medical faculty for the area and asking that the possibility

of a teaching hospital being sited in Port Elizabeth be considered.

Regarding the siting of a possible teaching hospital in Port Elizabeth, Dr Hofmeyr said that, in principle, one would question the university campus.

"By siting it on the campus, it would obviously be linked to the university. And from a health point of view it is ideal with its open air, wind and no smog.

"But the factor of accessibility is a major disadvantage. What will happen concerning the growth rate of the area in the next 10 to 15 years, I don't know.

"One has to give serious consideration to the siting of a teaching hospital closer to the centre city

within the next 10 to 15 years, which will then be accessible to all population groups from all directions."

Dr Hofmeyr said he personally favoured an area abutting the William Moffett Expressway.

He said there was at present argument about siting the country's next teaching hospital in one of two cities — Johannesburg, which has Rand Afrikaanse University, and the Cape Peninsula with its University of the Western Cape.

"However, it is a generally accepted fact that a distinct shortage of teaching material in each of these areas does exist. The general level of income of a major section of the population in these areas will be a cut-off line for indigent patients.

The present cut-off figure to qualify as an indigent patient is about R240 per month. A large section earns above the R240 figure and, therefore, will not qualify as indigents for teaching material.

"No matter what steps will be taken to counteract the increase to apply in these areas, we are going to have a greater figure here for teaching material," said Dr Hofmeyr.



# TEA

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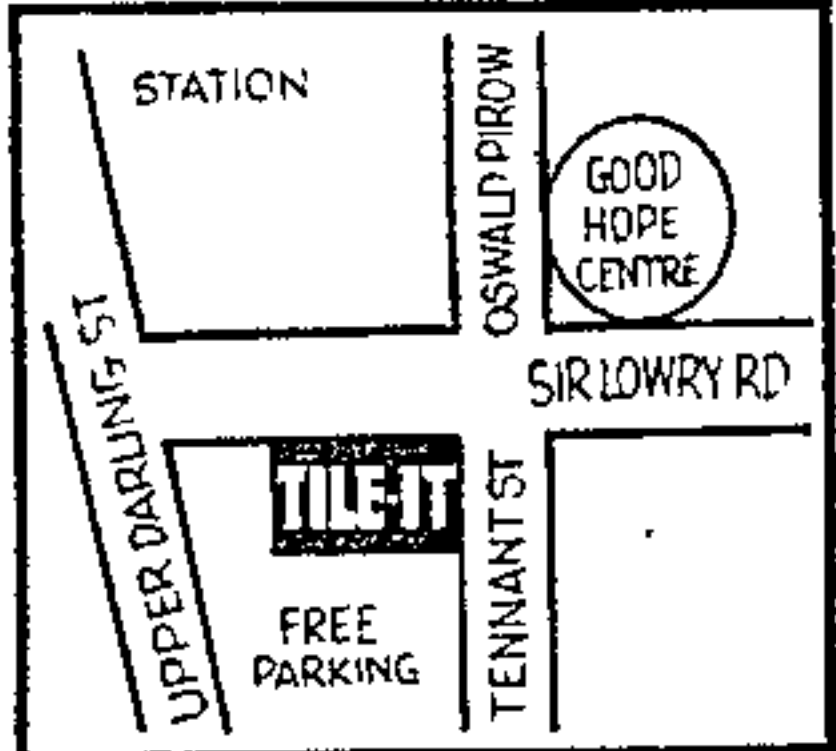
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## Biko: Complaint about 4th doctor

Cape Times 24/6/82 (43)

Own Correspondent  
 PORT ELIZABETH — A fourth Port Elizabeth doctor, specialist neurologist Dr R J Keeley, is cited in a new complaint to the South African Medical and Dental Council about the treatment given to Steve Biko before his death in 1977.

The council has not yet replied to five doctors who four months ago appealed for a fresh inquiry into the conduct of four "Biko doctors".

The other doctors referred to are Dr Benjamin Tucker, principal district surgeon in Port Elizabeth; Dr Ivor Lang, senior district surgeon, and Dr Colin Hersch, a private physician.

Dr Keeley was consulted by Drs Lang and Tucker and gave advice without seeing Biko.

The five doctors urged the council to consider the new complaint because it contained more evidence than previously submitted.

The doctors emphasized

that the group in calling for an inquiry was not engaged in a witch-hunt. "We have no vengeful desire to see these doctors punished."

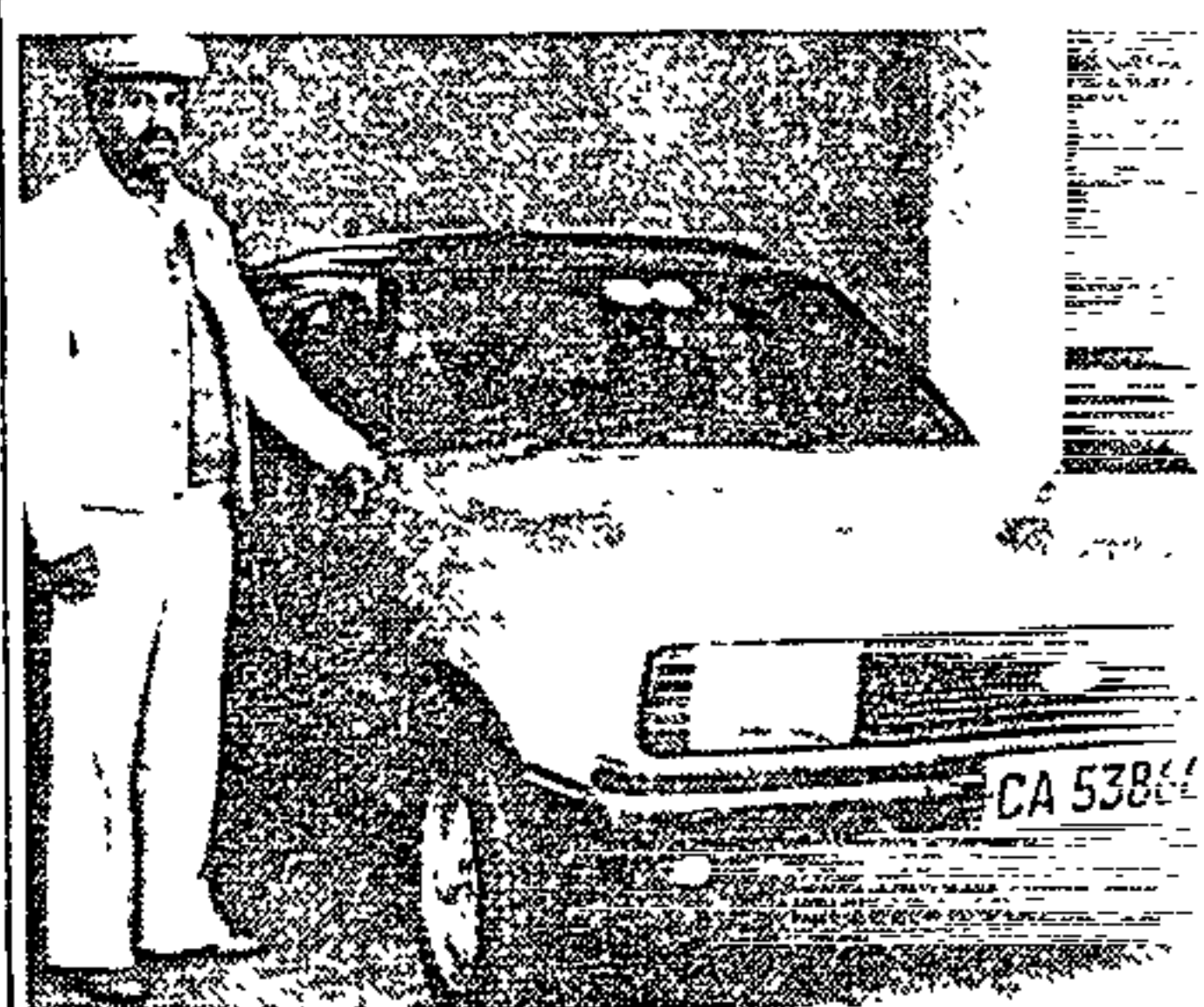
"Our objective is to see the highest ethical body in the medical profession in this country make an unequivocal statement about the ethical duties of doctors towards their patients in any and all circumstances."

One of the five doctors is Professor Trevor Jenkins, head of the Department of Human Genetics at Witwatersrand University and chairman of the Professional and Ethical Standards Committee.

The other four are Professor Frances Ames, head of the Department of Neurology at Groote Schuur; Professor Phillip Tobias, Dean of the Wits Medical School; Dr E M Barker, lecturer in the Department of Surgery at the University of Natal Medical School; and Dr L I Robertson, a Durban GP.

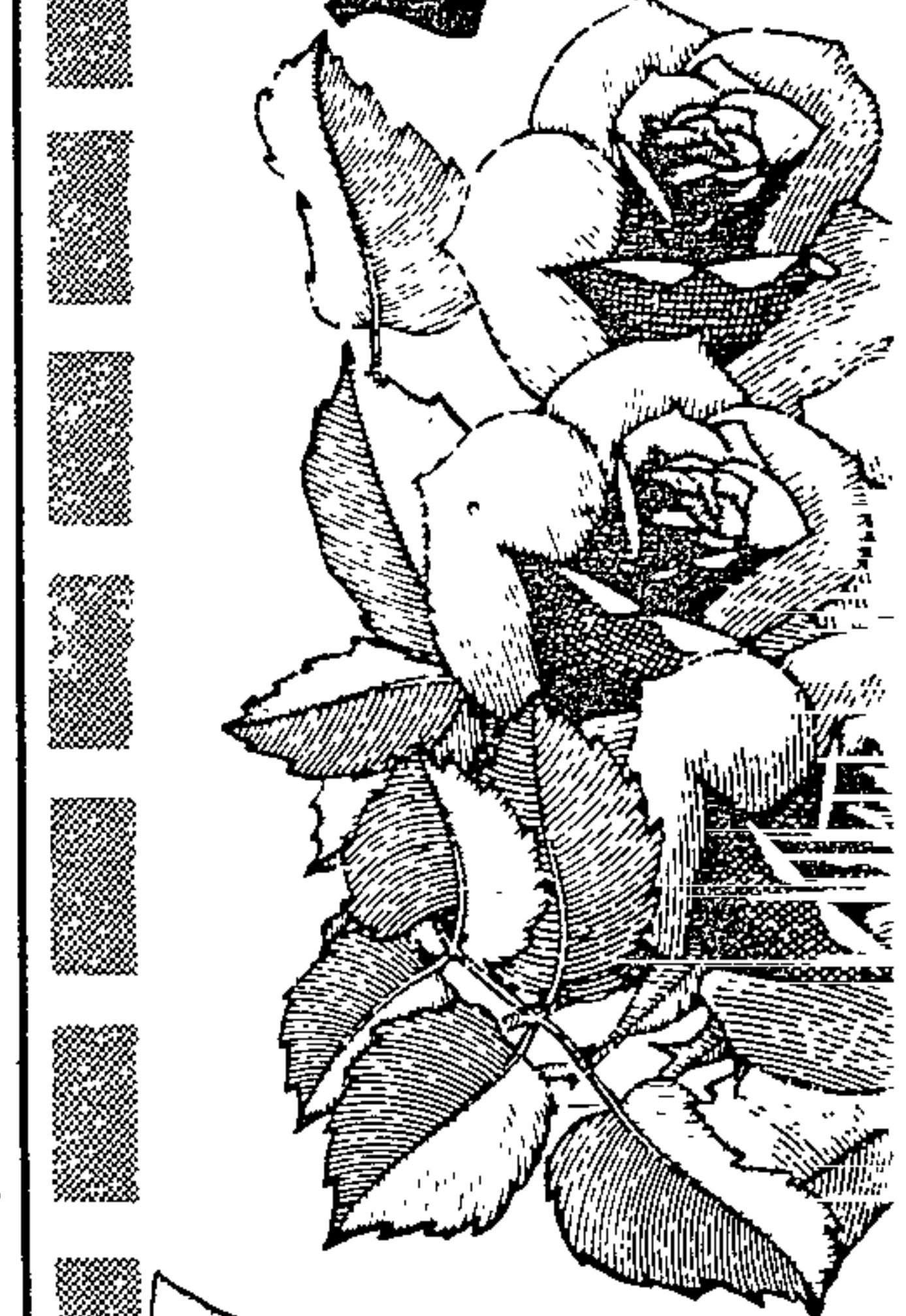


The Princess of Wales holds her baby son in London less than 24 hours after his birth.

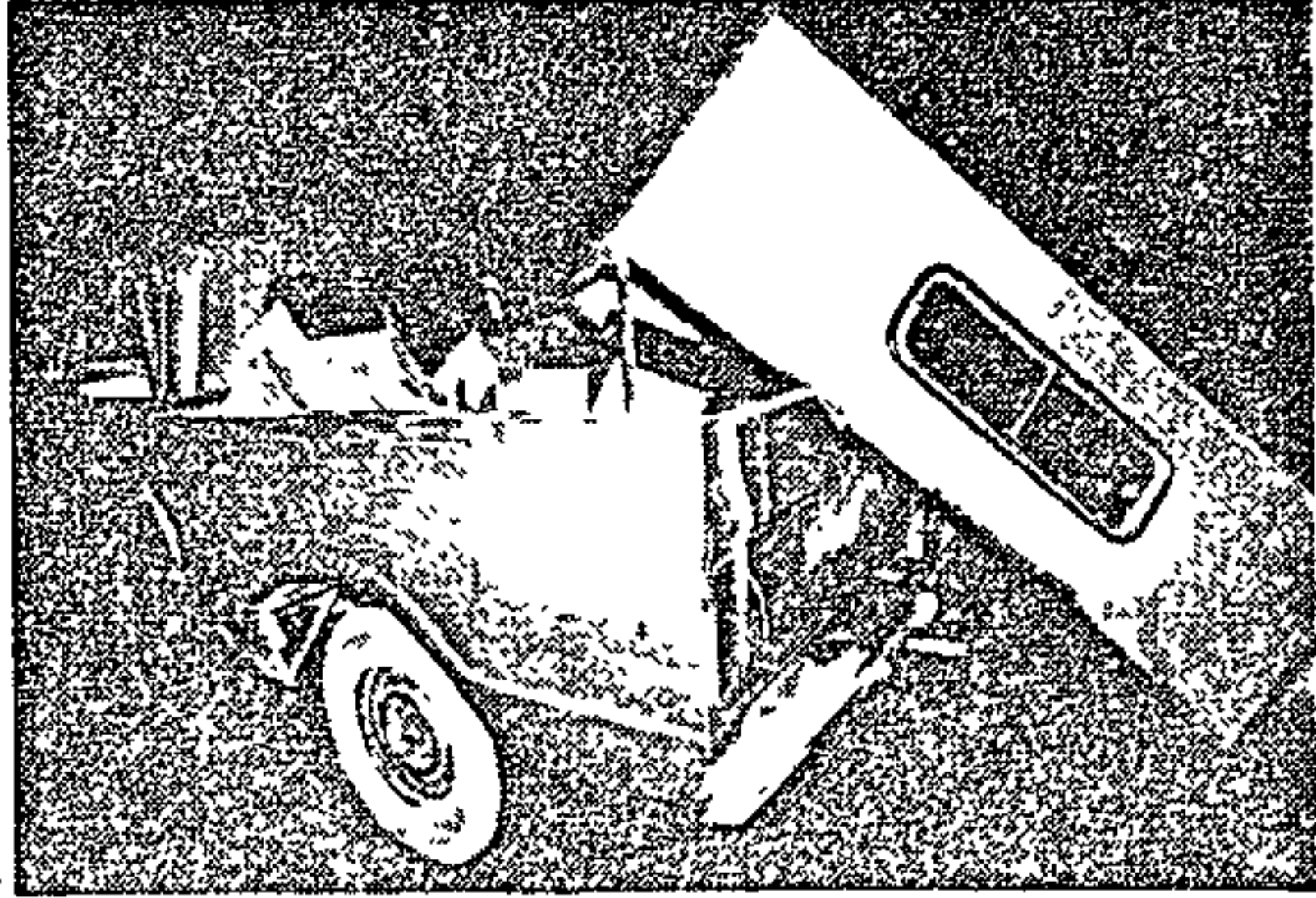


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The pick-up truck which was in a collision with a station-wagon at the corner of Wale and Long streets last night.

## 7 hospitalized after City smash

Staff Reporter

SEVEN people were injured in a collision between a station-wagon and a pick-up truck at the corner of Wale Street and Long Street about 7.45 last night.

All the injured were taken to Woodstock Hospital by ambulance.

The station-wagon was badly damaged in the collision with the truck, which was thrown almost to the corner of Wale and Burg streets, about 50m from the point of impact.

The occupants of the station-wagon, Mr and Mrs S P Pretorius of Durbanville, who suffered shock and minor injuries, were on their way to visit their daughter in hospital when the accident happened.

The driver of the damaged truck, Mr Patrick Ndzukuma, of Crossroads, who had minor injuries and suffered from shock, said he and his brother, Mr K Ndzukuma, also of Crossroads, had given a lift to three



# Fourth doctor cited in new Biko complaint

PORT ELIZABETH — A fourth doctor here is cited in a new complaint to the South African Medical and Dental Council (SAMDC) about the treatment given to Steve Biko before his death in detention in 1977.

The doctor is specialist neurologist, Dr R. J. Keeley.

The council has not yet replied to five doctors who appealed four months ago for a fresh inquiry into the conduct of four "Biko doctors."

The other doctors referred to are Dr Benjamin Tucker, principal district surgeon in Port Elizabeth; Dr Ivor Lang, senior district surgeon; and Dr Colin Hersch, a private physician.

Dr Keeley was consulted by Drs Lang and

Tucker on Mr Biko's condition and gave advice without seeing Mr Biko

The five doctors had urged the council to consider the new complaint because they said it contained more evidence than previously submitted. They want a public inquiry into the actions of the four doctors who treated Mr Biko while he was in police custody in Port Elizabeth.

The outcome of the complaint will depend on the findings of a smaller SAMC body — the medical committee of preliminary inquiry.

One of the five doctors, said: "In the new complaint the evidence has been very meticulously and clearly presented. It might well be that the council will find there is

sufficiently strong prima facie evidence of professional misconduct to warrant the holding of a public disciplinary inquiry."

The doctor stressed that the group, in calling for an inquiry, was not engaged in a witch hunt. "We have no vengeful desire to see these doctors punished

"Our objective is to see the highest ethical body in the medical profession in this country make an unequivocal statement about the ethical duties of doctors towards their patients in any and all circumstances."

One of the five doctors who sent a petition to the council in February was Prof Trevor Jenkins, head of the department

of human genetics at the University of the Witwatersrand and chairman of the Professional and Ethical Standards Committee.

The other four are Prof Frances Ames, head of the department of neurology at Groote Schuur Hospital; Prof Phillip Tobias, dean of the Wits medical school; Dr E. M. Barker, lecturer in the department of surgery at the University of Natal medical school; and Dr L. I. Robertson, a Durban GP.

The registrar of the SAMDC, Mr N. Prinsloo, said the complaint would be processed according to SAMDC regulations. Complaints received were submitted to the president of the SAMDC, who might refer them to a preliminary

committee of medical inquiry. This special committee might decide on a public inquiry.

Mr Prinsloo said the length of time involved varied enormously.

The decision of the committee of inquiry had to go to the full council, which would then confirm it or refer the decision back to the committee.

The complaint received by the five doctors had not been dealt with at the April meeting. The earliest opportunity for the full council to consider it would now be October, he said.

However, a lawyer said: "There is nothing to prevent the SAMDC from calling a special meeting as it has done on previous occasions." — DDC.

Paper No .....  
(to be copied from the heading on the Examination Paper)

Initials		
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Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

He said...

# No reply yet to call for Biko probe

## Mail Correspondent

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The council has not yet replied to five doctors who four months ago appealed for a fresh inquiry into the conduct of four "Biko doctors".

The other doctors referred to are Dr Benjamin Tucker, principal district surgeon in Port Elizabeth; Dr Ivor Lang, senior district surgeon; and Dr Colin Hersch, a private physician. Dr Keeley was consulted by Drs Lang and Tucker and gave advice without seeing Biko.

A spokesman for the group said: "In the new complaint the evidence has been very meticulously and clearly presented."

He said the group, in calling for an inquiry, was not engaged in a witch hunt. "We have no vengeful desire to see these doctors punished," he said.

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# Masa to probe health in prison

Argus 28/6/82  
93 2089

PRETORIA. — A special ad hoc committee has been appointed by the federal council of the Medical Association of South Africa (Masa) to investigate medical care of prisoners and detainees, Masa announced in Pretoria today.

The committee, which held its first meeting in Pretoria on Thursday, will also study the effects of solitary confinement.

The body declined to name the members of the committee, but said they were "prominent and highly-respected" members of the medical and legal professions.

The reason for the appointment, it said, was that "the association had noted with concern certain reports about alleged deficiencies in such health care, and that these allegations had not to date, as far as the association was aware, been supported by verifiable evidence."

— Sapa.

CAR Times 29/6/82  
93 877A

# Masa invites public evidence

Own Correspondent

PRETORIA. — The *ad hoc* committee appointed by the Federal Council of the Medical Association of South Africa to inquire into the medical care of prisoners and detainees has called for written evidence from the public.

The committee will conduct the inquiry behind closed doors, and the names of the committee members will be kept a secret till the task is completed.

Masa announced yesterday that the committee, which met for the first time on Thursday, consisted of prominent members of the medical and legal professions.

Dr CEM Viljoen, Masa's secretary-general, said in Pretoria yesterday:

"The reason for the appointment of this commit-

tee was that Masa had noted with concern certain reports about alleged deficiencies in such health care, and due to the fact that these allegations had not to date, as far as the Association was aware, been supported by verifiable evidence.

"The effects of solitary confinement will also be considered."

The committee will consider any responsible written representations before September 30 this year, according to a Masa statement.

A Masa official said last night that the Steve Biko case would definitely be considered if any such evidence was received.

Representations from individuals or organizations should be addressed to the Secretary-General, Medical Association of South Africa, P O Box 20272, Alkantrant. 0005.





17/82

# BLACK PATIENTS WILL SUFFER

~~1940/1977~~ (93) Sowetan  
BLACK PATIENTS will be the hardest hit if the pharmacy board's wish to have doctors barred from dispensing medicine is carried out.

This view was expressed by doctors in Johannesburg and Pretoria yesterday in reaction to a move taken by the board recently to stop them from trading in medicines and competing with pharmacies

Dr Nthato Motlana of Soweto told The SOWETAN that black doctors had always felt they were entitled to provide medicine for their patients, most of whom could not afford additional chemist fees.

Dr Motlana's statement was corroborated by Dr E N Mokone of So-shanguve and Dr Percy Ramphenyane of Saulsville.



7/29/82 (93) star 1/7/82

# Masa queries detainee care

## Pretoria Bureau

An ad hoc committee established by the Medical Association of South Africa to investigate the medical care of detainees and prisoners will leave no stone unturned in its controversial probe, says Masa's secretary-general

In an interview Dr C E Viljoen spelled out the exact terms of reference of the committee

Among the matters to be investigated will be:

- Solitary confinement.
  - Prisoners' diets.
  - The mental health of detainees.
  - Interrogation methods affecting the physical and mental health of those interrogated.
  - Prison facilities
- "There have been various reports on the ill-effects of solitary confinement," said Dr Viljoen "Masa has the necessary specialist groups to investigate

this issue and we will seek expert opinions.

"Depending on the outcome of our investigation, we will have to formulate a policy statement on solitary confinement and the way it is being applied in South Africa."

He noted that the question of solitary confinement had drawn a wide range of medical opinion in the past, and welcomed the prospect of clarification.

Interrogation methods used on detainees and prisoners would not form part of the committee's investigation as such, but would be investigated in terms of the effects they had on physical or mental health.

"If interrogation methods include, say, torture, be it mental or physical torture, the committee will investigate to the best of its ability," said Dr Viljoen.

The committee was also hoping to conduct inspections of prison, detention and interrogation facilities.

"This aspect of the investigation has not been finalised but we assume this will take place. We can only hope that the authorities concerned cooperate.

"I think any investigation would be incomplete unless we can find out where people are being detained"

Another matter to be investigated is the general mental health of detainees and prisoners. This could even extend to the issue of visiting rights, he said.

A final report on the investigation will be placed before Masa's parliamentary committee which is chiefly responsible for recommending medical legislation.

All evidence must be submitted to the investigating committee in writing by September

30 but this deadline could be extended if necessary.

The investigation will be held in camera but Dr Viljoen was sure that the findings and recommendations drawn up would ultimately be made public.

He attributed the establishment of the committee, to a large extent to controversy highlighted in the media during the past five years over deaths in detention. The death of the Black Consciousness leader Mr Steve Biko and more recently trade unionist Dr Neil Aggett had focused particular attention on the medical profession.

"The South African Medical profession retains a good reputation throughout the world," said Dr Viljoen.

"The reason why this investigation has been called is not to re-establish our reputation but merely to make sure that allega-

tions of deficiencies on the part of the medical profession are either incorrect or matters on which Masa must act

"Our medical profession cannot be seen to sit back in the face of allegations of deficiencies. We will approach various disciplines in the profession including the Association of Full-time and Part-time District Surgeons and the Psychiatric Association of South Africa.

"They will all be invited to place evidence before the committee."

A spokesman for the Detainees' Parents Support Committee said the organisation would decide at a meeting on Wednesday whether to submit evidence to the Masa committee.

The chairman of the Pretoria branch of the Lawyers For Human Rights organisation, Mr Don MacRobert, has expressed interest in the investigation.

(to be copied from the heading on the Examination Paper)

Examiners' Initials		
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Paper No. ....  
(to be copied from the heading on the Examination Paper)

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# US guidelines will be used for probe into prison care

*LABOUR.*



THE special committee appointed to look into the medical care of prisoners and detainees will apparently use as guidelines the Standards for Health Services in Jails (Standards) published by the American Medical Association.

A cloak of secrecy surrounds the committee appointed by the Medical Association of South Africa, but the Sunday Express believes it is in possession of the name of at least one member of the committee and has access to two of the documents which the committee will use as guidelines.

The AMA standards deal with six different aspects of medical, psychiatric and dental care and health services.

Some of the matters covered are:

- The question of autonomy of the medical profession in matters of medical judgment.
- Daily processing of health complaints.
- Access by doctors to information in the confinement docket of the prisoner or detainee.
- Transfer of patients with acute illnesses as "all too often seriously ill inmates have been maintained in correctional facilities in unhealthy and anti-therapeutic environments".

By CATHY KENTRIDGE

● 24-hour emergency medical and dental services.

● Detailed health records.

One of the other documents the committee will use is the 1975 Tokyo Declaration by the World Medical Association which sets out ethical guidelines for doctors.

It is understood the committee will also refer to the findings of the Diplock Committee relating to the treatment of detainees in Northern Ireland and the 1981 report for Masa by Mr Issy Maisels, QC, and Professor J N de Villiers, former rector of the University of Stellenbosch, on ethical aspects of the medical treatment of Mr Steven Biko, who died in detention in 1977.

Masa has declined to name the committee members as it does not wish them to be "importuned by nutcases". But Masa said the committee members are "prominent and highly respected members of the medical and legal professions".

The names will be disclosed after September 30, the closing date for written evidence from the public.

CANDIDATE MUST enter in 1) the number of each question 2) (in the order in which it has appeared); leave columns (2) and (3) blank.

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# Families will suffer by ruling

RDM  
5/7/82 93

Mail Reporter

A RULING against two doctors by the disciplinary committee of the Medical and Dental Council will cause suffering to thousands of jobless black patients and their families.

This was claimed by an East Rand practitioner who gave evidence at a hearing on charges against Dr J Nell and Dr S J Gous in Johannesburg.

Both doctors appeared before the committee last Friday on charges of disgraceful and improper conduct by contravening the medical practitioners' code of conduct.

Unemployment funds payable by the Department of Manpower Utilisation to blacks who have been without work because of illness would either be delayed or not paid at all because of the outcome of the hearing, the practitioner, Dr Peter Urbani, told the committee.

The Department of Manpower Utilisation refuses to pay out unemployment benefits unless a worker can produce a doctors' certificate.

The department only accepts certificates if signed by a doctor who can personally vouch for claims of illness by patients, while the code of conduct allows a doctor to issue a certificate on the strength of a patient's word.

But if a doctor issues a certificate on the strength of a patient's word, it must be noted by adding "as informed by the patient".

A claims officer of the Department of Manpower Utilisation, Mr J Furstenburg,

said in evidence that certificates on which these words appeared were unacceptable to the department.

Dr Gous, a senior medical officer of the Transvaal Provincial Administration and Dr Nell, an East Rand practitioner, were both found guilty of contravening this rule.

Both admitted that they had not treated patients but had issued certificates without adding "as informed by the patient", because such certificates were unacceptable to the department.

Dr Gous was found guilty on an alternative charge of improper conduct and warned, while the committee is to recommend to the Medical and Dental Council that Dr Nell be suspended as a practitioner for three months.

Dr Nell was found guilty on two charges of providing medical certificates to three black workers who had been fired after an illegal strike on the East Rand in 1980.

Dr Gous signed a certificate as a locum tenens for a patient of the medical partnership he was working for, accepting the diagnosis of and treatment by senior doctors to corroborate the word of the patient.

Dr Urbani, who gave evidence for the accused in mitigation of sentence, said doctors "all over the country" were breaking rule 17(a) of the code to expedite payments by the Department of Manpower Utilisation for humanitarian reasons.

After the hearing Dr Urbani said he believed there were about 5 000 families in Kwa-Thema on the East Rand alone who were waiting for unemployment insurance payments.



# Docs for the people

93 15/7/82  
Dwe fan

THE South African Medical Discussion Group (SAMDG) does not recognise homelands, but will never discourage black doctors from practising in any part of the country where there is a need.

Dr Joel Masipa, the SAMDG PRO said his group had decided to answer to the remarks made by Dr Patrick Mokhobo, the Chief Minister of Health in Bophuthatswana, when he said: "Black doctors are useless and difficult to re-educate and use politics as an excuse not to practise in the homelands".

Dr Masipa said SAMDG is a democratic group, "and as a result whatever is said by a doctor who is a member in some instance, does not necessarily represent the collective view of the group".

SAMDG disagrees with Dr Mokhobo's view that, "most of the black doctors are money-mongers who can think of nothing else but buying the next BMW car."

"I totally disagree with Dr Mokhobo that doctors are professional sycophants. It is a fact that in any profession you find people with personality defects that make them bigheaded," he said.

Dr Masipa said he could not wholeheartedly say whether black doctors still observed the Hippocratic oath.

He said that because every doctor who qualified took the oath, it was possible that he observed the ethics of this profession.

On Medunsa, the R100-million medical school built by the Government in Ga-Rankuwa, he said it was an attempt to push the blacks into supporting the homelands by qualifying in the rural areas.

"Although the SAMDG does not recognise the artificial borders that have resulted in the likes of Bophuthatswana and Ciskei, it is left to the individual himself to choose whether to practise in the homelands or in urban areas," he said.

"Universities should be opened to all races so as to curb the myth among our people (if it is), that the Government has given us separate universities so as to continue its plan to give us inferior education," he concluded.

93  
Doctors call fee  
rise 'inadequate'  
star 3/8/82

By Caroline Braun

Doctors' fees went up 6,6 percent yesterday.

The new tariffs apply to doctors who are contracted into medical aid schemes.

A consultation with a general practitioner at his rooms now costs R7,70 (previously R7,20), while a home or hospital visit during normal hours costs R15,40 (previously R14,40).

A home visit at night or over weekends has been increased from R24 to R25,60.

Removal of tonsils and adenoids in a child under 12 by a specialist has gone up from R48 to R51,20 and an appendectomy by a specialist has been increased from R108 to R115,20.

The last tariff increase was in September 1981 when fees went up 9,9 percent.

The South African Medical Association has already indicated that it regards the latest 6,6 percent increase as "inadequate." It in-

tends to apply for a further increase later this year.

Medical aid schemes have been hit hard by higher medical care costs this year and many schemes will be forced to put up their subscriptions before the end of the year.

Since January private hospital fees have gone up more than 20 percent, Cape provincial hospital fees went up 114 percent, dental fees rose 25 percent, and physiotherapy fees rose 50 percent.

Section A



copy Times 6/8/87 (93)

## Bid to block student move

Staff Reporter

A GROUP of South African medical students are trying to stop this country's readmission to the International Federation of Medical Students' Association.

The group, an ad hoc committee of medical students from several South African universities, have sent a document to the international association rejecting an application by the South African Medical Students' Association (SAMSA) for readmission.

SAMSA represents medical students at the universities of Stellenbosch, Pretoria and the Free State. The ad hoc committee comprises representatives from the universities of Cape Town,

Natal, Wits and the Medunsa Medical School.

In a statement issued this week by the ad hoc committee's Cape Town representative, Mr Dave Swingler, the students said "much criticism has been levelled at SAMSA for their lack of action concerning matters related to health in its broader social context.

"For example, no public stand has been taken over the deaths in detention, the effects of apartheid health in South Africa etc," he said.

The IFMSA will consider SAMSA's readmission and the committee's document at its 31st general assembly in Switzerland from August 8 to 15.

# World health chief (93) praises Masa 13/8/82

Mall Reporter

THE Medical Association of South Africa (Masa) cannot be blamed for an inadequately developed medical infrastructure in South Africa, the president of the World Medical Association said in Pretoria yesterday.

Dr Antonio Gentil da Silva Martins is on a visit at the invitation of Masa to examine the practice of medicine in South Africa.

He is keen to gather first-hand information following the defeat of a motion proposed by him that the WMA should send a fact-finding mission to South Africa before its international congress in September last year.

When proposing the motion, he had been limited to information available at the time, and had therefore decided to see for himself what services were available, Dr Martins said.

He was also strongly criticised for his support for Masa when they were readmitted at the congress in the face of threats from six African countries to withdraw their membership and opposition from 14 medical groups representing mostly black medical workers in South Africa.

Commenting on allegations by health workers that health conditions in South Africa had not been accurately reported to the WMA, he said overcrowding and the lack of facilities were known facts.

"This did not, however, reflect the sincerity of Masa members in carrying out their professional duties of serving humanity," he said.

"I am impressed with the dedication of South African doctors."

Providing the infrastructure for adequate medical services was a political issue and not the responsibility of Masa, he said.

Commenting on the treatment of Black Consciousness leader Mr Steve Biko, who died while in police custody, he said the only member of Masa involved in the affair had been exonerated of all blame. Masa therefore could not be held responsible for the treatment of Mr Biko.

Dr Martins plans to consult various medical organisations and the Detainees' Parents' Support Committee while in South Africa.



# Azapo slams health expert

8/82

~~11/13~~  
THE AZANIAN People's Organisation (Azapo) has slammed a statement by Dr Antonio da Silva Martins, president of the World Medical Association (WMA), that Security Police could not be held responsible for the health care of detainees.

After a 16-day visit in the country, Dr Martins hit out at critics of South Africa's health services and said that Security Police could not be held responsible for the care of detainees such as the late Mr Steve Biko.

REJOICED  
Sawetan 23/8/82  
The Azapo health secretariat said at the weekend it could only rejoice at the departure of Dr Martins. To adopt such a grossly one-sided attitude went to show that while he was in the country he was trying his hardest to justify the re-admission of the Medical Association of South Africa (Masa) to the WMA.

The Azapo statement said: "Not to blame Masa for its inaction against one of its members involved in the Biko case means that Masa condones his gross carelessness.

Azapo said Dr Martins distorted the true picture of South Africa.

# Medical tariffs may rise again

CAPK T16 17/8/82 (93) (84)

Own Correspondent

JOHANNESBURG. — South Africa's doctors and dentists are to ask the SA Medical and Dental Council for another increase in fees — the doctors' fourth in three years.

The council's medical and dental tariff committees are expected to meet

at the end of the month to study representations from the Medical Association of SA and the Dental Association before putting them to the full council.

Doctors have had three tariff adjustments since 1979. The increase that year was 52 percent, at a time when the Medical

Council could decide on the size of increases without going to the Minister of Health.

In spite of representations from medical aid schemes and a plea by the Minister, the council refused to reduce the size of the increase.

As a result, legislation was amended to give the Minister of Health the final say in tariff increases.

Doctors' fees were raised again last November by nine percent and this month by another six percent.

However, doctors claim they are still running behind the inflation rate and that further adjustments are merited.

It is understood that the Dental Association intends asking for a tariff rise of about 40 percent. This is on top of the 25 percent increase they were given in February after asking for 45 percent.

A 40 percent increase in dentists' fees would push up the cost of fillings from R7,50 to R10,50, extractions from R7,24 to R10,13 and X-rays from R4,40 to R6,16.

However, the request by doctors and dentists for increased fees this year is likely to meet more stern opposition from the medical aid schemes.

According to the Representative Association of Medical Aid Schemes, most are having to raise membership subscriptions to meet the increasing costs of illness.

This year has already seen substantial increases in private and provincial hospital fees and in the cost of medicine and drugs.



# Medical

Dentist expect a 40% increase

# fees may rise again

By GERALD REILLY

17/8/82

PRETORIA.

SOUTH Africa's doctors and dentists are to ask the SA Medical and Dental Council for another increase in fees — the doctors' fourth in three years.

The council's medical and dental tariff committees are expected to meet at the end of the month to study representations from the Medical Association of SA and the Dental Association before putting them to the full

## An exam debut for calculators

By MARTIN FEINSTEIN  
Education Reporter

ELECTRONIC calculators will make an historic debut next year when 4 200 Joint Matriculation Board (JMB) candidates become the first matrics to be allowed to use them during final examinations.

And the Transvaal Education Department (TED) revealed yesterday that it may allow its Senior Certificate candidates to use them — depending on the results of a "trial" involving several high schools.

But there is a catch: only non-programmable calculators, which are not able to store formulae, will be permitted.

The secretary of the JMB, Mr A Slabbert, said yesterday the decision to allow calculators into exam rooms had followed months of dis-

cussions on the principle of allowing pupils to use computing devices.

"The main reason for us deciding in favour was that calculators are widely available and are being widely used in commerce and industry," he said.

The country's nine other examining bodies are expected to follow the JMB's example sometime before next year's final examinations.

A TED spokesman said "We are busy with an experiment involving a number of secondary schools, and the result will determine whether or not we allow matrics to use calculators."

A spokesman for the Department of Education and Training said his department was "looking into the possibility very carefully" along with the Department of National Education

## Transvaal could be fighting fit

Mail Reporter

TRANSVAAL could produce the most physically efficient squad of rugby players in the Currie Cup competition if they made use of physiology experts and exercise laboratories on the Reef.

Dr Ivan Cohen, the head of the University of the Witwatersrand campus health service, said Transvaal need never have hit the stale physical form they displayed in beating Eastern Transvaal at Ellis Park on Saturday.

The performance prompted coach Apies du Toit to call off practice to rest his men before they clash with Free State in two weeks' time.

"Transvaal are in the unique situation of having at least two exercise laboratories in close locality which are efficiently equipped to precisely measure fitness, provide a precise nutritional guide before matches as well as an acclimatisation procedure," said Dr Cohen.

● See Back Page

council.

Doctors have had three tariff adjustments since 1979. The increase that year was a huge 52%, at a time when the Medical Council could decide on the size of increases without going to the Minister of Health.

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As a result, legislation was amended to give the Minister of Health the final say in tariff increases.

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However, the request by doctors and dentists for increased fees this year is likely to meet more stern opposition from the medical aid schemes.

According to the Representative Association of Medical Aid Schemes, most are having to raise membership subscriptions to meet the increasing costs of falling ill.

This year has already seen substantial increases in private and provincial hospital fees and in the cost of medicine and drugs.

millionaire Mr Marino Chiavelli had a criminal record.

In a statement Sen De Klerk said, "I have taken note of these allegations and I am withholding comment at present."

But the Minister said through his private secretary that as far as his department was concerned the allegations were unsubstantiated by evidence.

If the printed allegations that Mr Chiavelli has been convicted of bribery, corruption, bouncing cheques and using a false title are true then the Minister's statement means that Mr Chiavelli did not disclose the information to the Government when he applied for permanent residence in 1976.

"Anyone is free to lodge substantial facts with the de-



The parents of the detainee, Miss Barbara Anneburg Magistrate's Court after a hearing in which they were charged with assaulting their daughter. Mrs Hogan, Mr P Hogan, stands further

Picture: STEFAN SONDERLING



# Call for boost to South Africa's basic health care facilities

ARGUS 18/8/82

93 98 300

THE president of the World Medical Association, Dr A G Martins of Portugal, today called for an improvement in basic health care facilities in South Africa, particularly in rural areas.

At a Press conference after a two-week fact-finding mission, Dr Martins said medical technology in the country was very advanced but a balance had to be struck between medical care in rural areas and medical care in the big cities.

### TRADITIONS

He said he was very impressed with the "exceedingly good services" for blacks at Baragwanath Hospital but the Alexander Health Centre in Johannesburg lacked facilities and had a shortage of staff, especially doctors.

"South Africa has a combination of third world and first world

traditions and one would have to change the attitudes of a big part of the population before the health problems could be solved," he said.

He said if the population explosion in the country continued, there would never be enough hospital beds and urged coloureds, blacks and Asians to apply family planning.

Dr Martins said he was against segregation but added that even if hospital beds for the various population groups were opened to all groups, there would still not be enough beds.

### WORKING

He urged people of the "less-favoured" population groups to make an effort to better their position by "applying family planning, working hard and fighting for education".

"Everybody speaks of human rights but there is

also something like human duties. People cannot expect that everything be done for them", he said

Dr Martins, who met representatives of the Detainees' Parents' Support Committee, said the two doctors who had seen Steve Biko, before his death in detention, had "behaved disgracefully" but the Medical Association of South Africa (Masa) could not be held responsible for it.

"Masa has changed its rules so that it can take a direct stand if that sort of thing should happen again", he said.



# Govt opponents slam world medical chief

By JOUBERT MALHERBE  
Pretoria Bureau

THE Medical Association of South Africa (Masa) could not be held responsible for the health care of Security Police detainees, including Mr Steve Biko, Dr Antonio da Silva Martins, the President of the World Medical Association, said in Pretoria yesterday.

Critics of Masa's handling of Mr Biko's death five years ago were "overdoing it".

Speaking at a Press conference at the conclusion of a 16-day visit to South Africa as a guest of Masa, Dr Martins hit out strongly at critics of South Africa's health services.

He praised Masa's efforts and said its critics should take cognisance of the association's "positive" contributions as well.

Masa was re-admitted to the world body last year.

But yesterday Dr Martins' remarks about detainees and black health care — he said health care for blacks in South Africa was better than elsewhere in Africa — were sharply criticised by Government opponents.

A representative of the Detainees Parents Support Committee — with whom Dr Martins had a meeting — said medical associations and medical doctors should realise the futility of safeguards for detainees.

"This futility is demonstrated by the impaired health of the detainees, the admission to hospital of some detainees and the numerous deaths in detention"

She also pointed out that it had become apparent during their meeting with Dr Martins that he had no idea what a Security Police detainee was — "he said there was no such system in his country (Portugal)".

Soweto leader Dr Ntatho Motlana, a medical doctor, slammed the claim by Dr Martins that black health care in South Africa was better than elsewhere in Africa.


"That is irrelevant I am concerned about health care in South Africa, which should be on an equitable level for all people."

Regarding Dr Martins' claim that people at the Baragwanath Hospital had told him blacks were unwilling to donate kidneys for transplant purposes, Dr Motlana said he was surprised that Dr Martins could form such an opinion after talking to only a few people.

Dr Martins referred to "cultural reasons" for the unwillingness of blacks to donate organs — "this is not due to apartheid".

Dr Motlana said he was "sick and tired" of the inclination to ascribe issues to "culture" — "they even say malnutrition is caused by cultural factors".

Dr Motlana said Mr Martins' other remarks were so naive and ill-informed that they did not warrant comment.



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# SA medical students hope to unite

*w/e Angus 28/8/82*  
*93*

By Dirk van Zyl  
A MOVF is about to unite South African medical students in an umbrella organisation following the disbanding of the South African Medical Students Association (Samsa).

Samsa — representing students at the universities of Stellenbosch, Pretoria and the Free State — was refused readmission to the International Federation of Medical Students' Associations at its congress this month in Switzerland, but had decided in January to disband, according to its last president.

## SEQUEL

The step was a sequel to the breaking away of UCT, Wits and Natal medical students, who were dissatisfied with its "lack of action concerning matters related to health in its broader social context".

They felt, for instance, that the organisation had failed to take a stand over such matters as deaths in detention and the effects of apartheid on health, and that it had become administratively inefficient.

An ad hoc committee representing students at UCT, Wits, Natal and

Medunsa (Medical University of South Africa) sent a memorandum on their dispute with Samsa to the world congress.

Samsa's last president, Free State student Mr Anton van den Bergh, attended the congress.

He said this week the attack had been led by Danish and Swiss students, who pushed through a motion that all ties be broken with SA medical students "except on an individual faculty basis".

"Samsa had decided to break up "because we were no longer justifying our aims, and the climate on English and black campuses was such that they did not want to mix with us any more".

An ad hoc committee of students on the Afrikaans campuses had been formed "to investigate the formation of a national organisation representing students on all campuses".

It would soon meet the committee representing medical students at the English and black campuses, and if agreement could not be reached it would possibly form its own organisation again.



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## Boy stabbed to death

A CROSSROADS youth, Lukazi Bali, 16, was stabbed to death in Main Road, Claremont, yesterday.

Police said he was allegedly robbed by three people before he was killed about 8.30 pm.

He died on the corner of Main Road and Protea Road.

A 16-year-old youth has been taken into custody and is expected to appear in court on Monday.

# GREAT NEWS — GREAT NEWS

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**MIKE MacPHERSON**  
SALES MANAGER

FROM THE NEW  
LOOK SALES  
TEAM





# Doctors upset <sup>93</sup> about <sup>C-Times</sup> their lot <sup>6/19/82</sup>

## Staff Report

THE drastic deterioration of the financial position of doctors in private practice has been blamed on the inadequacy of the Medical Association of South Africa.

Incomes, including the latest "insignificant" 6,6 percent increase, had dropped by almost 40 percent in buying power in the last three years, says a Milnerton private practitioner in a letter published in the latest issue of the South African Medical Journal.

He said the financial position of the doctor in private practice had deteriorated drastically since 1979 yet nothing was being done about it, in spite of repeated requests.

"Politicians, who are interested only in their chances of re-election, control the level of our livelihoods, while our representatives appear apologetic when trying to justify legitimate requests for tariff increases.

"We need to spell out loud and clear that earning a decent living in an honourable manner is not a crime. If our current representatives will not do this for us right now, we in private practice need a new organization to serve these needs," he said.

In reply to the letter, Dr. Elset J C Prinsloo, senior assistant secretary of the Masa said that the association was "well aware" of the situation.

Masa had adopted the policy that the statutory tariff be reviewed annually. This principle had also been accepted by the South African Medical and Dental Council.

Dr Prinsloo said the percentage increase granted to the profession was not necessarily the increase requested by Masa.

Final approval lay "statutorily" with the SAMDC and the Minister of Health and Welfare.

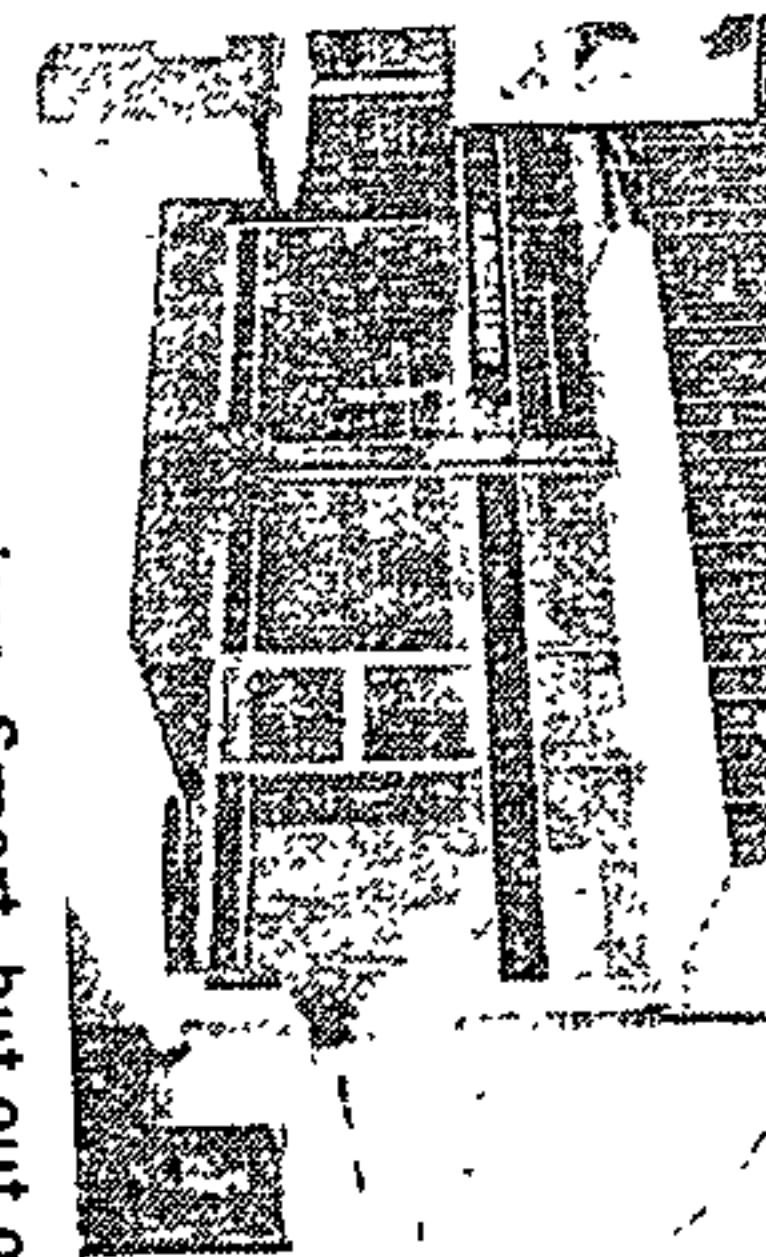


# Indian rebels will defy eviction orders

Rem 23/9/82



Dr Ahmed Kaka's premises. Better situation, say Indians.



The new premises. Smart, but out of the way, say the Indian occupants.

**By DAVID CAPEL**

TWO Indian residents of the dusty Western Transvaal town of Lichtenberg — one a doctor and the other a businessman — are making a last-ditch stand against eviction notices ordering them from properties they have occupied for the past 20 years.

But colleagues and friends say when the dust settles the two will have lost on every front.

And while Dr Arned Kaka, a general practitioner and Mr A Mia, a motor vehicle dealer, fight their "losing battle", white townfolk are either not interested in their predicament or know nothing about it.

Dr Kaka, a fiery grey-haired doctor, told the Rand Daily Mail in an interview in his consulting rooms on the outskirts of the central business district he would not move from the premises "under any circumstances".

And Mr Mia, who also owns a small grocery next to Dr Kaka, said he had already obtained a Supreme Court interdict restraining the Department of Community Development from evicting him.

The two were recently served eviction notices under the Group Areas and Expropriation and Urban Renewal Acts.

Dr Kaka and Mr Mia are the only two remaining Indians in the town's central business district. At least 520 Indians have been moved to an "Indian Complex" a few kilometres away.

The complex is full, save for two premises which stand vacant. They have been allocated to Dr Kaka and Mr Mia.

Yesterday Dr Kaka angrily recalled how

his premises were locked and bolted by officials from the Department of Community Development, accompanied by the police, on September 8. He "broke in" shortly afterwards and has continued his practice.

"What would you do?" he asks. "These are my premises and no one has the right to lock me out."

His father left him life-long occupational rights to the premises.

"The Government's own judicial system has caught them," Mr Kaka said. "They have been trapped by their own laws because it is illegal to evict a person under two entirely different Acts which have no mutual provisions to be used simultaneously — as has been done in my case."

Store owners at the new complex expressed similar views — although, unlike Dr Kaka, they moved without a fight. The owners felt the move had a deterrent effect on business. They said although the new shops were nearer to the Indian residential area, a lot of their business came from blacks.

Lichtenberg's white community, interviewed at random, either said they knew nothing of the removal of Indians from the CBD or would not discuss the issue.

But the acting Town Clerk Mr C A van der Walt said the council had gone "out of its way to get the new facilities ready".

Mr Van der Walt said it would benefit Dr Kaka to move. The new premises were more modern and more easily accessible to his patients.

Mr Van der Walt said the area from which the Indians had been moved was needed for development. However, it was not yet known what would be built in the area.



Dr Kaka at work in his premises. He "broke into" his consulting rooms after they were locked by officials of the Department of Community Development.

Picture: GARTH LUMLEY

- additional to examination book(s) are used.
- Do not write in the left hand margin.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University



EAST LONDON — False medical certificates, giving employees paid leave under the guise of sick leave, are being investigated by the branch of the Medical Association of South Africa (Masa) here

A questionnaire is being circulated to city businesses and industries in an effort to determine the extent of false sick certificates being given to employers by employees

The Masa official in charge of the investigation, Dr P. A. Matthews, said yesterday it was decided to launch the survey after the association received two letters of complaint

"We want to see if the complaints are justified, if they are isolated cases or if they are part of a much larger problem," he said.

Dr Matthews said the study, depending on the statistical returns from the questionnaires, could prove useful, not

D-DIAPHRU 29/8/82

# Masa inquiry into false certificates

93  
only to local doctors and businessmen, but to the medical profession and business community throughout the country

"East London is a nice study model and we hope we will be able to extrapolate the survey results for other centres, especially for areas similar to ours," he said

Dr Matthews said that East London had a large, transient, urban population with strong rural links

"It will be interesting to see if there is any significant statistical relation between certain periods of the year and the number of medical certificates issued.

"There is, for example,

evidence that in Transkei the number of certificates issued increases when it comes to ploughing time

He said that if it was found that certain medical practitioners "were not playing the game" and were issuing sick leave certificates without examining the patient, the association would take action

"We have a responsibility to try to isolate such problems and we have a duty to the people we serve," he said

The questionnaire sent to businesses and industries asks, among other questions, the approximate number of sick leave certificates

presented monthly, what percentage are considered false, if false sick leave certificates are considered a real problem, if a large number of supposed false certificates come from any specific doctor or doctors and if there was any particular variation to the incidence of false certificates, such as seasonal or after bonuses.

The form also calls for suggestions on ways and means of combating the problem and whether a meeting between commerce and industry with the local Masa branch to discuss the issue would be useful

All the information returned on the questionnaire, said Dr Matthews would be strictly confidential. He also asked if the questionnaires could be returned as soon as possible

Commenting on the survey, the president of the Border Chamber of Industries, Mr Dave Saunders said the issue of false sick leave certificates was "periodically seen to be a plague which then dies down"

Mr Saunders said the chamber had not discussed the issue "certainly not during the past 12 months."

The secretary of the East London Chamber of Commerce, Mr Jock Allison, also said the issue had not been discussed by the chamber. — DDR

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S. Tribune  
3/10/82

# Group Areas doctor won't quit surgery

A MEDICAL row is brewing in the heart of Andries Treurnicht country where an Indian doctor has challenged the system of apartheid medicine.

Dr. Ahmed Kaka refuses to leave his consulting rooms in the centre of the small Western Transvaal town of Lichtenburg despite eviction notices served on him under the Group Areas Act and the Land Expropriation Act.

Now the defiant doctor has been charged with breaking into his rooms to treat his patients.

"This sort of thing is a disgrace to South Africa and to the medical profession," said Professor Saul Zwi, acting dean of the Wits University Medical School.

"Apartheid is disrupting medicine. No doctor should be confined to a limited area to treat his patients. This is contrary to the basic principles of medical practice."

A spokesman for the Medical Association of South Africa (MASA) said the organisation could not condone the stipulations of the Group Areas Act because doctors should be free to give their services where they were most needed.

The Declaration of Geneva, to which South Africa is a signatory, states that medical practitioners should not

allow "considerations of religion, nationality, race, party politics or social standing" to come between doctor and patient.

The row over his consulting rooms is not the only restriction apar-

theid places on Dr Kaka's practice. He said he is not allowed to use the local "white" hospital but has to send his patients — almost all blacks — to the nearest "black" hospital 30 kilometres away in

Bophuthatswana.

Dr Kaka was not asked to plead when he appeared in the Lichtenburg Magistrate's Court this week on a charge of housebreaking. His case was adjourned until November 8.



(388) (913) ROM 47 707 82

# Masa gets detainee proposals

Mail Reporter

FAR-REACHING provisions for the protection of detainees have been made by the Detainees' Parents' Support Committee in a memorandum submitted to the Medical Association of South Africa's ad hoc committee of inquiry into the medical care of prisoners and detainees.

The DPSC's submissions are based on the report of torture and abuse experienced by detainees recently submitted by the DPSC to the Minister of Law and Order, Mr Louis le Grange.

The DPSC memorandum deals with all aspects of detention, ranging from solitary

confinement to the role of district surgeons.

It recommends that an independent monitoring body be set up to monitor the implementation of its proposals. Among the proposals are detainees having access to relatives and friends, as well as independent medical practitioners on demand, being seen at least once a week by a district surgeon, and being kept in cells with others in custody.

The DPSC welcomed the establishment of the ad hoc committee of inquiry, despite "strong reservations" about Masa's failure to disclose the names of the members of the committee and its refusal to make public the evidence submitted to it.

# New medical, dental fee proposals cause outcry

Mercury Reporter

PROPOSED increases in medical and dental fees have provoked an outcry from parliamentarians and the S A Consumer Council.

The Medical and Dental Council is to meet in Pretoria next week to discuss applications by the Dental and Medical Associations for higher tariffs — reported to be as much as 40 percent for dentists and 12 to 15 percent for doctors.

Doctors' fees have gone up by 67,6 percent since November 1979, and if the newest increases are approved it will mean medical fees have rocketed by more than 80 percent in three years. Dental tariffs went up by 25 percent in February.

## Complaint

Earlier this year doctors complained that their buying power had dropped by almost 40 percent in three years,

and were still bitter after August's 6,6 percent increase.

Yesterday Prof Marius Barnard, the PFP spokesman on health, cautioned doctors and dentists against asking for too much too soon, and Mr Aubrey Thompson, NRP MP for South Coast, slammed the dentists' 40 percent plea.

'Inflation affects everybody, but to ask for a 40 percent hike is crazy,' he said.

The assistant director of the Consumer Council, Mr Bill Hennis, condemned the applications, saying they would make life for the elderly and pensioned particularly difficult.

## Fixed

They had a fixed income, and were the most needy where medical care was concerned.

In defence of the doctor's application, however, Prof Barnard, himself a doctor, said that medical fees in South Africa

were among the lowest in the West.

For example an appendix operation, which took an average of 20 minutes to perform, cost the equivalent of R690 in the United States. In South Africa an open heart operation, which took four to six hours to perform and required months of after-care, cost only R640.

Dr J W Hamilton, president of the Natal Coastal Branch of the Medical Association, said the present backlog in medical fees

against the consumer price index was caused by interfering legislation.

He explained that in 1979 medical fees had lagged far behind the price index, and the 52 percent increase was an effort to level them out. But since 1979 medical fees had increased by only 15,6 percent against an approximate 45 percent increase in the index.

Dr Hamilton said it was decided in 1979 to review tariffs annually, but legislation was amended that year to give the Minister of Health the final say in increases, and the delay in passing new tariffs had caused the backlog.

The secretary of the Dental Association, Dr M L Baranyay, could not be reached for comment.

93  
Mercury  
7/16/82



GENERAL NEWS

# Wraps on medical inquiries

By Pamela Kleinot

The South African Medical and Dental Council decided yesterday to hold disciplinary hearings in camera.

The majority decision was that the public would be informed of the verdict and penalty of the person found guilty.

Professor H Shapiro of the University of Pretoria told the council's annual meeting, held at Rand Afrikaans University, that the public was entitled to hear the findings, but the whole "unpleasantness" of an inquiry would be "removed from the public arena."

Dr Hennie Grove, Director of Hospital Services

in the Transvaal, said wives and children were adversely affected by publicity.

"The Press don't have the professional depth to assess the situation correctly," he said. "They (the Press) get a general picture then report from their own subjective view—which may be different from that taken from the committee."

Among the few who opposed the move was Dr James Gilliland, Deputy Director-General of Health and Welfare, who said: "Justice must be seen to be done to maintain the prestige of our profession."

Dr Johan de Beer, Director-General of Health and Welfare, also voted against the move.



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Only findings will now be made public

# Medical justice

Rom 12/10/82

# Will be in private

By LIZ MCGREGOR

**THE South African Medical and Dental Council will in future hold all its disciplinary hearings in camera. Only the findings of the disciplinary committees will be made public.**

A majority vote to exclude the Press and the public from disciplinary hearings came after a stormy debate at the annual meeting of the South African Medical and Dental Council at the Rand Afrikaans University yesterday afternoon.

Council members were sharply divided on the issue — with the most noticeable split being between representatives of State departments.

Dr James Gilliland, Deputy Director-General of the Department of Health and Welfare opposed the move, quoting the maxim "justice must not only be done; it must be seen to be done".

It was very important for the prestige of the profession in the eyes of the public that the hearings remained open, he said.

The proposer of the move to close the hearings to the public, Professor H Shapiro of the University of Pretoria, accused the Press of "making a Roman holiday" out of disciplinary hearings.

He was seconded by Dr H Grove, the Director of Hospital Services in the Transvaal, who said the Press should not be allowed to share in the meting out of justice to doctors charged with misdemeanours.

Dr Grove also argued that the families of doctors should be protected from the adverse publicity involved in disciplinary hearings.

An example of the type of case investigated by disciplinary committees is the recent death under anaesthetic of a 10-year-old girl, Susan Harrison, of Boksburg, who died while her tonsils were being removed.

Another example is the case of Mrs Moira Ann Holt who bled to death in June last year after the induced birth of her third child.

Charges of doctors and dentists overcharging patients also repeatedly come before disciplinary committees. In future, the details of all such cases will not be made public.

Dr Grove said the Press did not have the necessary "professional depth" to assess proceedings. Journalists got a "general picture" and their reports were written from a subjective perspective which could be quite different from that of the disciplinary committee.

A spokesman for the Health Workers' Society commented last night that closing disciplinary hearings to the public was "an extremely dangerous situation which lends itself to abuse".

"The public has a right to know because medicine is a public facility," the spokesman said.

Dr Selma Browde, a local doctor and former Progressive Federal Party provincial councillor, said it was a "backward and unfortunate step".





Argus Correspondent

# Medical hearings: Govt must agree

DURBAN. — The South African Medical and Dental Council will have to receive Government approval before it is able to close disciplinary hearings to the public.

The decision to hold future disciplinary hearings in camera was made at the annual meeting of the Council in Johannesburg yesterday.

In an interview today Director-General of Health, Dr J de Beer, said that as the council was a statutory body the regulations affecting its

administration would have to be amended.

The regulations could be amended only with the approval of the Minister of Health.

The Minister, Dr Nak van der Merwe, was not available for comment.

At yesterday's meeting the move was strongly opposed by the deputy Director-General of Health, Dr James Gilliland, who quoted the maxim: "Justice must

not only be done, it must be seen to be done".

Dr Marius Barnard, Progressive Federal Party health spokesman, today condemned the move, warning that it could harm the entire medical profession in South Africa.

"This is an extremely retrogressive step. I can see no real reason for it.

"There are numerous reasons why this should not happen. Firstly doc-

tors have no appeal to the courts of law and for this reason it is necessary that all hearings should be in public.

"It should be remembered that the council is not fully elected by members of the profession but is dominated by members appointed by the Government.

"With Government domination one can only wonder what would happen if, for instance, a

matter dealing with the Biko doctors was held in secret."

●The Argus London Bureau reports that the British medical disciplinary body prefers to hold its hearings in public, although exceptions are made in "sensitive" cases.

The procedure laid down for the British General Medical Council specifies that the public should have access to disciplinary hearings at virtually all stages of inquiry.

But the committee may rule that an exception should be made if a doctor or dentist is likely to suffer unnecessarily by the glare of publicity which often happens in the case of disciplinary hearings.

## FAMILY

Hearings may be held in camera if a family is likely to be disrupted and when children are involved.

A spokesman for the General Medical Council said there was satisfaction with the system, and, if anything, there would be a move to have more hearings in public and not fewer.

# Secrecy plan 'will arouse suspicious

Star 13/10/82 93 774

## Staff Reporters

South African doctors and dentists would arouse the suspicions of their patients and the world if disciplinary hearings in the medical profession were held behind closed doors, the Opposition spokesman on health matters, Dr Marius Barnard, said today.

The South African Medical and Dental Council decided to hold future hearings in secret to protect doctors and their families from adverse publicity.

Only the findings will be made public.

"I fear that the decision will have immediate political implications," Dr Barnard said. "South African doctors and dentists will be regarded as professionals who have something to hide."

No matter how good

the intentions of the SAMDC, the suspicions of the public and the world would be aroused.

Dr Barnard was concerned that the trust between doctor and patient would be broken down. He also believed the move would do little to protect doctors from adverse publicity.

"So often disciplinary hearings follow a court case. Most of the details of the case are aired in open court before being referred to a hearing of the SAMDC," he said.

Several senior Government health officials have slammed the decision.

The Director-general of Health, Dr Johan de Beer, the Deputy Director of Health and Welfare, Dr James Gilliland and the Surgeon-General, Lieutenant-

General Nicol Nieuwoudt are against the move.

Professor Robert Charlton, vice-principal of the University of the Witwatersrand, who is also a member of the SAMDC, today said he was opposed to disciplinary hearings being held in camera as innocent doctors were seldom exposed to such procedures.

He said the committee of the preliminary inquiry established whether there was a case that needed to be answered and heard in public before any disciplinary inquiry was held.

"I think justice should be seen to be done," he said.

But in a survey conducted by The Star in Johannesburg yesterday, doctors praised the secrecy decision.

Of 10 doctors contacted, five were of the opinion that Press reports of hearings were often inaccurate and incomplete. "The Press makes a total hash of the reports," said one.

Other reasons given for supporting the Council's move were:

- "Reports often tend to be unduly dramatised before a finding is reached and this is damaging to an innocent party."

- The public were "often misinformed" and many private practices "could be ruined."

- "A doctor who has been in the news for an alleged offence is treated like a leper whether acquitted or not."

The SAMDC will have to receive Government approval before it is able to close disciplinary hearings to the public.



# Barnard warns on secrecy

Staff Reporter

THE decision of the South African Medical and Dental Council to hold its disciplinary hearings in camera would bring great discredit to South African medicine, the Opposition spokesman for Health, Dr Marius Barnard, said yesterday.

The decision to close all future disciplinary hearings to the public and press was made at

the annual meeting of the council at the Rand Afrikaans University on Monday. It was decided that only the findings of the disciplinary committees would be made public.

The council decision will become part of the council regulations if it has the approval of the Minister of Health.

Dr Barnard said South African medicine had nothing to hide. Holding disciplinary hearings in

camera would only create suspicion — especially overseas.

"One can only imagine what would happen if a hearing concerned with something like the Biko affair were held in secret," he said.

Two top state officials said yesterday that doctors already had adequate safeguards without disciplinary hearings being conducted behind closed doors.

The two are the Deputy Director-General of Health and Welfare, Dr James Gilliland, and the Surgeon-General, Lieutenant-General Nicol Nieuwoudt, both members of the SAMDC.

A third senior official Dr Johan de Beer, the Director-General of Health and Welfare, also voted against the motion.

Dr Gilliland said in an interview yesterday that all complaints made

against doctors and dentists were "very well vetted" by the Committee for Preliminary Inquiry before being referred to a disciplinary committee.

An additional safeguard was that the president could rule that the committee should go into camera at any stage of the proceedings.

● A rift between medical bodies? — page 6

# Medical fees set to rise up to 30%

By LIZ MCGREGOR

THE South African Medical and Dental Council yesterday agreed to fee increases of up to 30% — which could mean a massive R60 000 000 medical bill for the public.

However, the proposed increases still have to be vetted by the Minister of Health and Welfare, Dr N A K van der Merwe, who can either ratify the increases or refer them back to the SAMDC for reconsideration.

The SAMDC agreed to an average 17,8% increase for medical practitioners contracted into medical aid schemes, 30% for dentists and 13,8% for physiotherapists.

This will be the fourth increase for doctors in three years. In November, 1979, they were granted a 52% increase. Last November, fees were raised by another 9,9% and in August this year, they were raised by 6,6%.

Dentists received a 25% increase in February this year.

If the increases are passed, the average medical aid member will pay an extra R3,75 a month for medical care, R3,00 for dental care and 75c cents for physiotherapy.

This means a total of about R7,50 a month, of which employers generally pay 50%.

The increases were opposed by the Representative Association of Medical Aid Schemes at an earlier hearing of the SAMDC's medical and dental tariff committees.



# Medical Council agrees to fee increase

CAPE Times 14/10/82

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Own Correspondent

**JOHANNESBURG.** — The South African Medical and Dental Council (SAMDC) yesterday agreed to fee increases of up to 30 percent.

However, the proposed increases still have to be vetted by the Minister of Health and Welfare, Dr N A K van der Merwe.

The SAMDC agreed to an average 17,8 percent increase for medical practitioners contracted into medical aid schemes, 30 percent for dentists and 13,8 percent for physiotherapists.

This will be the fourth increase for doctors in three years. In November, 1979, they were granted a huge 52 percent increase. Last November, fees were raised by another 9,9 percent, and in August this year, they were raised by 6,6 percent.

Dentists received a 25 percent increase in February this year.

The increases were opposed by the Representative Association of Medical Aid Schemes at an earlier hearing of an SAMDC committee.

Motivating a recommendation to increase doctors' fees, the SAMDC medical tariff committee said the cost of medical services in 1980 represented 1,52 percent of the gross domestic product (GDP) and that a 20 percent increase for medical practitioners would affect the GDP only by 0,128 percent.

● The Minister of Health, Dr N A K van der Merwe, said from Pretoria last night:

"I don't think it would be proper to comment at this stage since I have not been notified. The first I got to know of the increase was when I was watching the news."

565 14/10/82

# Patients may face R60-m bill

By Pamela Kleinot

Patients will have to cough up another R60 million a year if the proposed increase of up to 30 percent in medical fees is approved by the Minister of Health, Dr Nak van der Merwe.

The South African Medical and Dental Council has asked for an average increase of 17,8 percent in doctors' fees, 30 percent in dentists' fees and 13,8 percent in physiotherapists' fees from March 1 next year.

The proposed tariff increases apply to medical personnel contracted into medical schemes and will effectively mean an additional cost of R7,50 per person each month (of which most employers contribute 50 percent).

The breakdown per person is R3,75 a month for medical fees, R3 for dental fees and 75c for physiotherapy fees.

Doctors' fees have gone up by 69 percent since November 1979 when a 52,54 percent increase was approved.

A further 9,9 percent was approved in September last year — after a lengthy tussle between doctors and the former Health Minister, Dr Lapa Munnik, over the higher tariffs. The last increase was 6,6 percent in August this year.

If the proposed increase of 17,8 percent is approved, the cost of a consultation with a GP at his rooms will go up from R7,70 to R9,07, a home visit from R15,40 to R17,77 and a home visit at night or over weekends from R25,60 to R30,15.

Removal of tonsils

and adenoids in a child under 12 by a specialist will increase in cost from R51,20 to R60,31, appendectomy by a specialist will go up from R115,50 to R135,70 and a consultation with a gynaecologist will go up from R17,90 to R21,08.

A report of the Medical Tariff Committee presented at yesterday's meeting of the SAMDC held at the Rand Afrikaans University said doctors' incomes were lagging behind inflation and the cost of living.

The report also pointed out that the cost of medical services in 1980 represented 1,52 percent of the Gross Domestic Product.

It said a 20 percent increase for medical practitioners, who represented only 42 percent of total services, would affect the GPD by only 0,128 at most.

Yesterday's meeting was told that the total cost of medical services amounts to R800 million a year. The proposed increase would mean that the public and employers would pay an extra R60 million a year.

The report said the Representative Association of Medical Schemes had rejected the new tariffs at an earlier meeting, adding: "RAMS" has consistently opposed every increase in tariffs since 1979."

The proposed increases will be referred to the Minister of Health, who has to decide within three months whether to ratify them or to refer them back to the SAMDC for reconsideration.



# Aid schemes: Medical fee ~~92~~ hike excessive

Own Correspondent

JOHANNESBURG. — The Representative Association of Medical Schemes (Rams) is to ask the Minister of Health, Dr N A K van der Merwe to modify the "excessive" tariff increases being demanded by doctors and dentists.

The chairman of Rams, Mr J D Ernstzen, said yesterday that the increases approved by the SA Medical and Dental Council — 17,8 percent for doctors and 30 percent for dentists — could raise the total payouts from the country's 250 medical schemes to R800-million a year.

"All funds are under great financial pressure and if these new increases are granted by the minister, then substantial increases in members' subscriptions are unavoidable," Mr Ernstzen warned.

## 'Demands excessive'

Rams considered the increases demanded excessive because of the series of tariff increases granted doctors and dentists in the past few years.

Other medical aid sources pointed out that other costs associated with illness had also risen steeply recently. Costs included higher hospital fees.

Since November 1979, doctors' fees had risen by nearly 70 percent.

In Pretoria yesterday, a spokesman for the Medical Association of South Africa said practice costs had increased by about 20 percent in the past 12 months

Doctors' safeguards 'adequate'

# Top medics slam secret justice plan

By LIZ MCGREGOR

**DOCTORS** already had adequate safeguards without disciplinary hearings being conducted behind closed doors, two top State health officials said yesterday.

The Deputy Director-General of Health and Welfare, Dr James Gilliland, and the Surgeon-General, Lieutenant-General Nicol Nieuwoudt, both members of the South African Medical and Dental Council, were commenting on the decision taken earlier this week by the SAMDC to hold disciplinary hearings in camera.

A third senior official, Dr Johan de Beer, the Director-General of Health and Welfare, also voted against the motion.

Dr Gilliland said in an interview that all complaints made against doctors and dentists were "very well vetted" by the committee for preliminary inquiry before being referred to a disciplinary committee.

Once the complaint had been vetted, the inquiry should be held in the open, said Dr Gilliland.

An additional safeguard was that the president could rule that the committee should go into camera at any stage of the proceedings.

"Taking all these safeguards into consideration, it is better that the hearing is open so that everyone is aware of what goes on," said Dr Gilliland.

Gen Nieuwoudt said between 80% and 90% of all complaints received by the committee for preliminary investigation were found to have "no substance".

A doctor would only be subjected to a disciplinary hearing if there seemed to be a case against him, he said.

"This gives doctors enough protection without holding disciplinary hearings in camera," he said.

Gen Nieuwoudt also said that where the interests of the individual clashed with those of the community, the community should come first.

The procedure followed when a complaint is filed against a doctor or dentist, is that he is first asked for an explanation. The committee of preliminary inquiry, a standing committee, then considers the explanation and takes one of three courses:

- The explanation is noted, which means that nothing further is done about the complaint;
- The doctor is asked to come before the committee for a "consultation", which is an informal discussion;
- The committee calls for an inquiry into the case and the doctor or dentist concerned is summoned to appear.

A disciplinary committee consisting of five people is then appointed by the SAMDC to hear the case.

Prior to this week's decision, the preliminary inquiry was held in private but the actual hearing was open to the Press and the public. In future, only the charge and the penalty will be announced if the person has been found guilty.

GERALD REILLY reports from Pretoria that the decision to hold disciplinary hearings in camera has been denounced by the Progressive Federal Party's spokesman on health, Dr Marius Barnard.

However, Professor S A S Strauss, of the law faculty at the University of South Africa, supported the council's decisions.

Dr Barnard said South African medicine in the past had nothing to hide. The medical council's reaction in the past to doctors' misdemeanours had been "correct and totally satisfactory".

To hold disciplinary hearings in camera could, therefore, create unnecessary suspicion that all was not well with the profession and doctors needed protection. It could lead to a lack of confidence in the medical council.

Prof Strauss said he supported the council's decision. He claimed the majority of similar professional bodies did not have open disciplinary sessions.

And the acting chairman of the federal council of the Medical Association of South Africa, Professor N S Louw, said MASA had enough confidence in the medical council to rely on its discretion on the issue of closed or open hearings.

Star 15/10/82

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# 'Widening gap' between doctors' incomes and CoL

Argus 15/10/82 93

Argus Correspondent  
PRETORIA. — While doctors "do not want to be fully compensated for the recent rises in their practice costs", they cannot continue to bridge the "steadily widening gap" between their incomes and the cost of living.

This is the message of the Medical Association of South Africa, which has given its wholehearted backing to moves by the powerful South African Medical and Dental Council to have doctors' tariffs raised by an average of 17,8 percent.

Three increases since November 1979 — amounting to a total rise of 67,5 percent — have

not been enough to keep the wolf from the door for most doctors, according to the association.

The proposed increase is "roughly along the lines" of recent recommendations submitted by the association to the council's tariff committee, according to spokesmen for Masa.

The body's financial adviser, Mr Fritz Steyn, said the monthly income of the average doctor had dropped by 16 percent in the last seven years in relation to the cost of living which had soared by more than 130 percent during the same period.

In the light of this as well as the spiralling

costs of conducting a practice, the proposed increase was "conservative", he said.

## ESCOM

"Doctors will also be hit by Escom's 16,3 percent tariff increase which will raise the cost of living even further."

Mr Steyn said the share of the gross national product devoted to medical services had dropped by 0,13 percent between 1979 and 1981.

He said the 1973 medical census had shown a close relation between the consumer price index and practice costs

● See page 6.

227-15/10/84

# How fee rise will hit you

By LIZ MCGREGOR

A SINGLE visit to your general practitioner — that is, if you're lucky and he or she is contracted into medical aid — will cost you R9 if the increases proposed by the South African Medical and Dental Council are ratified

The SAMDC agreed this week to an average 17.8% increase for doctors, a 30% increase for dentists and a 13.6% increase for physiotherapists.

But the Representative Association of Medical Schemes will ask the Minister of Health, Dr N A K van der Merwe, to modify the "excessive" tariff increases being demanded by doctors and

dentists.

The proposed increases have now been sent to Dr Van der Merwe, who will decide within the next three months whether to approve the increases or refer them back to the SAMDC for reconsideration

Here are some examples of what the increases will mean in hard cash

- GP consultation present fee R7.70, proposed new fee R9.
- House visit from a GP. present fee R15.40, proposed new fee R18.
- Gynaecologist consultation present fee R17.90; proposed new fee R21;
- Paediatrician/psychiatrist

or physician consultation present fee. R26.90, proposed new fee. R31.50

- Anaesthetist's fee for a half hour appendectomy present fee: R31.20, proposed new fee: R37.50.
- Dentist consultation: present fee. R5.65, proposed new fee: R7.35.
- Crowning a tooth present fee R56.25, proposed new fee. R73.15
- A surface filling: present fee. R7.50, proposed new fee. R9.75.
- Massage by physiotherapist: present fee R4.50, proposed new fee: R5.20, and Spinal manipulation by physiotherapist: present fee R4.50, proposed new fee R5.20



# Doctors urged to curtail fee increases

The South African Consumer Council and the Consumer Union have called on the SA Medical and Dental Council to curtail "unjustifiable" percentage fee increases

Spokesmen for the two consumer bodies appealed to the Medical and Dental Council to reconsider its new tariff structure in the light of the present economic squeeze.

Earlier this week the Medical and Dental Council announced its proposals to increase doctors' fees by 17,8 percent, dentists' fees

by 30 percent and a 13,8 percent increase for physiotherapists

The demands were criticised as being "excessive and inflationary" by the National Association of Medical Aid Schemes which believed practitioners were comfortably ahead of their costs after two fee adjustments since August 1981.

According to Mr Fritz Steyn, the economic adviser for the South African Medical Association, spiralling costs in salaries, rentals and travelling had resulted in the medical

fee rise application.

Mr Bill Heunis, the Consumer Council's public relations officer, called on consumers to be more diligent in sending their medical and dental accounts to their medical aid societies. He said consumer reluctance to return their accounts caused havoc as practitioners were forced to wait for their money

Mrs Betty Hirzel, chairman of the Consumer Union, appealed for fairness

"The plight of the consumer should be more carefully considered. The Medical and Dental Council should adjust its fee increase application to a level not more than the inflation rate," she said.

# It's bottle party time for 3 orphans

By Jean Waite

A two month old little Jupiter is just beginning to learn about the joys of eating meat — but he still purrs like a kitten when his baby bottle appears.

The orphaned lion cub and his brother Tommy and sister Elsa are being hand-reared at the Johannesburg Zoo after being found by the Department of Nature Conservation.

Jupiter is being cared for by curator Mr Willie Labuschagne and gradually being weaned from his five to six bottles of milk a day.

"He is just beginning to eat meat and chew bones" Mr Labuschagne said "But he will get his bottles for some months yet."

## REUNION

Already the bottle teats are beginning to show signs of those killer teeth when Jupiter forgets to suck and digs in those molars.

While the three cubs frolic in the zoo offices during the day, they are each taken home at night by a staff member.

For Jupiter that means a happy reunion with Mr Labuschagne's Maltese poodle Wolli. The two have become inseparable, not least when Jupiter gets his nightly bottle and Wolli waits patiently for the stray drops.

When Jupiter is fully weaned he will go into the lion enclosure at the Zoo.

# Knifeman shot dead by guard

By Mike Cohen, Crime Reporter

A knifeman was shot dead early today by a security guard after four armed robbers had attacked a couple at a bus stop in Main Street, Johannesburg.

Mr and Mrs J Lottering were standing at the stop at 5,45 am when the four knifemen approached them. They grabbed Mrs Lottering's handbag, emptied the contents of her purse — R22 — and searched her husband. They took a pocket knife and fled.

The couple ran to a nearby building and re-

ported the incident to two security guards. Two of the knifemen were seen and pointed out. The guards chased them and stopped them as the four were about to flee in a panel van.

One of the robbers pulled a knife and charged the security guard. He fired two shots, hitting the robber twice in the stomach. The wounded man continued to come towards the guard and a third shot was fired. The robber was hit in the head and died instantly. The three other men fled.

# 56 feared drowned

NEW DELHI — Fifty-six people are feared to have drowned last night when a bus plunged into a canal after a head-on collision with another bus.

Cranes were sent to raise the bus from the Bhakra Canal near Patiala, 250 km north of New Delhi, United News of India said.

# 2 beheaded for murder

JEDDAH — Two Saudi Arabian murderers were beheaded yesterday, the Interior Ministry said.

About 40 people, half of them foreigners, have been beheaded this year under Muslim law. — Reuter.

# Four hurt in crash

Four people are in a "fair" condition in the Johannesburg Hospital after a two-car collision on the Heidelberg road shortly before midnight last night.

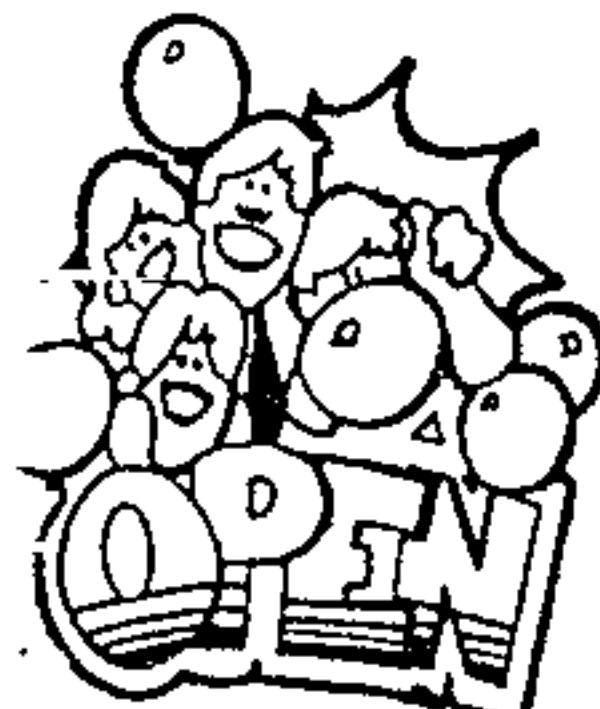
The accident happened at the intersection near the Taylor's

Travelodge. A car and a bakkie collided.

Mr and Mrs A J Britz, Mrs Britz's daughter Maria Nel (11) and Mr Trevor Bakos were all admitted to the hospital for treatment.



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The rules are in this ad. bring it for a real to our treasure



# Today's People

They have seen models of Today! — a new daily section that will be appearing soon in The Star. This is their verdict:

Miss Susan Baker

Mr R Bower of





# Medical and Dental Council already had power to prevent publication

W/L Arcus 16/10/82

of much information



# ANNOUNCEMENTS



● Suspension for a specified period from practising or performing acts specially pertaining to his or her profession; or

● Removal of his or her name from the register.

IN the light of the Government's hostile attitude to the Press, it is not totally unexpected that the medical profession has decided to jump on to the hand-wagon and to curtail the right of the public to comprehensive information about medical malpractice.

The rights of the public will be curtailed by the Medical and Dental Council's resolution to hold all its disciplinary hearings *in camera* and to allow only the findings of the disciplinary committee to be made public.

Briefly, the Medical, Dental and Supplementary Health Service Professions Act 1974 empowers the council to institute an inquiry into any complaint, charge or allegation of improper or disgraceful conduct against a medical practitioner, and if found guilty after an inquiry, the council can impose one of the following penalties:

● A caution or a reprimand or a reprimand and a caution; or

MR DENNIS DAVIS, senior lecturer in commercial law at UCT's law faculty, assesses the decision by the South African Medical and Dental Council this week to exclude the Press and public from disciplinary hearings.



Although the Supreme Court, upon application, has the right to review the procedural aspects of the body's proceedings, there is no right afforded to a medical practitioner to

appeal against the decision and thereby have the Supreme Court decide upon the merits on which the body made its ruling.

Although the inquiry is conducted under the aegis of the council and not in open court, the Press has enjoyed a limited right to publish the proceedings of such hearings.

The right to publish

has been limited because the regulations governing the conduct of inquiries provide that if the South African Medical and Dental Council or the disciplinary committee consider it to be in the interest of the proper performance of its duties, the council or the disciplinary committee, as the case may be, may order that no person shall at any time, in any way, publish any information which will probably reveal the identity of a particular person (other than the registered person into whose conduct the inquiry is held).

Given this wide-ranging limitation on the right to publish, the justifications given for the new restrictions appear to have little validity. If the Press is guilty of making a "Roman

be outweighed by the right of the public to be informed about the conduct of those professionals whose misconduct can directly result in a loss of life.

The effect of this pro-



an any legal proceedings including the hearings of the ordinary courts of the land which, after all, can also be extremely complex.

A right enjoyed by some will inevitably involve some cost to others. The question arises,

... "to deny the public the right to judge the conduct of a profession which deals in life and death ..."

where the line should be drawn.

Given the serious nature of many of these medical disciplinary hearings in which the death of a patient might well have been the cause of the inquiry being held, the cost of publicity to some must

tion would be available to the public to enable a public assessment of the council's action to take place.

In a recent case concerning the Press, *S v Gibson*, Mr Justice Milne referred with approval to the report of the British Committee of the International Press Institute, which stated that "with regard to the Press itself, we believe that it would

be of great advantage to them, and to the public interest, if newspapers could devote more continual and serious attention to matters concerning the administration of justice and employ more experienced reporters and editorial staff for this purpose."

With this latest move, the Medical and Dental Council has arrogantly taken it upon itself to deny the public the right to judge the conduct of a profession which deals in life and death and thereby has caused the few democratic rights remaining in South Africa to be eroded still further.



Weekend Argus  
Correspondent

JOHANNESBURG. — The South African Consumer Council and the Consumer Union have called on the SA Medical and Dental Council to curtail "unjustifiable" percentage fee increases.

Spokesmen for the two consumer bodies appealed to the Medical and Dental Council to reconsider its new tariff structure in the light of the present economic squeeze.

Earlier this week, the Medical and Dental Council announced its proposals to increase doctors' fees by 17,8 percent, dentists' fees by 30 percent and physiotherapists' fees by 13,8 percent.

The disclosure was slated as excessive and inflationary by the National Association of Medical Aid Schemes, which believed that practitioners had been placed well ahead of their costs after two fee adjustments since August 1981.

According to Mr. Fritz Steyn, the economic adviser for the South African Medical Association, spiralling costs in salaries, rentals and travelling had resulted in the fee rise application.

Mr. Bill Heunis, the Consumer Council's public relations officer, called on consumers to be more diligent in send-

# Medical fee increases 'excessive'

ing their medical and dental accounts to their medical aid societies.

He said consumer reluctance to return their accounts caused havoc as practitioners were forced to wait for their money.

Mrs Betty Hirzel, chairman of the Consum-

er Union, appealed for fairness.

"The plight of the consumer should be more carefully considered. The Medical and Dental Council should adjust its fee increase application to a level not more than the inflation rate," she said.

W/C ARGUS

16/10/82

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# Doctors link Biko to Medical Council's plan to ban Press

SENIOR doctors this week linked the SA Medical and Dental Council's proposal to ban the Press from hearings on medical misconduct to a looming death in the Biko case.

Professor Frances Ames, spokesman for a group of doctors seeking a full public inquiry into the medical treatment of black consciousness leader Steve Biko, said she could see no other reason for this week's move to hold secret hearings.

Lawyers for the group of doctors wrote to the Medical Council on September 1 that unless the council had acted on demands for a public inquiry by October 30, the group would petition the Supreme Court for an order to compel an inquiry.

Professor Frans Geldenhuis, chairman of the medical council, confirmed this week that the ban on public hearings could have the effect of blocking a public inquiry into the treatment of Biko in his cell in September 1977. Professor Hillel Shapiro, who proposed the secrecy, denied that the intention was to cover up the Biko case. He had previously demanded a full public inquiry on Biko.

Dr Marius Barnard, PFP spokesman on health, said all explanations so far given for the move towards secrecy were "totally unacceptable".

"I want to know why now? I suspect the Biko case was the reason for the council's decision."

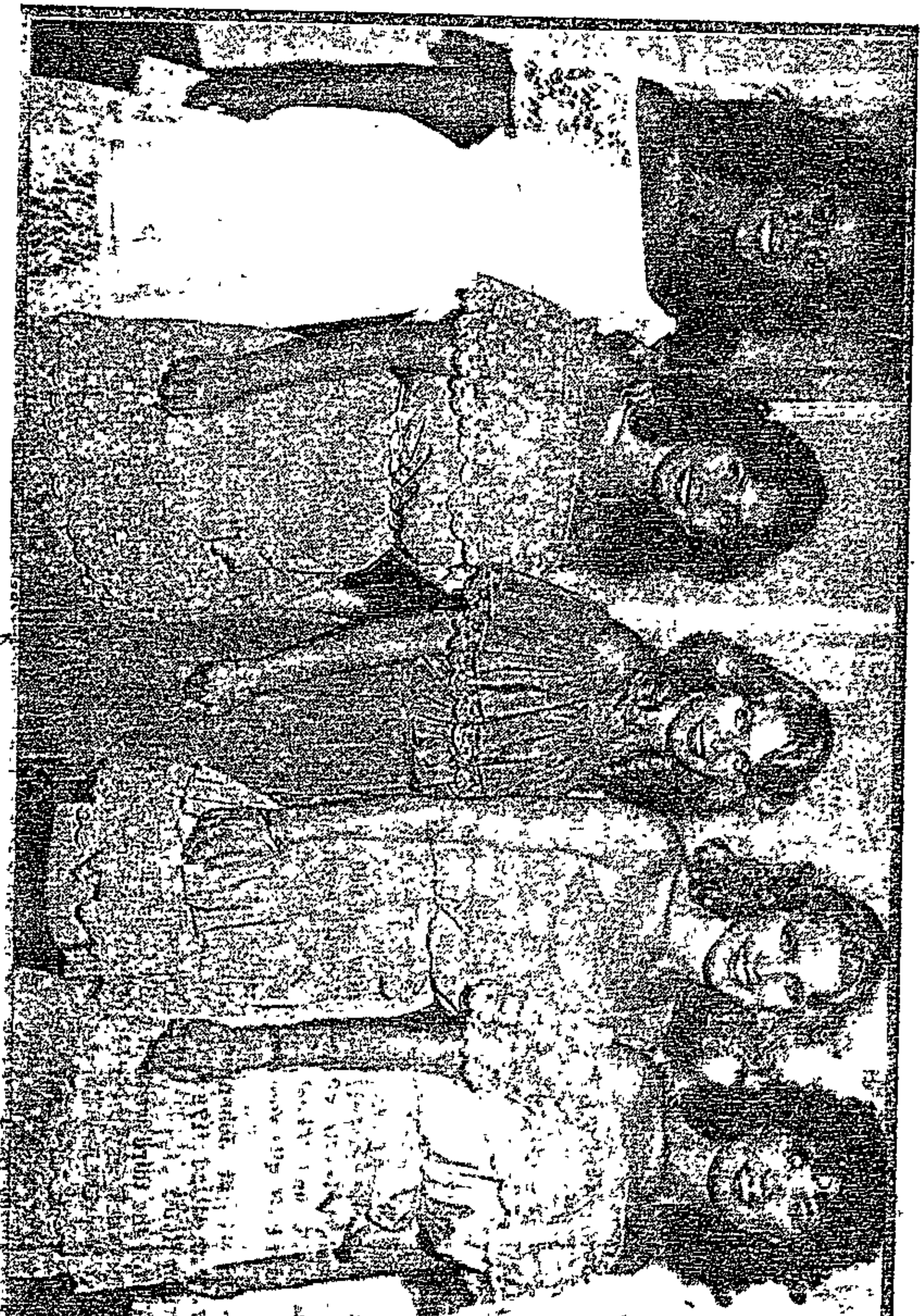
Referring to charges that Press reports on council hearings were often inaccurate and damaging to the families of doctors accused of misconduct, Dr Barnard said:

"Doctors have less right than other members of the public to be protected from publicity because they hold the health of their patients in their hands."

Professor Ames was equally suspicious of the wording. She said:

"The only reason I can think of for this move to hold

**DR MARIUS BARNARD SLAMS PROPOSED SECRET HEARINGS**



**Lining up for a place in the Miss SA beauty stakes**

FIVE hopeful beauties at the finals of the Miss South Africa contest sponsored by the Sunday Times last night were: (from left) Sandra de Meyer, Ann Cröus, Colleen Vlok, Leigh-Jane Cluver and Ilse Alberts. The winner was to be crowned later yesterday evening.

BY GORDON EDDY

gal steps" if the council did not act by that date.

The unwillingness of the South African medical authorities to hold a public inquiry into the Biko case has caused widespread interna-

Ames who submitted the legal document, said that if the Biko case was heard in secret, it would take the matter back to square one. Dr Yusuf Yervava, a spokesman for the HWA,

would be made public if a medical practitioner was found guilty. ● The verbatim proceedings of the inquiry would not be made available to the Press and public.



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"Doctors have less right than other members of the public to be protected from publicity because they hold the health of their patients in their hands."

Professor Ames was equally suspicious of the timing. She said:

"The only reason I can think of for this move to hold secret hearings is the demand for an inquiry into the Biko doctors. If the inquiry was not the main reason, why was the decision taken at this time?"

A preliminary inquiry finding by the Medical Council that the Biko doctors were not guilty of disgraceful or improper conduct was endorsed by the council in June, 1980.

This April the council agreed to reopen the inquiry after a 40-page legal document had been submitted by the Ames group in February.

The medical council also faces a demand for action by October 30 from a second group, the hundreds-strong, all-black Health Workers' Association. It has said it would consider "further le-

## SLAMS PROPOSED SECRET HEARINGS

By GORDON EDDEY

gal steps" if the council did not act by that date.

The unwillingness of the South African medical authorities to hold a public inquiry into the Biko case has caused widespread international condemnation. A spokesman for the British Medical Council, Mr Tony Thistlethwaite, said this week that the BMA strongly supported an open inquiry

He said it would study the full implications of secret disciplinary inquiries for South African doctors.

One of the Biko doctors, specialist physician Dr Colin Hersch, said he had from the first supported an open inquiry.

The other doctors were district surgeons Dr Benjamin Tucker and Dr Ivor Lang. Both admitted at the inquest into Mr Biko's death that they had allowed orders from Security Police to override the interests of their patient.

Mr Eddie Barker, one of the five doctors led by Prof

Ames who submitted the legal document, said that if the Biko case was heard in secret, it would take the matter back to square one.

Dr Yusef Veriava, a spokesman for the HWA, said his group had asked for an open inquiry into the Biko doctors and believed the public had to be shown that justice had been done.

The system of secret disciplinary hearings means:

- Doctors' names would not be made public until they were found guilty of committing an offence.

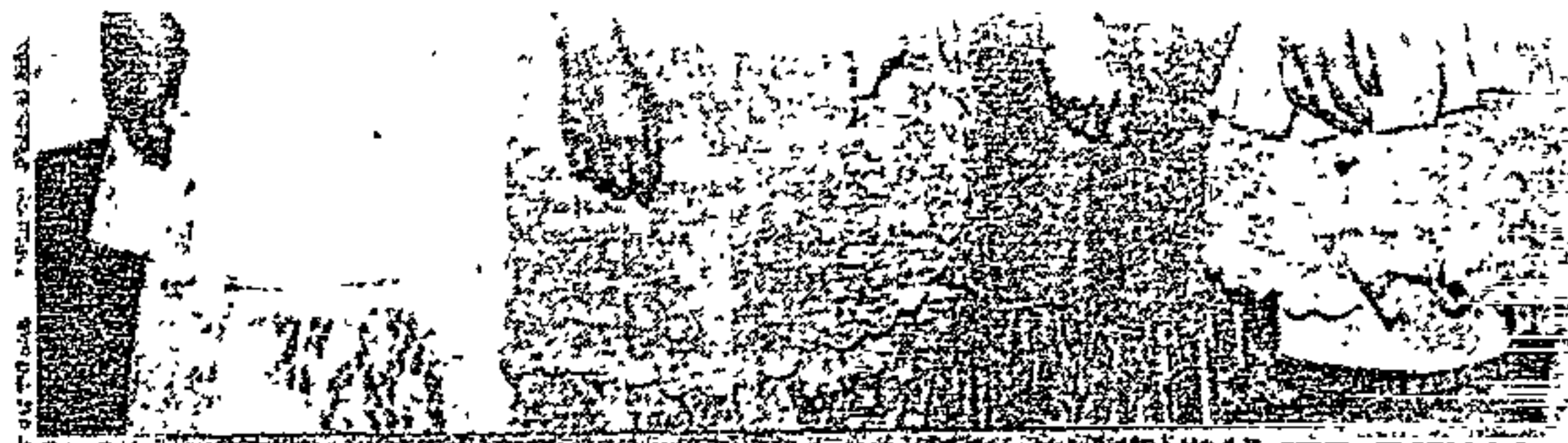
- Only the doctor's name, the charge and sentence

would be made public if a medical practitioner was found guilty.

- The verbatim proceedings of the inquiry would not be made available to the Press and public.

- The medical council would at no time disclose whether a hearing was being considered or being heard.

Professor Geldenhuys said the resolution would come into effect as soon as the Minister of Health, Dr Nak van der Merwe, authorised the change in the rules. It would then apply to all cases, which could include the Biko case.





# OPPOSITION SLAMS MOVE THAT RAISES SPECTRE OF MASS EXODUS OF DOCTORS

HUGE financial cutbacks by the South African Defence Force have raised the spectre of a massive exodus of newly-qualified doctors and dentists from South Africa.

The SADF has effectively cut the salaries of medical personnel doing their national service by as much as 40 percent.

Medical personnel have also been told that next year's intake would not practice their professions for the first year of their national service.

Opposition spokesmen have condemned the measures as a shocking waste of valuable resources.

"We are going to lose these people if this goes through," Dr Marius Barnard, PFP spokesman on health, told the Sunday Tribune.

"You cannot expect doctors or dentists to stop working for a year. They lose their skills and that's bad for medicine."

Dr Barnard said he had taken up the matter two weeks ago but had so far heard nothing from the SADF's medical services.

"If this report is true, I will try to get it reversed," he said.

Commenting on the salary cuts, he said it was bad for efficiency and dedication.

# Army cuts may drive out medics

BY MARION WHITEHEAD

excellent facilities for servicemen and so boosting morale on the border.

Well placed sources at Voortrekkerhof told the Sunday Tribune that about 270 national servicemen in the medical services learned of the cutback shortly before their passing out parade this week. They had just completed a six week basic training period and an eight week officers course at Voortrekkerhof before being posted around the country and to the border.

Both courses were two weeks longer than those of previous intakes, keeping the medicals at lower salary scales for an extra month.

In their new postings doctors and dentists will earn R600 a month — nearly R400 less than their colleagues practising in military hospitals.

loans and hire purchase while in the army, but many felt it would be a big setback when leaving the army.

One medic said he had had to cut his loan repayments from R280 a month to R75 a month. Another said his wife had had to give up her studies and go out to work to pay their rent.

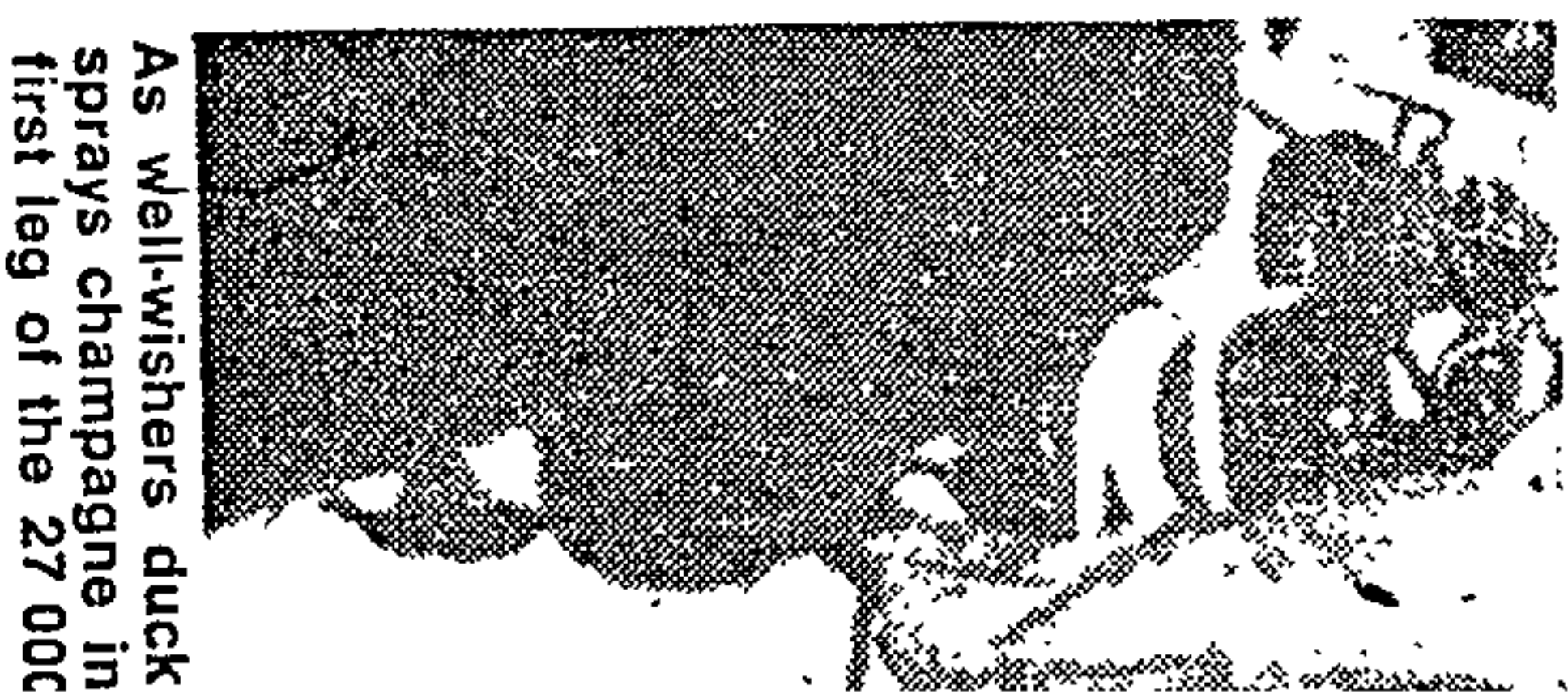
Some even said they would rather have skipped the country if they had known how badly off they would have been in the army.

"The feeling among the guys is that the army doesn't do anything for us, so why should we do anything for them. Even some of the conservative Afrikaans types feel that way," said one disgruntled medic.

"The army appears to have overspent and now they're cutting down on our salaries."

He said the two year army call up period was the main reason 14 per cent of all medical stu-

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As well-wishers duck sprays champagne in first leg of the 27 000

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Commenting on the salary cuts, he said it was bad for efficiency and dedication.

"It's ridiculous to economise on medicine," he said.

The cuts come hot on the heels of the opening of a spanking new military hospital at Voortrekkerhoogte — estimated to cost R21-million while still in the planning stages seven years ago — and only two months after the Medical Services were praised by the Prime Minister, Mr P. W. Botha, for providing

# drive out medic

BY MARION WHITEHEAD

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In their new postings doctors and dentists will earn R600 a month — nearly R400 less than their colleagues practising in military and provincial hospital in previous years, which they had also been promised.

Vets, pharmacists and clinical psychologists will earn even less.

Sources said morale among the medics was extremely low. After studying for up to seven years for their professions, many of the national servicemen had huge loans to repay. National servicemen are not forced to repay

loans and hire purchase while in the army, but many felt it would be a big setback when leaving the army.

One medic said he had had to cut his loan repayments from R280 a month to R75 a month. Another said his wife had had to give up her studies and go out to work to pay their rent.

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"The army appears to have overspent and now they're cutting down on our salaries."

He said the two year army call up period was the main reason 14 percent of all medical students in South Africa had left the country already. For Wits and Cape Town medical faculties the figure is as high as 50 percent.

Students at these universities were concerned at reports that they would not practise their professions for the first year of their national service.

"It's not a question of getting paid or not — it's more a question of ideology and conscientious objection," said a UCT medical student, adding that the University's Students' Representative Council had taken a stand expressing support for Billy Paddock, a conscientious objector jailed last week for one year.

The Surgeon General of the SADF, Lt-Gen N J Nieuwoudt, said salary structures for all national servicemen with professional qualifications were recently announced, but the implementation is presently under consideration.

The change was necessary to implement differentiation in the professional occupational groups and has no connection with rumours and speculation on the so-called Defence Force budgeting problem. The implementation aspect was also under consideration and nothing had been finalised.

## Born with a lucky streak

From Page 1

millionaire if his current series of international oil deals went through.

In an interview yesterday at Mr Frans's large but not opulent home in Cape Town's Penlyn Estate, Mrs Frans said her husband had told her not to talk to the Press, as he did not want the deals jeopardised.

Countries involved in the deals might pull out if the South African connection was emphasised.

Meanwhile Mr Frans's widowed mother, Mrs Pauline

telephoned the Sunday Tribune from the United States to say his mother had made a mistake.

"She's confusing him with another Mr Kruger from Constantia," he said.

It was also denied by Mr Frans's wife who said she had never met Mr Kruger and did not even know her husband was working with him.

Mr Frans's mother said her son was "born with a lucky streak."

"He told me about a year and a half ago he was going into oil and it was make or break for him.

"Thank God it worked out."

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# Doctors

# behind closed doors!



PROFESSOR AMES



DR MARIUS BARNARD

The council has always had the right to hold all or part of a meeting in camera. Why suddenly make it a blanket decision? It looks highly suspicious to me.

South Africa has enough secret organisations. Medicine should stay in the open so that the trust of the public can be maintained. Secret inquiries will only break down the good name of South African medicine.

**S**OUTH AFRICA'S doctors and dentists decided to hold all future inquiries into alleged malpractices in secret — and the move was immediately branded as sinister by leading figures in the profession.

They said it could rebound on the profession and on South Africa, sowing suspicion where none had existed.

Dr Marius Barnard, brother of the famous heart surgeon and Opposition spokesman on health, said bluntly: "The suspicion is immediately ... what are they trying to hide? South Africa has

enough secret organisations. Medicine should stay in the open so that the trust of the public can be maintained. Secret inquiries will only break down the good name of South African medicine."

Professor Ames, a Cape Town professor of neurology, said the decision by the Medical and Dental Council at its annual meeting in Johannesburg was "highly suspicious."

"The council has always had the right to hold all or part of a hearing in camera. Why now suddenly make it a blanket decision? It looks highly suspicious to me," she said.

Professor Ames said she and several other leading doctors had

been pressing the council to do the conduct of doctors in connection with the death in detention of a black consciousness leader Steve Biko.

"We sent in the report in February — they would appear to be dragging their feet on it," she said. "We told the council a month ago that we would go to the Supreme Court to force the matter."

But Professor Ames added: "Holding an inquiry is the only way the public will be reassured about doctors' integrity."

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## Details that will be kept secret

ONE of the most fascinating aspects of inquiries into doctor's mistakes is not the official finding, which is expected to be fair and impartial, but what is revealed about doctors' attitudes.

These are the details which will in future remain secret, following this week's decision by the Medical and Dental Council to hold disciplinary hearings in camera, announcing only the findings of the inquiries.

What type of details emerge from these inquiries?

A Thabazimbi doctor was found guilty of disgraceful conduct in May this year, for performing a caesarean operation without the help of another doctor.

He told the inquiry he was "unaware" that a doctor could not treat a patient under general anaesthetic if he administered it himself.

That's the kind of information patients should know about members of the profession they consult about their health.

Similarly, an inquiry into the conduct of a Durban pathologist yielded interesting information about the running of pathology laboratories.

The pathologist, who went to India, left his laboratory in the control of someone who was not fully qualified. A colleague who was helping, withdrew when he realised the state of affairs. The pathologist who had gone away was found guilty of disgraceful conduct, in the colourful language of the disciplinary committees. (Findings are always of improper, disgraceful or scandalous behaviour).

But it emerged in evidence that the regulation requiring a fully qualified person to be in charge, was "apparently flouted by any number of institutions."

Interesting tidbits also emerged from cases in which:

- A Germiston doctor who was struck off the roll was discovered to have been admitted to a mental hospital on several occasions for alcohol and drug abuse.
- A doctor was restricted to working under supervision, after he admitted having become a drug addict.
- A former university professor who had been a senior Cape hospital doctor, was suspended for six months, after claiming more than R8 000 in fees to which he was not entitled from workmen's compensation.
- A Transvaal doctor was re-registered, after having been found guilty of three charges of abortion and also having been jailed for illicit diamond dealing.
- Seven doctors from Somerset West were found to have improperly supplied prescriptions for more than 1 000 Wellconal tablets.
- A Rustenburg doctor was told by a disciplinary committee to get psychiatric treatment for a drinking problem. This followed the death of three of eight patients he treated in hospital. The committee found the doctor mentally and physically unable to continue in practice without supervision.
- A mother of 22 bled to death in June last year after the induced birth of her third child in a caesarean operation at a Johannesburg hospital.

In future, the sometimes dramatic details of these cases will not emerge unless the case goes to court.

Reports by STAN WAHNER

17/10/82

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# Biko affair worries doctors

Star 2/11/82 (CB)



PROFESSOR GELDENHUYS . . . "unfavourable publicity."

year told the World Medical Association: "The Biko case is a shameful act and a cross which Masa must bear."

Professor de Klerk is an elected member of the Medical Council.

Masa, however, is a purely voluntary body looking after the interests of doctors, but it has no statutory power.

The Biko affair has been summering for five years. The controversial decision two weeks ago to hold disciplinary hearings in camera has been greeted with much suspicion.

Those who voted for secret hearings felt it was unfair for doctors to be subjected to harmful publicity when they might well be found not guilty.

Most professional bodies, such as those dealing with lawyers and pharmacists, hold their inquiries in private.

The council has had open hearings since 1928. In 1980, complaints were filed against 177 doctors and 54 dentists. Twenty-two doctors and one dentist were prosecuted.

Almost all the people prosecuted were found guilty, according to the council's registrar, Mr N M Prinsloo, who attributed the high percentage of guilty verdicts to the careful screening all complaints went through before a doctor or dentist was prosecuted.

#### PUBLICITY

All complaints are first considered by the SAMDC Committee for Preliminary Inquiry. Only if the committee considers there is a case against the doctor or dentist will he be subjected to a disciplinary hearing.

Professor Frans Geldenhuys, chairman of

the SAMDC, said that in cases where complaints proved unfounded, practitioners still suffered "a tremendous amount of unfavourable publicity."

"The difference between cases in the courts and these disciplinary hearings is that many of the issues are ethical not criminal considerations," he said.

Dr Marius Barnard, the Progressive Federal Party spokesman on health, said it was unfortunate that an innocent doctor got unfavourable publicity, but he felt the community interest came before the individual interest.

Commenting on the SAMDC, Dr Barnard made an urgent appeal

for increased representation by the medical sector. He also said it was necessary to diminish the Minister's power in the council.

"We need more democracy," he said. "I do not think the council represents the wish of the medical profession of South Africa. Doctors need to have more say in the running of medicine in the country."

Critics find no fault with the way the council administers the affairs of the medical profession. But contrary to its good and largely unpublicised work, some feel it takes refuge in safe — and politically acceptable — decisions when the going gets really hot.

Health is the political head of the council. All advisory committees fall under him and he has the power to overrule any decision.

When the council was formed in 1928 there were about 3 000 doctors in the country who elected nine members to the council. Since then the number of doctors has risen to 17 000 and representation on the council has increased by only one.

A source close to the council said the number of elected members was ridiculously low, and attempts have been made over the years to increase it.

Although the council itself decided a few years ago to recommend increased representation, the Minister overruled the decision.

#### CONTROVERSY

There lies what many consider to be the source of the contentious decisions made by the council—the dominance of appointed members who are likely to take a Government line on a controversial matter.

The most obvious example was the Biko case, when the council found there was no cause for an inquiry into the ethical behaviour of three doctors who treated the black consciousness leader before his death in 1977. All the elected members in the council voted for the conduct of these doctors to be investigated.

Biko died in detention five years ago, but his ghost still haunts the medical profession.

A typical comment from the profession on this issue was made by Professor Guy de Klerk, chairman of the Federal Council of the Medical Association of South Africa (Masa), who last

**By Pamela Kleynot**  
First there was the Biko case. Then came a decision to hold disciplinary hearings about the alleged misdemeanours of doctors and dentists behind closed doors. Do these two issues brand the South African Medical and Dental Council as verkramp?

Sources close to the council say the Biko affair has tainted its image for all time. The council has been accused of helping to cover up a scandal that has had international repercussions. And the council's decision two weeks ago

to hold disciplinary hearings in camera can only create more suspicion about this Government-controlled body.

But critics of the council concede that it does a good job in maintaining the high standard of medicine in South Africa.

The council — which is modelled on the British Medical Council — controls the professional lives of about 50 000 people in the country by laying down educational and ethical standards.

The council has the power to strike off the

## Image of council now 'tainted'

register any doctor, professor's view, be dentist or paramedic who breaches a regulation. The members are elected by the profession.

The medical profession's main critics of the council is that it does not represent the

Most members are Government appointees and academics. The Minister of

#### MEDICAL COUNCIL



DR MARIUS BARNARD . . . "we need more democracy."

The South African Medical and Dental Council has 34 members and is headed by the Minister of Health, Dr Nak van der Merwe, who has the power to overrule any decision. Only a third of the members of the council are elected by medical practitioners and dentists.

The Minister of Health appoints 10 members. They are: Dr James Gilliland, Deputy Director-General of Health and Welfare; Professor E T Mokgokong, of the Medical University of South Africa (Medunsa); Lieutenant-General N J Niewoudt, the Surgeon-General; Professor W A van Niekerk of Stellenbosch University who is also a member of the President's Council; Dr A G Dreyer, a dentist; Professor

## One-third of 34 members are elected

C F Slabber, Dean of the Faculty of Medicine at the University of the Orange Free State; Mr W H Barnard, former registrar of the council, Mr W M C Davidson, an expert in medical aid schemes; Mr D J de Villiers, a retired lawyer, and Professor J H Robbertze of Medunsa, who is chairman of the Psychology Board.

Designated members of the council include Dr Hennie Grové, Director of Hospital Services in

the Transvaal; Professor Charlotte Searle, of the South African Nursing Council, and Mr J D van Zyl, of the South African Pharmacy Board, and Dr P A H Knoeker, of the College of Medicine of South Africa.

Members designated by principals or rectors of universities at which faculties of medicine or dentistry have been established are Professor A J Brink of Stellenbosch University who is also

president of the Medical Research Council, Professor Robert Charlton, vice-principal of the University of the Witwatersrand, Professor D McKenzie of the University of Cape Town and Professor F P Retief of Medunsa.

The 10 doctors elected by medical practitioners are: Dr L Babrow, Professor J N de Klerk, Professor Frans Geldenhuys, Dr R D le Roux, Professor J H Naude, Professor G J Pistorius, Dr S V Potgieter, Professor H A Shapiro, Dr E W Turton and Dr J W van der Riet.

The four dentists elected by the profession are Dr L H Becker, Dr L Blum, Professor H S Breytenbach and Professor J H J van Rensburg.



# 'Council's in camera rule a Biko cover-up'

S-Times 17/10/82

CONTROVERSY over the Medical and Dental Council's decision to hold secret disciplinary hearings grew this week — and a link with the Biko affair has been suggested.

The move has met with widespread surprise in both medical and legal circles, and was condemned by politicians and top state health officials.

It has still to be approved by the Minister of Health, Dr Nak van der Merwe.

A spokesman for the Minister said he was unable to comment until he had been officially approached to approve the council's amended regulations.

Outspoken Professor Frances Ames, head of neurology at the University of Cape Town, believes the "in camera" decision stems from a demand for the Medical and

By SARAH HETHERINGTON

Dental Council to probe the ethical behaviour of doctors involved in the death of Steve Biko.

Professor Ames, and four other doctors, recently threatened to take Supreme

Court action over the council's failure to hold an inquiry into the conduct of the Biko doctors

The group set a deadline, the end of October for the SAMDC to take action.

Professor Ames, a vigorous campaigner for improved treatment of political

detainees, said the timing of the SAMDC decision and the threatened court action was a "curious coincidence".

"A group of five doctors, including myself, wrote to the Medical Council in February calling for an inquiry. To date nothing has happened.

"The council doesn't represent doctors' interests — but the public's interests. The public must claim the rights that are being taken away from them," she said.

Head of the council, Professor Frans Geldenhuys, denied that the decision to close disciplinary hearings to the public had anything to do with Professor Ames' threat of legal action over Biko.



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Date 28-10

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1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
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Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University



# Action by doctors on Biko?

CAPE TOWN 18/10/82 93

Own Correspondent

JOHANNESBURG — Five medical doctors who filed complaints regarding the conduct of the four doctors who treated black consciousness leader Mr Stephen Biko before his death in security police detention in 1977 will take legal action if the South African Medical and Dental Council (SAMDC) has not responded to their complaints by the end of this month.

The five doctors who filed the complaint are: Professor Frances Ames, Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker

Their action follows an SAMDC proposal last week that all its future disciplinary hearings be held behind closed doors.

## 'Mysterious'

Yesterday Dr Barker, a lecturer at the University of Natal's Medical School, said it was "mysterious in the extreme" that the in camera proposal was

made at this time.

A member of the SAMDC, Professor Hillel Shapiro, yesterday denied that the proposal was related to the complaints the council had received about the "Biko doctors".

"This has nothing to do with Biko — it is related to an original submission I made in September 1976," he said.

## Deadline

The group of five doctors would take legal action if the council had failed to reach a decision on the conduct of the "Biko doctors" by the end of October, Professor Ames said.

The Transvaal Healthworkers' Association (HWA) also filed a complaint about the "Biko doctors".

Its vice-president, Dr Yunus Veriava, said yesterday that the HWA — which also gave the SAMDC an October deadline — and the five doctors might act together in taking legal action.

# Secrecy call 'after legal case threat'

Medical Reporter

THE South African Medical and Dental Council's decision to have private disciplinary hearings came after five doctors threatened legal action unless the Council investigated the conduct of the four doctors who treated black consciousness leader Steve Biko.

Professor Frances Ames, head of the Department of Neurology at Groote Schuur Hospital, said today she and four other South African doctors called on the SAMDC in February this year to inquire fully into the circumstances surrounding the death of Mr Biko.

## "NOTHING"

The other doctors were Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker.

Since February, according to Professor Ames, the SAMDC have done nothing about the inquiry call.

"Then, last month, we wrote to them to say that they had had at least six months to do something, and had done nothing; and that if they hadn't done anything by the end of October, we would be compelled to take legal action to force them to do something about it."

Professor Ames pointed out that the five doctors had made this threat before the proposal by the Council recently that all future disciplinary hearings be held in camera.

The call for an inquiry is contained in a 60-page

document presented to the South African Medical and Dental Council in February

The document submits that either.

● The circumstances surrounding the death of Mr Biko warrant a finding of improper or disgraceful conduct between the doctors, or

● The Medical and Dental Council should make it explicitly clear to the medical profession in this country and abroad, and to the public, that the conduct of the doctors was in accordance with the standards of professional competence and ethical conduct expected of medical practitioners in South Africa; and

● That other doctors may so conduct themselves in future without fear of disciplinary proceedings against them.

The document submits that one or other of these findings must be made by the Medical and Dental Council if the Council is not to evade its duty to the public and to the profession.



# Students slam closed hearings

By LIZ MCGREGOR

UNIVERSITY of the Witwatersrand medical students have criticised the South African Medical and Dental Council's decision to hold disciplinary hearings involving doctors and dentists in camera.

The criticism came in the latest issue of Mednews, mouthpiece of the Medical Students Council.

2bm 29/10/82  
Holding the hearings in secret could only lead to "wider public suspicion", said Mednews in an editorial

"The proper practice of medicine, probably more than any other profession, is a matter of direct concern to the public who have a right to know what goes on when matters such as malpractice, overcharging or unprofessional conduct are judged" said the Mednews

editorial

"For doctors to seek to shut away allegations and details of misdemeanours can only lead to wider public suspicion of cover-ups, thus bringing the profession into further disrepute."

The South African medical profession was still "stained by its failure to take action against the doctors involved in the death of Steve Biko".

# Payments delayed

# Doctors hit at medical aid bodies

5165 10/1/82

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**Own Correspondent**  
Doctors say they are losing thousands of rands and some are suffering severe hardship because of delays in payments by medical aid schemes.

But for the delays — which have caused their seeking large overdrafts with costly interest charges — their claim for a 17 to 18 percent increase in medical fees need have been only 10 percent, Pretoria doctors said.

One said he and his three partners were at one stage owed R80 000 by medical aid schemes.

Of this R47 000 was owed by Transmed, formerly the sick fund of South African Transport Services.

"I am taking home R1 000 a month less than I did two years ago and I haven't taken my family out for three months because I can't afford it," he said.

The doctors say their problems stem from the system of submitting accounts to their patients instead of direct to the Medical aid organisations.

Patients continually forget to pass the accounts on to their employers and it is only after three accounts have been ignored that the doctors can submit a reminder direct to the scheme.

A new computer sys-

tem at Transmed had had serious teething troubles, causing yet more delays.

"Because of these delays our position is desperate," said the doctor.

"The R47 000 owed to us by Transmed has been outstanding for five months.

"I have had to get overdrafts at 22 percent interest to pay my staff and ever-increasing expenses. At one stage we had an overdraft of R35 000.

"We have asked for a 17 to 18 percent increase but if I could submit my accounts direct to the medical aid scheme I would be satisfied with a 10 percent increase."

Another Pretoria doctor, in partnership with three others, said Transmed had not paid him since June.

"We have had to run to the banks for overdrafts and we have had to pay tax on money we have not been paid," he said.

"I asked the tax people for an extension and this was refused."

A spokesman for Transmed admitted there had been problems over payment of doctors' accounts.

"The problems have now been ironed out and we are up-to-date with payments," he said.

"When delays are encountered doctors should contact their local Transmed managers."

A spokesman for the Medical Association in

Pretoria said no official complaints of delays in payments had been received from doctors.

Mr John Ernstzen, chairman of the representative Association of Medical Schemes, said he believed other medical aid schemes were being criticised because of Transmed's "unfortunate predicament."

Mr Ernstzen said he was against any move to submit accounts directly, because of ethical considerations.

"I don't see how a doctor can have a proper relationship with his patient if he sends his account straight to the medical scheme," he said.

"The Act was changed and for 15 months direct submission was allowed but it proved to be a disaster.

"The rights of the patient were not considered at all.

"We have a tremendous turnover of members through changes in employment.

"Patients didn't always tell their doctors they had changed jobs.

"Consequently, we were receiving an enormous number of claims from people who were no longer members.

"This caused a huge administrative burden.

"There were even cases of claims being submitted for work which had never been done."

"All of these were found to be genuine errors. I don't know of one which was the result of dishonesty."



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KEPLER Wessels hits for six.



w/k ARGOS 27/11/87

# — doctors at last

**Education Reporter**  
POPPING champagne corks greeted the exam results of 122 successful final-year University of Cape Town medical students yesterday.

With six hard years of studying behind them, even the most confident of the students were "overwhelmed they had actually made it" — doctors, at last.

For 38-year-old Richard Wilson, it has been a long, hard battle of determination.

## Not for me

Until eight years ago he never really knew what he wanted to do. When he passed his matriculation examinations he enrolled for a BA degree, shortly after changed to a B Comm, and dropped out after four months.

"University was just not for me," he said.

He worked for short periods for an engineering company, sold insurance and then took a job as a medical representative.

## Too outdated

It was only in 1974, after he "saw what happened in hospitals" he decided on a profession. But the medical school would not accept him because his matriculation certificate was too outdated.

"You'll have to do another degree before we can accept you," they told him. So that was precisely what he did. With a BSc in hand, he enrolled at the medical school in 1977.

He is married and his wife, Penny, is acting head of the Department of Logopaedics.

Two other new doctors, Avril Beckford and Law-

rence Rowley, met during their second year, started dating in third year and married in their fourth year of medical studies.

They have spent every spare moment over the past few years questioning and answering each other. Although they found time to pursue all their outside interests, their conscientiousness paid dividends.

Avril won the medal in paediatrics, achieved another first in medicine and two seconds. Lawrence, who has Western Province colours and a University Blue for water polo, also gained a first in gynaecology and obstetrics.

## Maiden name

"We both have the support of our friends in our class and especially our parents to thank. Without them we would not have done it," said Avril, who chose to keep her maiden name to show her family how much their support meant to her.

Susan Dowdle, whose father is Professor Eugene Dowdle, head of the Department of Science and Immunology, knew for as long as she can remember all she wanted to be was a doctor.

"It is absolutely terrific. I expect my father is secretly delighted," she laughed.

Susan was one of four students with a parent on the medical school staff. David Kibel is the son of

Professor Maurice Kibel of the Child Health Department, Andre Naude is the son of Professor Andy Naude of the Department of Medical Microbiology and Kenneth Sapire is the son of Dr Esther Sapire of the Department of Obstetrics and Gynaecology.

Of the 124 students who wrote their final medical examinations, 122 passed. Fourteen of these students received honours. One B Sc (Med) student, H J Bell, received an honours pass. At least 24 of these students held other degrees.

The full list of successful candidates is: T M J Adam, L A Aldera, A P Beckford, I E Bell, D A Berkowicz, C H Bertke, R M Blumberg, I Boiskin (with distinction), D L Bosman, A S Botha, I L Bourhill, J Bowler, L A Boyes, P J Bradford (with distinction), M M Broukaert, D R C Brown, D L Brownstone, J Bruss, N M Bukmuz, A T Butler, F Casciola, H Chait, P Cilliers, A C Coleman, G Coupland, P G Crisp (with distinction), T Donaldson, A S Donsky, S C Dowdle, J Dyssell, M Ehlers (with distinction), S Eickhoff, J Evans, J Fagan, S Feitelberg, C Fine, B Fleming, N S Flint, B J Fortuin (with distinction), A Frayne, W Friedman, B T Gero, R Goldman, J Graham, M Hackner, J Hargreaves, W Harvey, N Hasson, T Heller, W Heldson, L Jacobson, G Jonas (with distinction), D M Kaplan, I Katz, P Katz, G B Kaye, P A C Keene (with distinction), D A Kibel, M J King, R Klein, J Kruskal, K Laudin (with distinction), B Leibbrandt, S Leibowich, M J Levy, H Lifson, T Lorenzo, G Loy Son, W Macleod, A Malatsky, I Marks, R M May, D P McCabe, R McCully, C R Mercer, P Methven, D M Miller, S Milne, P Morley, M A Moss, J M Ovson, A H Naude (with distinction), P N Nel, C R Newton, D Nicell, I M Orpen, A M Oswald, H D Palte, A Parrish (with distinction), E F Peddle, M S Pepper, A Petrie, R Piemontesi, I Proudfoot, G A Reay, H Rosen (with distinction), S A Ross, L Rowley, K Sapire, E Saunderson, A Saven (with distinction), I Schneider-Waterberg, S Schwartz, R Simpson, T J Smith, S Soule (with distinction), C W Spearman, C J Stewart, K B Stoner (with distinction), K Symon, K L Taylor, M C H Tooke, M C Trevett, C J Vaizey, A L Van Den Berg, L van der Westhuizen, J Volmink, C D Webb, R G Wilson, B C S Wood, M G Worthington, E W A Zollner.

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# Sharp practice by aid schemes, say doctors

W/E ARGUS 27/11/82

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Weekend Argus Correspondent

**PRETORIA.** — Frustration over delayed payments of their accounts has given rise among some doctors to suspicions of sharp practice by medical aid schemes.

They suspect that payments are deliberately held up so that the schemes can gain interest from the outstanding amounts.

"And when you talk about interest from the contributions of schemes' members, you are talking about millions," said one doctor.

"All of us are convinced that medical aid schemes are a rip-off and that somebody is pocketing this money which we are being deprived of".

### NOT ENOUGH

In 1980 the 241 registered schemes invested a total of about R200-million which accrued interest totalling about R18-million.

But large as these amounts seem, they are not enough to satisfy the registrar of Medical Aid Schemes, who monitors the schemes for the Government.

A spokesman for the registrar's office said the amount invested in 1980 represented about 15 percent of total contributions from members that year.

"That has increased to about 16 percent of total annual contributions and that is still short of the 25 percent that we require", said the spokesman.

"It is impossible for any business to exist without an accumulated fund".

### NO PROFIT IN IT

The spokesman said the doctors' suspicions did not make sense. Medical aid schemes contributions were controlled and could be used only for members' benefits and a reasonable administration fee.

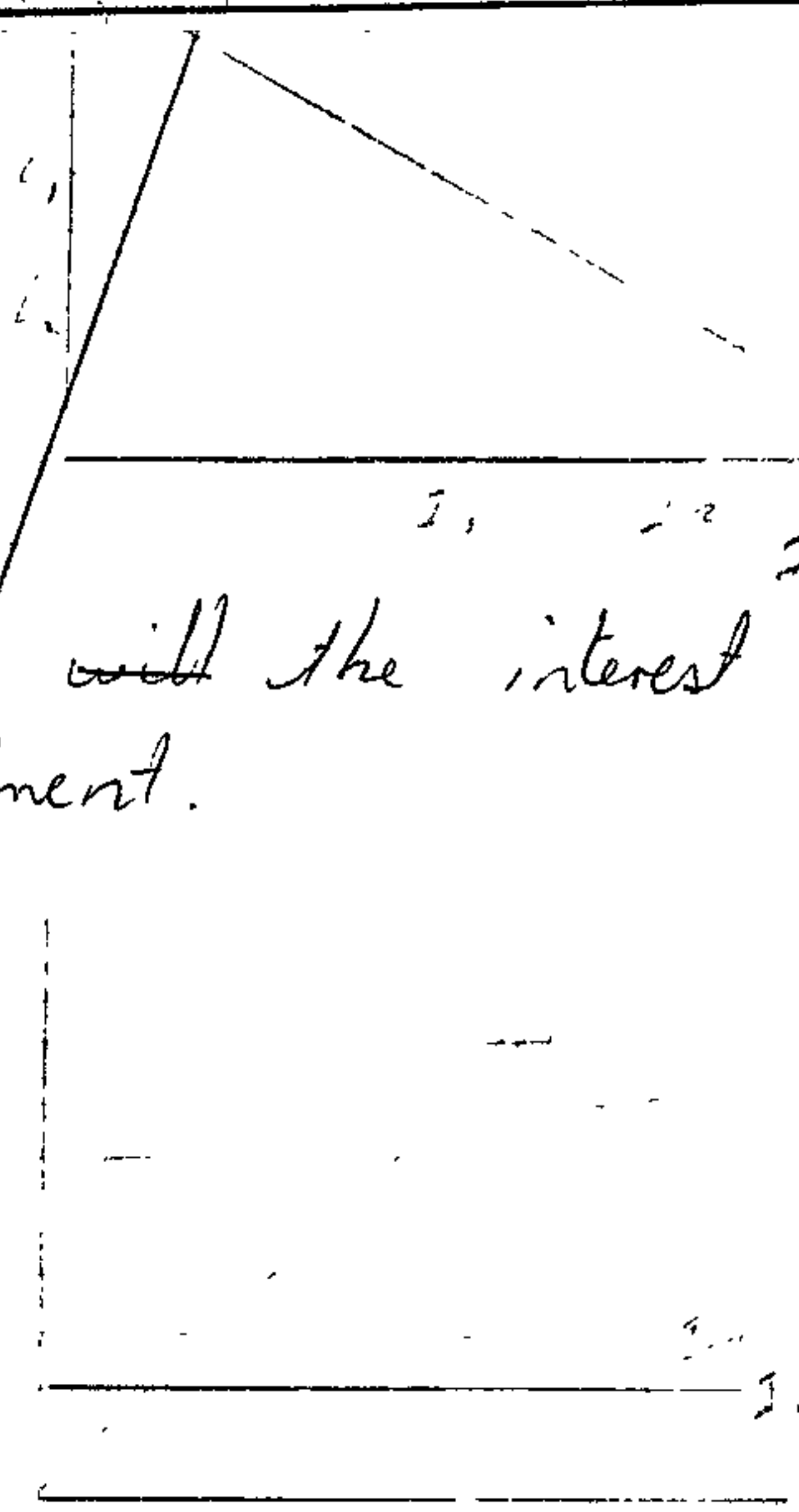
"There would be no profit in it for anyone to hold back payments deliberately to gain interest, because the interest goes into the fund and can be used only for the benefit of the members."

Countering the doctors' allegations Mr John Ernstzen, chairman of the Representative Association of Medical Aid schemes, pointed out that the registrar's report showed 557 complaints had been received from doctors about late payments and that 175 of these had been found to be unwarranted.

"This leaves 382 justifiable complaints, which is negligible when you consider that the schemes make about 50 million payments every year," he said.

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Rate of interest



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Increase the interest investment and National Income will



# National service doctors' pay mix-up sorted out

ARGUS 2/12/82

93

~~244~~

Defence Reporter

ADMINISTRATIVE "finger trouble", which affected the pay packets of the entire July intake of doctors undergoing their compulsory 24 months national service, has finally been corrected.

Many can expect a "bumper back pay packet" at either the end of the month or at the end of January.

The pay discrepancy arose out of the South African Medical Services' (SAMS) switchover to computer administration.

As a result most doctors did not receive their professional rank of lieutenant or the professional officers' pay due to them.

A spokesman for the Surgeon General said the service regretted the inconvenience caused by the delay, but added that most doctors had already been promoted and had received back pay to July for their professional services.

Others had recently received promotion, but

their salaries had still not been corrected.

"I believe they can expect a bumper pay packet at either the end of December or January."

## COMMITMENTS

The pay and rank discrepancy caused much dissension among the national service doctors affected. Many had financial commitments to

families and had to survive on a candidate officer's pay of R270 a month for six months.

In addition, it spread beyond the bounds of the present national servicemen to the ranks of doctors who will begin national service in January.

## RUMOUR

In many telephone calls to The Argus doctors voiced their disquiet over the possibility of spending their two years at low rank and pay and thus lose the value of their housemanship.

The medical services spokesman said this was entirely unfounded. The doctors would be em-

ployed in their professional capacity with appropriate remuneration.

A month ago the medical services had to quash another persistent rumour which hinted at a reduction in service for medical men undergoing national service.

At that stage the spokesman would not elaborate, saying that an investigation was underway to evaluate the services' training programme.

The rank question was also raised at the time following mounting confusion over why doctors in the same intake were given the rank of temporary lieutenants while dentists, psychologists, pharmacists and veterinarians remained candidate officers.

The spokesman put it down to personnel selection for positions for which a successful period of training had been completed and appointments as officers for jobs which demanded the rank.

# Army is not taking out its doctors

## Tribune Reporter

Fears that KwaZulu's tottering health services would collapse with the withdrawal of Defence Force medics have been allayed.

Defence Force Medical Services announced this week that it would not withdraw its doctors, dentists and paramedics without good reason.

Overworked KwaZulu doctors greeted the news with relief but slammed the system that made them dependent on Medical Services personnel.

Twenty-five of KwaZulu's 30 hospitals have army medics on their staffs while four depend on army doctors to run.

Rumours of an army pull-out started after Medical Services national servicemen were told their basic training and officers' course may be extended to a year, cutting the number of personnel available for deployment around the country.

But a spokesman for the surgeon-general's office said that if basic training was extended it would only be by two weeks, bringing the total training period to four months.

"This extension of the training period is necessary to correlate the syllabus of medical and paramedical national servicemen with the basic training programme applicable to all other national servicemen and Permanent Force members, which is of eight weeks duration," the spokesman said.



STAS 10/12/82

# Doctors form new body as alternative to Masa

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**Own Correspondent**  
DURBAN — A new medical association was formed this week when representatives from Natal, the Western Cape, Eastern Cape and the Transvaal met in Durban to form the National Medical and Dental Association (NMDA), planned as an alternative to the present Medical Association of South Africa.

A steering committee has been investigating the possibility of forming the organisation for more than a year. It arose from the belief of some doctors that there was a need for an alternative forum to

express views on health which they claimed Masa did not do adequately.

A member of the NMDA executive said that dissatisfaction with Masa had come to the fore during the outcry following the death in detention of black consciousness leader Steve Biko.

"We also felt that the response of Masa to the question of the health and welfare of detainees held under security legislation was inadequate.

"Masa is seen by many doctors as being too closely aligned to the State.

"We saw this recently when Masa gave to the World Medical Association a picture of national health care which does not fit in with the kind of reality many of us see in our daily work

"Many of us feel the need to look at health care from the point of view of the majority of the populace. This, we believe, is not Masa's approach"

It was decided at the inaugural meeting that members be allowed to retain membership of Masa, at least for the time being. This was because some peripheral benefits, such as insurance, were available only to members of Masa.

The executive of the NMDA has been elected and office-bearers' names are expected to be released next week.

(to be copied from the newspaper)

Paper No..... PAPER.....  
(to be copied from the newspaper)

**NOTE CAREFULLY**

1. Enter at the top of each page the block on this cover the question you are answering.
2. Blue or black ink must be used for answers. The use of a ballpoint pen is not acceptable. Red or green ink, underlining, emphasis or pencil may also be used.
3. Names must be printed (e.g. graph paper) where examination book (s) are

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

	Internal	External
(1)	(2)	(3)
1	54	✓
3	50	✓
Examiners' Initials		

**WARNING**

No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed. Candidates are not to communicate with other candidates or with any person except the invigilator. No part of an answer book is to be torn out. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University



(93) *S. Tribune* 12/12/82

# Doctors brea

## Medics form a new body because they say MASA has fail-

By KEVIN DAVIE

A GROUP of South African doctors have formed a new national medical association because they say the established Medical Association of South Africa (MASA) is inadequate and does not promote conditions of optimum health.

MASA in turn has charged that the new association, the National Medical and Dental Association (NMDA), is "negativistic", and says it doubts the body will be recognised by the Minister of Health.

A statement by the NMDA says doctors decided to form the body because MASA "neither represents the health interests of the majority of South Africans nor does it articulate their health needs adequately."

"It identifies closely with the State and therefore does not vigorously take up issues which result from racial discrimination and which adversely influence health."

MASA is particularly singled out for criticism because of its "shameful role in the Biko affair".

"Biko was the watershed," says Dr Diliza Mji, general secretary of the NMDA, explaining that MASA's "belated and inadequate response" led doctors who were frustrated with this body to decide to form a new association.

Dr Mji says the same applies to the effect the detention laws have on health, charging that MASA "has shown no interest".

"These issues should be taken up as a matter of urgency," he says.

Professor Nikolaas Louw, acting chairman of the federal council of MASA, says it is difficult to comment on the formation of the new association until he has had an opportunity to examine its constitution.

But, he said, the NDMA appeared to be a pressure group, and if there was the faintest suggestion of a political background to the body, then the Minister of Health was unlikely to associate with and listen to the association.

"I'd love to see them get recognition from the Minister if they are politically inspired," says Prof Louw.

Dr Mji says political and medical issues cannot always be separated in South Africa.

"MASA says it is non-political and that in theory you can separate politics and medical issues, but it works within the framework worked out by politicians.

"MASA is closely linked to the State and its policies."

The NDMA has said that certain aspects of State policy in South Africa such as the migrant labour policy and the creation of non-viable homelands actively encourage health problems.

"MASA has not argued, against the fragmentation of our country's health services and the creation of non-viable homelands where malnu-

trition and unemployment are rampant, and the migrant labour system with its enormous consequences for the health and welfare of families," says a statement released by the NDMA at its formation in Durban last weekend.

Dr Mji says MASA is silent on these issues, "therefore they acquiesce".

"Our association is saying you cannot have optimum health in South Africa under these conditions."

MASA's Prof Louw says they have confronted the Government on



□ Girlie back home ... with a dart in her bottom. Removing it is owner Boswell

## Steve Biko's death was 'the watershed'

certain issues.

"If it wasn't for MASA confronting the Government on salary scales for non-whites, they would have been exactly the same as before. There is no racialism in MASA at all."

He said he doubted the body would have success with the authorities, especially if Biko's name was mentioned, but if the new association "feels it can achieve more by forming a pressure group, then good luck to them".

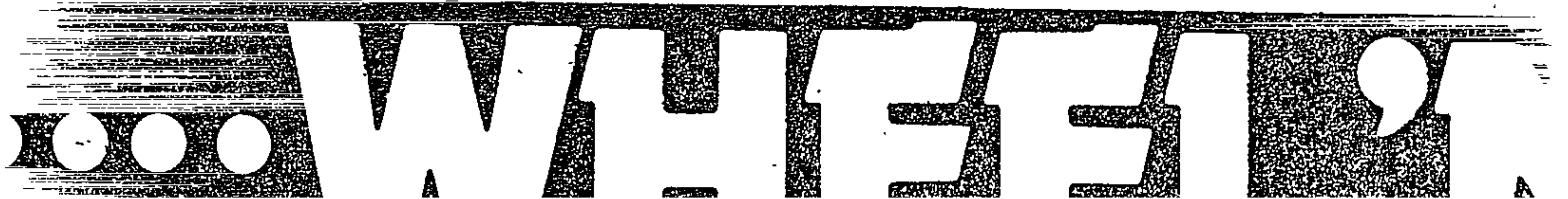
Dr Mji says the NMDA has no intention of trying to take over all the func-

tions performed by MASA, "but there are certain things MASA is not doing. There are certain things MASA is not vocal about which we hope to be".

The national leadership of the NMDA is Dr BT Naidoo, one of a few black doctors who served on MASA's federal council but later resigned, Professor Jerry Coovadia, Dr Farouk Meer, Professor Hugh Philpot, Dr Ronnie Green-Thompson, Dr Yacoob Rawat, Dr Diliza Mji, Dr N Jinnabhai, Dr Whelile Shasha, Dr Abdul Nana, and Dr Nithia Naidoo.



□ The hunt's on





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## MASA has failed to act on crucial health issues

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□ The hunt's on for Girlie — with guns ("just in case"), policemen and a dart pistol

# AN STEE



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Star 14/12/82

## Detainees 'must be told of medical rights'

Prisoners and detainees should be informed of their right of access to medical attention, says a resolution passed unanimously by the College of Medicine in South Africa.

The resolution published in the South African Medical Journal says: "The medical opinion of a medical practitioner charged with the care of a prisoner or detainee should at all times be paramount, because such a practitioner cannot exercise his professional functions if he is subject to any other authority."

The resolution was passed at a recent council meeting of the College of Medicine.

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**GENERAL NEWS**

93  
**Sandton doctor knocks  
medical council secrecy**

A Sandton doctor has described the South African Medical and Dental Council's decision to hold disciplinary hearings in camera as "repugnant" and said: "A move towards secrecy will heighten suspicion and tarnish the reputation of this august body."

In a letter to the South African Medical Journal, Dr P Heberden said the apparent numerical bias in the council towards nominated, as opposed to elected, members was a matter of concern to many members of the medical profession. (Fourteen of the 34 council members are elected by the medical profession.)

"Any misgivings regarding the composition and performance of the council will be compounded by the recent motion to hold disciplinary hearings in camera," Dr Heberden said.



# 1982 WAS

# a year of

# medical

# headlines



Dr Patrick Steptoe... test-tube baby pioneer.



Mrs Christina Samane with her son Sithandiwe, who broke all South African records when he weighed 10,3 kg at birth. He was born in October at Sipetu Hospital near Mount Frere in Transkei. Sithandiwe suffers from overaction of the pituitary gland and is expected to grow into a giant.

The world's first permanent artificial heart — which was implanted in a retired American dentist — was the big medical news of 1982.

World headlines were made when Dr Barney Clark (61), who had no other hope of survival, had his diseased heart replaced by one made of plastic and metal by surgeons at the University of Utah in Salt Lake City.

The 74-hour operation was performed on the 15th anniversary of the first heart transplant, which placed South Africa firmly in the records of medical science.

On the night of December 2, 1967, Mr Louis Washansky was given a new heart at Groote Schuur Hospital in Cape Town. Hundreds of heart transplants have been

done since this historic event, including 55 in South Africa.

Heart transplant pioneer Professor Chris Barnard celebrated the 15th anniversary in Cape Town.

And in Johannesburg this year, another revolutionary life-saving treatment for heart attack victims was performed. The treatment involves the injection of a drug infusion which dissolves blood clots through a vein in the groin.

Two hospitals also took the first steps this year towards making test-tube babies a reality in South Africa.

The H F Verwoerd Hospital in Pretoria and Groote Schuur Hospital have already started screening infertile couples

for in vitro (outside-the-womb) fertilisation.

The opening of these two test-tube baby centres coincides with the visit to South Africa of test-tube baby pioneer Dr Patrick Steptoe of Britain, who addressed a gynaecological congress held in Bloemfontein.

Another internationally-renowned infertility expert, Dr Bruno Lunenfeld, also came to South Africa to speak at the congress. Dr Lunenfeld, of Israel, pioneered fertility drugs in 1962 — drugs which were responsible for the birth of the Rosenkowitz sextuplets in Cape Town a few years ago.

This was also a year of cholera, polio and plague, mainly in the homelands

where people live in overcrowded and filthy conditions and lack basic health needs such as purified drinking water, food, housing and waste removal.

These diseases hit the headlines because they are the more dramatic conditions which people tend to respond to. Little attention is paid to the more dangerous and common conditions such as gastro-enteritis — the biggest killer of black children — or even totally preventable diseases such as measles, which kills 11 children a day in rural areas.

It was also reported this year that there has been an upsurge in the incidence of tuberculosis, South Africa's worst health scourge, which kills up to 20 people a day.

Though the incidence of TB had been steadily declining towards the end of the 1970s, the recent upsurge has been attributed to the increase in the cost of food and unemployment.

An outbreak of typhoid fever at Weskoppies Hospital in Pretoria made front-page news in July. Six patients died and 35 were treated.

Typhoid is a major problem in the rural areas of South Africa, and at one hospital alone in Gazankulu — Tinswala Hospital — 50 typhoid patients are being treated at any one time.

South Africa's major health problems are concentrated in the homelands. Lack of funds and medical personnel in these areas is not going to help stem the tide of ill-health.

Other news events this year include:

● The controversial decision by the South African Medical and Dental Council to hold in secret disciplinary hearings involving the alleged misdemeanours of doctors and dentists. There was a storm of protest from members of the medical profession, including high-ranking Government officials.

A Transkei baby broke all known Southern African records to weigh in at 10,3 kg at birth. Sithandiwe Simane is expected to grow into a giant. His abnormal size is due to overaction of the pituitary gland.

● A new cosmetic operation to beat the battle of the bulge was performed in South Africa. The body-contouring technique was pioneered by a French plastic surgeon, who perfected a method of dissolving fat and suctioning it out of the body without leaving unsightly scars.

● There was an international salmon scare after the death of a Belgian from botulism. He had eaten salmon from a defective can.



Resolution  
on <sup>CAPL TINT</sup>  
<sup>15/12/24</sup>  
detainees ~~(22)~~

Staff Reporter <sup>(93)</sup>

THE medical opinion of a doctor charged with the care of a prisoner or detainee "should at all times be paramount", according to a resolution adopted by the College of Medicine of South Africa.

The resolution, which was unanimously passed at a recent council meeting, affirmed the college's commitment to the Tokyo Declaration adopted by the World Medical Association in 1975. The Tokyo Declaration provides guidelines for medical doctors treating detainees or prisoners.

**Masa man hits out at new body**

# Breakaway doctors told to go for change

Mercury Reporter 15/12/82

A BREAKAWAY of black doctors from the Medical Association of South Africa would only weaken the body, Dr Norman Levy, chairman of the Cape Town-based association, said yesterday.

He said if members were dissatisfied with the present policy of the association they should attempt to change it.

'But by breaking away and forming their own body they are doing exactly what they have been accusing us of doing,' he said.

He was commenting on the formation of the National Medical and Dental Association (NMDA), formed by black doctors, in Durban this week.

A senior spokesman for Masa, however, expressed doubts whether the new association, which he said appeared to be a pressure group, 'will be recognised by the Minister of Health if there were the faintest suggestion of a political background'.

NMDA's doctor spokesman, who asked not to be identified because of ethical reasons, told the Mercury yesterday that it was not necessary for his organisation to be recognised by the minister.

'We don't need the sanction of any apartheid institution. We are a progressive and democratic organisation whose responsibility is to the community at large.'

He said all that mattered was support from the community — 'it is from them we seek a mandate and it is to them we will report on social and political issues related to health'.

NMDA general secretary Dr Deliza Mji said that the doctors decided to form the body because Masa 'identifies closely with the State and therefore does not vigorously take up issues which result from racial discrimination and which adversely influence health'.

Masa's 'belated and inadequate response in the Biko affair' had led doctors who were frustrated with the body to form a new association.



# 'We'll give truth on SA health'

Mercury Reporter

BLACK doctors in Durban have formed a new body which will be open to doctors of all race groups because the Medical Association of South Africa failed to prevent the fragmentation of the country's health services and the creation of non-viable homelands, says Prof Jerry Coovadia, a spokesman for the newly formed National Medical and Dental Association.

He said yesterday that malnutrition and unemployment were rampant because of the migrant labour system with its enormous consequences for the health and welfare of

families

'A pressure group in medicine is needed to work for democratic change in the health structure, services and education in South Africa.

'An alternative medical association can take up issues, such as cholera, which affect people and provide a public account of the causes of ill health. It can therefore be educational

'We can present to the outside world a true image of the prevailing problems in health in South Africa,' he explained

Dr Diliza Mji, the association's general sec-

93 Mercury

retary, said membership would be opened to registered doctors and dentists of all race groups.

He said the association already had the support of 'a number of white, Indian, coloured and black doctors from various parts of the country'

He, however, declined to reveal the extent of the support 'at this stage', saying that they had embarked on a country-wide recruitment drive

Dr R M Bux, chairman of the Natal Doctors' Guild, which represents more than 400 doctors

of all races, said his members were fully behind the new association.

He said many doctors were disappointed with Masa and had in fact relinquished their membership with the body after the 'Biko affair'.

A spokesman for Masa said the black doctors 'can achieve much more by working from within than from outside'.

He denied there was racialism in Masa

'In fact, had it not been for Masa confronting the Government on salary scales for non-whites, they would have been in exactly the same position as before,' he added

16/12/82



# Doctors attacked over emergency treatment

By ARLENE GETZ

**POOR** treatment by doctors and badly-trained ambulance attendants could be causing the deaths of up to 50% of South Africa's accident victims.

This warning came this week from Dr Hymie Green, head of Johannesburg Hospital's accident services.

He said the average doctor's knowledge of emergency treatment was "lamentably poor" and that care given to many accident victims bordered on the unethical — and often criminal.

"If this were America some of those doctors would undoubtedly be sued," Dr Green said.

And with the worst offenders in smaller centres, he said, a road accident victim's chances of survival were more slender in country areas than if the accident took place near a city.

"Once you get east of Benoni you're taking your life in your hands," Dr Green said.

His warning was echoed by Mr W N van Krallingen, of the CSIR's National Institute for Transport and Road Research.

Mr Van Krallingen was at the centre of a storm three years ago when he told an international conference on disaster medicine that South African ambulance services were shocking.

This week he said that while services in the cities had improved since then, services outside the main cities were still poor.

"At the moment there are still long stretches of road on the way to the main holiday centres which have either non-existent or inferior services," he said.



● An accident victim — is she being treated correctly? Often ambulance attendants are hospital porters or clerks whose knowledge of first aid is sketchy, according to a leading CSIR transport authority.

He had submitted reports criticising this to the National Road Safety Council, but these had not yet been released.

"Often the ambulance attendants are hospital porters or clerks whose knowledge of first aid is sketchy and long-forgotten," said Mr Van Krallingen.

Local authorities often recruited staff such as firemen or traffic officers to act as ambulance attendants.

"This means you'll find a traffic policeman working at a speed trap receiving an emergency call after an accident. He has to pack up his equipment, drive back to the station, collect an ambulance and find a colleague.

"By the time they reach the victims the so-called 'golden hour' has just about elapsed," said Mr van Krallingen. The golden hour — the first 60 minutes after the accident — was the most important period, as statistics had shown that a patient's chances were dramatically improved if diagnosis and treatment were carried out in this period.

Overseas statistics had also shown that up to 25% of all deaths could be prevented if a properly-trained person was on the scene within 10 minutes, and

up to 50% of the victims could have been saved by an adequate ambulance service and treatment area.

Yet about 15% of all accident deaths were not caused by the victims' injuries but by choking.

This could happen either when a person's tongue was not pulled away from the windpipe, or when patients were transported in ambulances on their backs rather than on their sides.

"The problem is often compounded at many small hospitals where staff, confronted by a serious case, simply throw their hands in the air and pack patients off to a big hospital without examining them properly," said Mr Van Krallingen.

This was confirmed by Dr Green, who cited a case in which a teenager was left with possible brain damage following incomplete examination after an accident earlier this month.

"In smaller hospitals — and often in the bigger ones — doctors are neither trained nor interested in emergency reception," he said.

"Not everybody can work in a reception area, but local hospitals are often forced to take anybody who applies because they are short of candidates."

Dr Green said that although medical students at the University of the Witwatersrand were now being trained in emergency medicine and a course for general practitioners was scheduled for next year, the only solution to the problem was to follow the overseas example of making emergency medicine into a speciality.

The director of Transvaal Hospital Services, Dr H A Grove, could not be contacted for comment.



(93) Mercury  
23/12/82

# Doctor to be reported to Medical Council

## Mercury Reporter

A DURBAN businessman intends to report a Salt Rock doctor to the Medical and Dental Council for allegedly refusing to treat an African patient.

The doctor, Dr J J Botha, has denied the allegation and says he treats patients of all races.

Criticism of the doctor was made yesterday by a Durban businessman, Mr Schalk van Schalkwyk, who lives at Ballitoville.

He said that a black employee, Mr Moffat Buthelezi, had taken ill at the end of last week and developed symptoms indicative of bilharzia.

Mr van Schalkwyk said he had telephoned his own doctor on Sunday and was told that his partner, Dr Botha, was on duty.

'At first Dr Botha was cooperative and told me to bring Moffat to his surgery. But when he was told his surname his attitude changed completely and said he did not have the time to 'ride after kaffirs'.

Dr Botha said it was not true he had refused treatment to the patient because of his race.

He told Mr van Schalkwyk, he said, that he did not have access to laboratory facilities to test for bilharzia during the weekend and said the employee should be sent to the Stanger Provincial Hospital where such facilities were available.

## No doctor

Mr van Schalkwyk said he had taken his employee to the hospital where they had had to wait for four hours.

Eventually they were told that no doctor was available to treat the patient and all the medicines were locked up.

The medical superintendent of Stanger Hospital, Dr R Docrat, said there were no laboratory facilities for the treatment of bilharzia on Sundays.

Doctors were available for the treatment of emergency cases only.

HEALTH & DISEASE

DOCTORS

1983

JAN. — DEC,





# New inquiry into Steve Biko's death imminent

## SA MEDICAL COUNCIL TACKLE PE DOCTORS

By WILMAR UJING

THE South African Medical and Dental Council has taken the first step towards the opening of a fresh inquiry into the professional conduct of the doctors who treated black consciousness leader Steve Biko before he died in Security Police custody in 1977.

A list of questions about the treatment given to Mr Biko was sent to the doctors by the council last month. They are required to explain before January 18 the reason for their behaviour while they treated Mr Biko.

The doctors involved are district surgeons Dr Ivor Lang and Dr Benjamin Tucker, and Dr Colin Hersch, a physician. All practise in Port Elizabeth, where Mr Biko was held in custody before his death in September 1977.

It is understood the council may also examine the role played by Dr R. J. Keeley, a Port Elizabeth neurological surgeon.

Confirming the step taken by the council, the registrar, Mr N. M. Prinsloo, said the inquiry had been instituted as a result of complaints laid by doctors.

One group, led by Professor Frances Ames, head of Groote Schuur's Department of Neurology, petitioned the council in February last year in a 40-page legal document and threatened to take legal action if its demands were not met.

The demands were for a full public inquiry into all aspects of the treatment of Mr Biko by the four medical men concerned, but the main point made was that the conduct of Dr Lang and Dr Tucker had been improper.

Both doctors admitted at the inquest into Mr Biko's death that they had subordinated the interests of their patient to those of the Security Police. Dr Hersch, who also attended Mr Biko, has repeatedly said he would welcome an open inquiry into the role he played.

Four other doctors supporting Prof Ames's demands are Prof Phillip Tobias, dean of the University of the Witwatersrand Medical School, Prof T. Jenkins, head of the Wits Department of Genetics, and two Durban doctors, Dr M. Robertson and Dr Eddie Barker.

Asked whether the council was now considering the possibility of holding an open inquiry, the president, Prof Frans Geldenhuys, said he could give no further information.

"This is an administrative matter. We are following normal council procedure. The matter is sub judice," Prof Geldenhuys said.

The council has now received at least three demands for a full inquiry since Mr Biko's death.

The first complaint, laid by a layman, Mr Eugene Roelofse, was not followed up by the council's preliminary committee which recommended that no action be taken against the doctors who treated Mr Biko in a Port Elizabeth jail.

Another formal demand was also made last year by the hundreds-strong all-black Health Workers Association, then called the Transvaal Medical Society.

Yesterday a spokesman for the black group, Dr Yusef Varavia, said he had not been advised by the council that it had reacted to complaints.

# Council

## probes

ARGUS 10/1/83

## Biko

## doctors

Argus Correspondent

PRETORIA. — The South African Medical and Dental Council has launched a preliminary inquiry into the role of four doctors who treated black consciousness leader, Steve Biko, before his death in detention.

The part played by Port Elizabeth neurological surgeon, Dr R J Keeley, will be investigated for the first time.

The other doctors are Dr Ivor Lang, Dr Benjamin Tucker, both district surgeons, and a physician, Dr Colin Hersch. They all practised in Port Elizabeth where Mr Biko was held in custody before his death in September 1977.

### COMPLAINTS

The inquiry follows complaints to the council by five prominent medical doctors.

Professor Frances Ames, Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker called for a full public inquiry into the conduct of the four doctors in February last year.

Almost a year later, a preliminary committee has been set up by the council.

The registrar, Mr N M Prinsloo, confirmed today that details of the charges have been sent to the four doctors. They have until January 18 to reply.

### FIRST STEP

Mr Prinsloo emphasised that the formation of the committee was only the first step in a full inquiry.

"This is normal procedure when the council receives a complaint. A preliminary committee is set up to investigate the charges. It will then make recommendations whether a full disciplinary hearing should be convened or not," said Mr Prinsloo.

He could not say when the committee would complete its investigations.



# Biko: Probe of doctors?

CAPL TITLES 10/1/83

93

Own Correspondent

DURBAN. — The South African Medical and Dental Council has taken the first steps towards what could be an inquiry into the professional conduct of the doctors involved in the Biko affair.

The council has sent a list of questions to the doctors concerned, asking them to submit explanations for their actions when they treated the black consciousness leader, Steve Biko, before he died in detention in 1977.

They are Port Elizabeth district surgeons Dr Ivor Lang and Dr Benjamin Tucker, and a physician, Dr Colin Hersch.

In February last year, Prof Frances Ames, head

of the department of neurology at Groote Schuur, led a group of doctors who petitioned the council for a full public inquiry into all aspects of the treatment of Biko by the doctors concerned.

Dr Eddie Barker of Durban, who supported Professor Ames's demands, said yesterday the council was following normal procedures after having received a complaint.

"The council invites the doctors concerned to respond to the complaints after which the committee of preliminary inquiry weighs up the issue and decides whether a full disciplinary inquiry should take place. This could take a few months," Dr Barker said.

# No comment on new Biko inquiry moves

By RAYMOND HILL

TWO of the doctors involved in the Biko affair, Dr Benjamin Tucker and Dr Ivor Lang, both of Port Elizabeth, have refused to comment on the possibility of a fresh inquiry by the South African Medical and Dental Council into their professional conduct.

They and Dr Colin Hersch, also of Port Elizabeth, treated Mr Steve Biko, the Black Consciousness leader, before he died in detention in 1977.

When asked today to comment on the possibility of a fresh inquiry to be held by the council into the Biko affair, Dr Hersch said the matter was *sub judice*.

Dr Hersch confirmed that the council had written to him about the proposed inquiry, but he declined to say whether he would respond to the council's invitation to reply to the alleged complaints about Mr Biko's treatment.

Dr Tucker and Dr Lang refused to comment on the matter, according to a woman who answered the telephone at the District Surgeon's Office.

The council has sent a list of questions to each of the three doctors concerned asking them to submit explanations for their actions when they treated Mr Biko before he died.

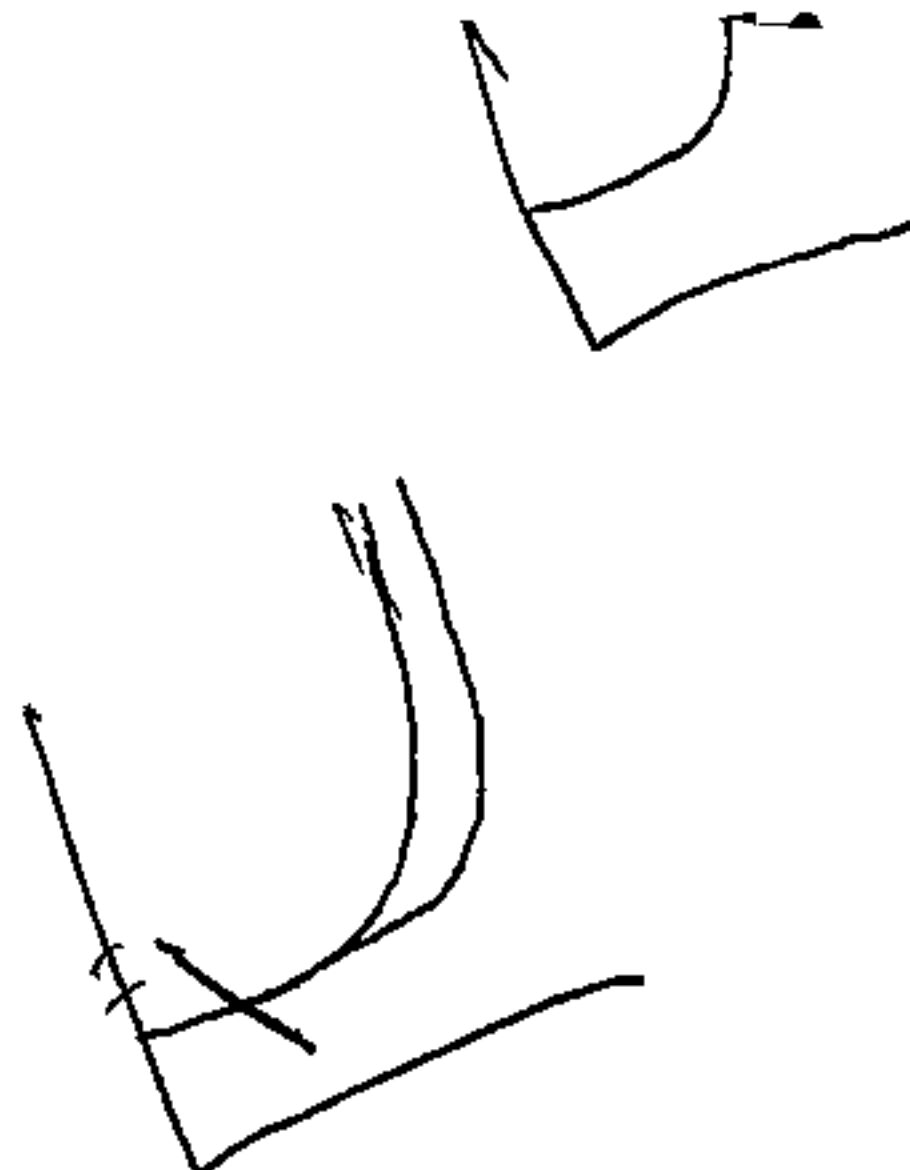
The registrar of the council, Mr N Prinsloo, was reported to have said the proposed inquiry may be instituted as a result of complaints laid by doctors.

In February last year Professor Frances Ames, head of the Department of Neurology at Groote Schuur Hospital, led a petition by a group of doctors to the council for a full public inquiry into all aspects of Mr Biko's treatment by the doctors concerned.

The demands were for a full public inquiry into all aspects of the treatment of Mr Biko and the conduct of the doctors.

Four other doctors supporting Prof Ames's demands were Prof Philip Tobias, dean of the University of the Witwatersrand Medical School, Prof T. Jenkins, head of the Wits Department of Genetics, and two Durban doctors, Dr M. Robertson and Dr Eddie Barker.

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10/1/83  
Biko doctors  
questioned (93)

Mail Correspondent

DURBAN — The SA Medical and Dental Council has taken the first steps towards what could be a fresh inquiry into the professional conduct of the doctors involved in the Biko affair.

The council has sent a list of questions to the doctors concerned and has asked them to submit explanations for their actions during their treatment of black consciousness leader Steve Biko before his death in detention in 1977.

The doctors are Port Elizabeth district surgeons Dr Ivor Lang and Dr Benjamin Tucker, and a physician Dr Colin Hersch.

# Biko doctors face medical inquiry

93 Staw  
10/1/83

Pretoria Correspondent

The South African Medical and Dental Council has begun a preliminary inquiry into the role of the four doctors who treated Black Consciousness leader Steve Biko before he died in detention in 1977.

The part played by Port Elizabeth neurological surgeon Dr R J Keeley will also be investigated for the first time.

The other doctors are Dr Ivor Lang, Dr Benjamin Tucker, both district surgeons, and Dr Colin Hersch. They all practised in Port Elizabeth,

where Mr Biko was held in custody.

The inquiry follows complaints to the council by five prominent medical doctors. Professor Frances Ames, Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker called in February last year for a full public inquiry into the conduct of the four doctors.

The registrar of the preliminary inquiry committee, Mr N M Prinsloo, confirmed today that details of the charges had been sent to the four doc-

tors. They have until January 18 to reply.

Mr Prinsloo emphasised that the formation of the committee was only the first step in a full inquiry.

"This is normal procedure when the council receives a complaint. A preliminary committee is set up to investigate the charges. It will then make recommendations whether a full disciplinary hearing should be convened or not."

At the council's last meeting, a decision was made that all future disciplinary hearings should be heard in camera. Mr Prinsloo said the decision had to be approved by the Minister of Health. At this stage, disciplinary hearings are still being held in public.

The five doctors who complained threatened last October to take legal action if the council did not respond.



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11/18/83

# SAMDC quizzes the Biko doctors

By LIZ MCGREGOR

DID the doctors involved in the care of Steve Biko regard themselves as being responsible to their patient or to the Security Police?

This is one of the crucial questions the South African Medical and Dental Council has sent to the doctors concerned, according to Professor Frances Ames, the spokesman for a group of doctors seeking a full public inquiry into Mr Biko's death in detention over five years ago.

It is understood the deadline for the doctors' replies is January 18.

The questions were based on proceedings during the inquest into Mr Biko's death and were all related to how he was handled by the doctors, Prof Ames said from Cape Town yesterday.

Prof Ames added the group had called for the inquiry in February last year. There had been an "unbeliev-

able delay" on the part of the SAMDC in acting on the call.

She said the inquiry was aimed at all the doctors involved in the management of Mr Biko. This included Dr Benjamin Tucker, Dr Colin Hersch, Dr Ivor Lang and Dr R J Keeley, a Port Elizabeth neurological surgeon.

Mr N Prinsloo, SAMDC registrar, confirmed yesterday the questions had been sent.

He said in terms of South African Medical and Dental Council policy, doctors against whom a complaint has been made were required to give an explanation by a certain date.

However this deadline could be extended "if there is a valid reason for doing so". He said he was not sure whether the deadline for the explanations was January 18.

The complaints committee considers the complaint and explanation and decides whether to call for a disciplinary hearing.

13/1/82 (93) 2014

# Deadline looms for medical fee hike bid

By GERALD REILLY  
Pretoria Bureau

DEMANDS for increased fees by the medical profession will have to be met by the Minister of Health, Dr Nak van der Merwe, by January 26.

Doctors, dentists and physiotherapists submitted their demand to him in November last year. Doctors want an increase of 17,8%, dentists 30%, and physiotherapists want 13,8%.

But Pretoria sources said yesterday the Cabinet is unlikely to agree to increases greater than the current 14% inflation rate. The sources expect the Minister to refer the demand back to the South African Medical and Dental council.

Since November 1979, doctors fees have gone up nearly

70% — 52% in November 1979, 9,9% in November 1981 and 6,6% in August last year. Dr. Van der Merwe will probably take into account the overall increase in the costs of illnesses — as claimed by the medical profession — when deciding on any new fee scale:

- Private hospital fees have gone up at least three times in the past two years;

- Last year provincial hospital fees also increased substantially;

- The costs of drugs and medicines are continually escalating;

- Doctors claim their practice costs have increased by more than 20% in the past 12 or 14 months; and,

- Salaries of medical personnel, including nurses, employed by doctors, have also increased by 25%.



GCP Reporter  
16/11/83 GCP

# Tuesday deadline on Biko probe

IF THE South African Medical and Dental Council's latest move to reopen the dossier on the Biko doctors falls flat, it could face a Supreme Court interdict compelling it to hold a full and open inquiry.

Dr. Joe Variava, vice-president of the Healthworkers' Association, said this week: "We still have misgivings about the probe and are greatly concerned that it has taken more than five years to get to the heart of the matter."

"Should the new probe not get off the ground, we will take the matter to the Supreme Court and seek an interdict forcing the council to hold a full and open inquiry."

Dr. Abu-Baker Asvat, Azapo's health secretary, also expressed doubts about the probe. "We are not sure whether an inquiry will be held in open or closed session. If it is held behind closed doors,

it will raise serious suspicion," he said. The SAMDC has sent a series of questions to the doctors who treated Biko before his death in detention in September, 1977. They have until Tuesday to respond and the SAMDC will then decide whether to take the matter further.

When the probe was announced earlier this week, Professor Francis Ames, spokesperson for the group of doctors who have called for the new inquiry, criticised the "unbelievable delay" on the part of the council in responding to the call.

*sample, what is it?*

288  
93

# Praise for Maputo from Marius Barnard

Saw  
18/1/83

A Progressive Federal Party Member of Parliament, Dr Marius Barnard, has become the first South African MP to visit Mozambique since independence.

Dr Barnard, who left Maputo yesterday after a three-day visit, was invited by the Maputo Central Hospital in his capacity as a leading heart specialist.

Before leaving, he told local journalists that he would be prepared to op-

erate in Mozambique, according to the official news agency AIM.

Dr Barnard said: "I am most pleased with what the medical profession has achieved in bringing health to the people

"If we can carry on with our association I think that cardiac sur-

gery in its full sense will come to Mozambique, certainly within 10 years."

## APARTHEID

According to AIM, Dr Barnard "reluctantly" admitted there were inequalities between black and white in South African health services.

His criticisms of apart-

heid were well known, Dr Barnard told AIM.

Speaking in Johannesburg on his return today, Dr Barnard said he felt strongly that South African doctors should be playing a role in promoting health services in Mozambique.

He said that after the war there were only 40

doctors and 30 dentists left in Mozambique to serve a population of 13 million.

The number of doctors had since risen to about 450, most of the additional doctors coming from Western European countries.

He said that medical experience in Mozambique would be of great value to South Africa.

Dr Barnard also recently visited Rumania where he was the official guest of the Minister of Defence and where he looked at health services.



# Barnard offers ~~to help~~ to help Maputo

ADM 93  
20/1/83

By JOSE CAETANO

DR MARIUS Barnard, the South African heart specialist and Progressive Federal Party MP for Parktown North, has just completed a three-day visit to Maputo where he offered to help Mozambican heart surgeons in operations and specialists with their research.

Dr Barnard visited Maputo at the invitation of Professor Carlos Mazargao, Head of the Department of Cardiology at Maputo University and leader of the cardiology unit of Maputo Central Hospital.

Prof Marzagao, a 44-year-old Mozambican, is a former member of Dr Chris Barnard's heart transplant unit at Groote Schuur Hospital in Cape Town.

During his stay Dr Barnard visited the cardiology unit of the Maputo Hospital. He said afterwards he was impressed with the work being done there.

Speaking at a Press conference before his departure from Maputo on Monday, Dr Barnard said: "I am most pleased with what the medical profession has achieved in bringing health to the people."

"If we can carry on with our association I think that cardiac surgery in its full sense will come to Mozambique within 10 years."

At present the cardiology unit of Maputo Central Hospital is capable of performing open heart operations and inserting pacemakers.

Dr Barnard is the first member of the South African Parliament to visit Mozambique since independence in June 1975.

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ARGUS 20/1/83  
**Medical**  
**fees rise**  
**refused**

Argus Correspondent

PRETORIA. — Proposed tariff increases for doctors and dentists have been turned down by the Minister of Health and Welfare, Dr Nak van der Merwe.

The South African Medical and Dental Council recently agreed to an average 17,8 per cent increase for doctors contracted into medical aid schemes and 30 per cent for dentists.

The registrar of the council, Mr Nico Prinsloo, said today the Minister had not approved these increases and the matter had been referred back to the tariff committee.

A 13,8 per cent increase in fees for physiotherapists was approved.



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Brixton Murder and Robbery  
of the call, and a spokesman  
o contact the investigating  
Dan "Staal" Burger



MRS ALLISON WEINBERG  
ran a lonely hearts club

# Doctors' plea for fee rise turned down

By GERALD REILLY  
Pretoria Bureau

THE Minister of Health, Dr  
Nak van der Merwe, has re-  
jected a recommendation by  
the SA Medical and Dental  
Council that doctors' fees be  
raised by 17,8%

A recommendation that  
dentists' fees be increased by  
30% has also been turned  
down.

Both issues have been re-  
ferred back to the council,  
and new submissions to the  
Minister are expected before  
the end of next month

The Minister has three  
months in which to respond  
to a request for increases  
from doctors and dentists  
which means modified tariff  
adjustments are not likely to  
come into operation before  
May

The Minister has, however,  
approved an increase in phy-  
siotherapists' fees of 13,8%

Medical aid scheme  
sources yesterday applauded  
the Minister's action in re-  
jecting the big tariff in-  
creases suggested by the  
medical council.

They claimed that doctors'  
increases of 52% at the end of  
1979 and 6,6% in October last  
year "still have a lot of fat on  
them".

Doctors however claim  
their practice costs — staff  
salaries equipment, and  
their general costs of living  
— had escalated steeply  
since the last increase was  
approved

Professor J N de Klerk,  
chairman of the council of  
the Medical Association of  
South Africa, said last night if  
the tariff of fees for medical  
services was not adjusted to  
a realistic level the relative  
income position of doctors  
who were contracted in  
would be drastically weak-  
ened and many of them  
would struggle to survive  
economically. DON MAR-  
SHALL reports

Commenting on the Min-  
ister's decision, Prof De Klerk  
said Masa would do every-  
thing in its ability to have the  
statutory tariff of fees ad-  
justed to a realistic and rea-  
sonable level as soon as  
possible

In certain cases consulting  
room rentals for 1983 had in-  
creased by as much as 100%  
while staff salaries, especial-  
ly those of nurses, had also  
increased considerably since  
the last tariff adjustment, he  
said.

# 'Short' Artes show

By IAN REID  
TV Editor

THE best news on the SABC-  
TV 1's front this year is that  
the Artes Awards on March  
26 won't be broadcast live

Instead, the corporation  
has decided to edit the occa-  
sion first and rather than  
having a spectacular gala  
evening the whole event will  
take place in Studio 5 at the  
broadcast centre. Also only  
about 450 specially invited  
guests, including nominees,  
will be able to attend.

And this is also going to  
save the corporation a  
"bomb" because they won't  
have to book a theatre nor  
will they be jetting out any  
overseas stars to enhance the  
occasion — and which nor-  
mally costs something like  
R250 000.

But this saving, according  
to the SABC, is not the main  
reason for making the Artes  
"less spectacular" this year.

The idea behind the new  
approach is to make it a  
more intimate ceremony for  
SABC staff members.

On the evening of March  
26, the cameras will be run-  
ning from 5.30pm until 6pm  
recording the radio award  
winners From 6pm until  
6.30pm the TV award win-  
ners will be recorded and  
then it's over to Ken Kirsten,  
who will have just over two  
hours to edit the occasion  
before it appears on viewers  
screens at 8.46pm

Included in the pro-  
gramme will also be the vari-  
ety sequences which will  
have been recorded the pre-  
vious week. The award cere-  
mony should end by 9.45pm  
or 10 o'clock at the latest.

# Storm over Fagan's release from clinic

London Bureau

LONDON. — Enraged gov-  
ernment politicians yester-  
day demanded an explana-  
tion from the British Prime  
Minister and Home Secre-  
tary for the unexpected re-  
lease from hospital of men-  
tally-ill Buckingham Palace  
intruder Michael Fagan

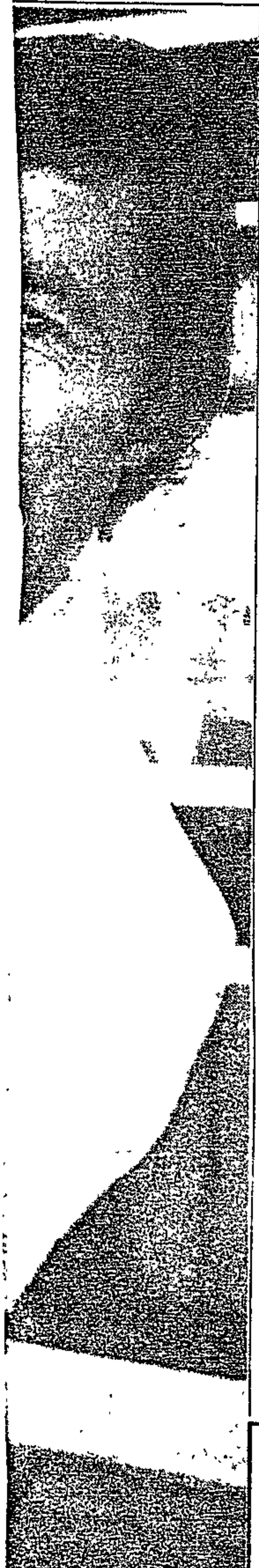
Conservative MPs Mr  
Keith Stanton and Mr  
Faith were "aghast" at the  
amounted to an "incompre-  
hensible" decision by an ap-  
peal tribunal on Wednesday  
night to release Fagan from  
the Park Lane mental hospi-  
tal where he has been since  
last July.

Fagan, 32, declared undy-

ing love for the Queen and  
last July 7 entered Bucking-  
ham Palace by climbing  
through a window. He saun-  
tered into her bedroom and  
after sitting down on the bed  
dripping blood from a cut on  
his hand, spent 10 minutes  
talking to the her.

Mrs Faith asked Prime  
Minister Mrs Margaret  
Thatcher in Parliament yester-  
day to review the Mental  
Health Act in view of the "ex-  
treme concern" about Fa-  
gan's release.

Outside the Park Lane  
clinic Fagan was jubilant. "It  
has been a hell of a year for  
me but justice has finally  
been done. I am overjoyed,"  
he said



side to face the West  
enzie, who finally gets  
today's match.

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We may be forced to quit, say medics

# Doctors furious at decision on tariffs

93 2004 22/1/83

By LIZ MCGREGOR

JOHANNESBURG doctors yesterday expressed outrage at the Government's refusal to increase their tariffs.

They said that the consequent failure of doctors' incomes to keep pace with rising costs might force many to contract out of medical aid or to leave private practice altogether.

Dr Nak van der Merwe, Minister of Health and Welfare, this week turned down a recommendation by the SA Medical and Dental Council that doctors' fees be increased by 17,8%.

The SAMDC is expected to make a new recommendation to the Minister before the end of next month.

Doctors were granted a 6,6% increase in October last year. Their pre-

vious increase was in November 1979, when they were granted 52%.

A doctor with a busy central Johannesburg practice said he had recently been forced to move premises because his rent had been increased from R650 to R1 835.

His overhead costs — which included rent, salaries, petrol, drugs and the services of an accounting company — came to R6 000 a month. His income on paper was between R9 000 and R10 000. However, some patients were slow to settle their bills and medical aid societies took up to four months to settle accounts.

A Soweto doctor with a half-day practice said his overhead costs were: rent R80; wages R500; water and lights R15; petrol R150 and medicines between

R1 200 and R1 500.

His income was about R3 500 a month.

Dr E Prinsloo, senior assistant secretary of the Medical Association of South Africa, said that on average, South African general practitioners spent 42% of their income on overhead costs.

Specialists spent 45% of their incomes on these.

A survey by the Human Sciences Research Council in 1981 revealed that the average salary for a GP was R30 000 a year. For a gynaecologist it was R43 000, for a physician R35 600, and for a surgeon R44 000.

The South African Indian Council is to meet Dr Van der Merwe to ask the Minister to resist any further attempts by doctors to get an increase in medical fees.

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1980				52	52	

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S. Times  
23/11/83  
93  
248

# Barnard aids Mozambique

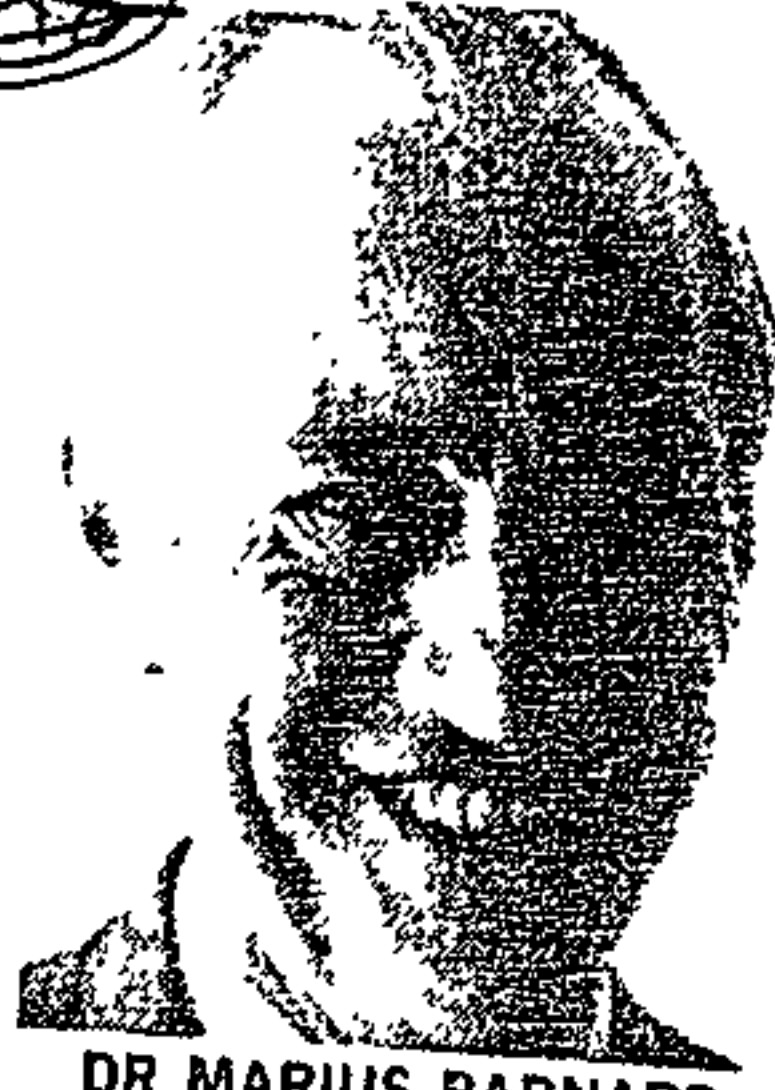
By NEIL HOOPER

DR Marius Barnard and Mozambican doctors have drafted an aid plan for newly graduated South African doctors to work in Mozambique for short periods.

The country has only 400 doctors and about 30 dentists to treat its population of 13-million, said Dr Barnard, PFP MP for Parktown, who has just returned from a working visit to the country.

"We mustn't wait until there is an epidemic or famine before we help. At the end of the line there is a patient who needs medical aid."

Before visiting Mozambique the brother of heart-transplant pioneer, Professor Chris Barnard, paid his fourth visit to communist Romania, as an official guest of the Minister of Defence,



DR MARIUS BARNARD  
We mustn't wait to help

General Constantin Olteanu.

During the visit to Romania he was involved in twelve open-heart operations and saw between 400 and 500 cardiac patients, some of them at the Spitalul Central Mili-

tary Cardiac Unit at Bucharest.

Dr Barnard believes the success of his trips to Romania and Poland, where he has performed two operations, made his trip to Mozambique possible.

"I think my Romanian visits showed Mozambique that I had gone there as an ordinary person trying to help rather than trying to make a big deal out of it," he said.

"My visit to Mozambique was on similar lines to those to Romania. I was the guest of the Department of Health and visited the Central Hospital."

"I had discussions with officials of the department and heard that after the collapse of Portuguese rule just over seven years ago, the country was left with only 40 doctors

and, initially, no dentists or para-medical officials.

"They are now training about 30 doctors a year in Mozambique, and have got others from overseas, but there are still only 400 doctors and 30 dentists to treat their entire population of 13-million."

Dr Barnard said that under the circumstances the Mozambique health authorities were doing a "tremendous job" and were able to reach 40 percent of the population because of good planning.

Private doctors in Mozambique told Dr Barnard that liberation movements operating in the country — apparently with South African support — were causing real problems in the medical fields.





# Rural hospitals are the worst-hit

## Shortage of doctors acute in KwaZulu

African Affairs  
Correspondent

KWAZULU is facing an acute shortage of doctors to man rural hospitals and in the case of one of them, Catherine Booth Hospital at Amatikulu, there is only one medical superintendent to attend to a huge area stretching from the Tugela to the Umhlatuzi River.

The superintendent, Dr G Mothilal — the only Indian medical officer in KwaZulu hospitals north of the Tugela — said he had offered his services about two years ago when he realised that Catherine Booth Hospital had not had a full-time doctor for six months when the previous incumbent left for Australia.

Although also in private practice, the doctor said he now devoted more of his time to the hospital and the four clinics scattered about the vast region.

Dr Mothilal said Catherine Booth Hospital and the clinics together treated nearly 50 000 cases a year. These related mainly to water-borne diseases such as bilharzia and cholera as well as measles and children's ailments.

The medical superintendent said malnutrition was at the root of a large number of cases. Tuberculosis was still a major problem in the area.

Dr Mothilal said that, for the first time an Army doctor had been posted to the hospital to relieve the shortage.

The director of hospital services in KwaZulu, Dr Darryl Hackland, said yesterday that KwaZulu was receiving considerable help from medical personnel seconded by the Army. At present there were 32 Army doctors working in KwaZulu hospitals as well as 10 dentists, three pharmacists and an optometrist.

### Bursaries

Dr Hackland said, however, that there were still five medical superintendents' posts vacant in KwaZulu rural hospitals. There was a shortage of three senior medical officers and five medical officers.

He said the KwaZulu Government had been trying to get substantial bursaries and loans for black students who wished to pursue medicine as a career.

The Secretary for Health and Welfare in KwaZulu, Dr M B Gumede, paid tribute to the doctors and nurses at Catherine Booth Hospital and others labouring under difficult circumstances.

He expressed the hope that more people would come forward but emphasised that at present it was difficult to find suitable candidates.



DR G Mothilal, medical superintendent for the Nsingweni area, and Sister Nomsa Shezi check the drip on a cholera patient.

1. Enter at the top of the block on the page you are answering.
2. Blue or black ink. The use of a green ink may be used for emphasis or for correction.
3. Names must be written in full (e.g. graph paper).
4. Examination book(s) are to be used.

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He expressed the hope that more people would come forward but emphasised that at present it was difficult to find suitable candidates.

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1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University



# Natal <sup>93</sup> rural ~~10~~ health <sup>2004</sup> crisis <sup>26/11/83</sup>

## Mail Correspondent

DURBAN. — There is a critical shortage of doctors in KwaZulu's rural hospitals, which have been trying to cope with major medical problems such as malnutrition-related diseases, cholera, tuberculosis and bilharzia.

In one hospital, the Catherine Booth Hospital at Amatikulu, there is only one medical superintendent for a huge area stretching from the Tugela to the Umhlatuzi River.

The superintendent, Dr G Mthilal — the only Indian medical officer in KwaZulu hospitals north of the Tugela — said he had begun working there about two years ago when he had realised the hospital had not had a full-time doctor for six months.

Although also in private practice, he now devoted more time to the hospital and the four clinics scattered throughout the region.

Dr Mthilal said the hospital and the clinics together treated nearly 50 000 cases a year. Malnutrition was at the root of a large number of cases, and TB was still a major problem, he said.

They were also trying to cope with measles and children's ailments, such as diarrhoea and vomiting.

The KwaZulu director of hospital services, Dr Darryl Hackland, said yesterday the Defence Force had posted a number of medical personnel to KwaZulu — 32 army doctors, 10 dentists, three pharmacists and an optometrist.

But, said Dr Hackland, there were still vacant posts in KwaZulu's rural hospitals for five medical superintendents, three senior medical officers, and five medical officers.

The KwaZulu Government had been "very active" in trying to get substantial bursaries and loans for black students who wished to pursue medicine as a career.

The Secretary for Health and Welfare in KwaZulu, Dr M B Gumede, paid tribute to the doctors and nurses — at Catherine Booth Hospital and others — who he said were working under difficult circumstances.

He hoped more people would choose a career in medicine, but said it was difficult at the moment to find suitable candidates for the bursaries.



# More doctors sued, says medical journal

CAPL Times 26/1/83 93

## Staff Reporter

LEGAL claims against doctors have now become fairly common and the number of claims has been on the increase, according to the SA Medical Journal.

An editorial in the journal said that one of the causes for the increase could be the publicity surrounding large awards of damages for personal injuries.

"Patients and relatives naturally identify, sometimes incorrectly, with a newspaper or television report," the editorial said.

## Bitterness

Another cause could be that expectations of medicine had become unreasonably high, so that disappointment turned to bitterness and thoughts of litigation.

The editorial said that in the United Kingdom one cause for the increase in claims was the readiness with which legal aid could be obtained by about 70 percent of the population.

The editorial said that, in order to avoid litigation, doctors should keep the highest standards of kind and courteous communication when something went

wrong.

The fact that many claims only arose a long time after the event, emphasized the need for doctors to keep good records, the editorial stated.

"It is illogical but a fact of life that in cases of claims for negligence the quality of the defendant's work is often judged by the quality of his record-keeping rather than his actual performance," the editorial claimed.

## Shortcomings

Various other shortcomings of medical practice could later bring about a claim, one being the growth of group practice. This meant that certain patients were seen by a variety of doctors, none of whom was completely acquainted with the patient's case.

According to the editorial, tyrannical or inefficient receptionists protecting their doctors had featured more and more in British claims recently.

The editorial concluded that, to avoid litigation, doctors should keep up to date, note changes in the law regarding medical practice, and notice warning notices issued about adverse drug effects.

~~209~~ (93) *Harwood*  
Q Col. 28-29

Detainees: visits by State doctors

*4/2/82*  
\*16. Dr. M. S. BARNARD asked the Minister of Health and Welfare.

Whether records are kept of visits made by State doctors for the purposes of examining persons detained in terms of security legislation, if not, why not; if so, (a) by whom are such records kept, (b) to whom do such doctors report the results of their examinations and (c) how many such visits were made in 1982?

The MINISTER OF HEALTH AND WELFARE

Yes.

(a) and (b) medical examinations are held

→

19

FRIDAY, 4 FEB

and the reports thereon are dealt with in terms of and in accordance with the provisions of the Internal Security Act, No 74 of 1962 and Government Notice No. 8467 of 3 December 1982. Copies of such reports are also submitted to the Head Office of the Department of Health and Welfare for scrutiny and safekeeping.

(c) no statistics are kept.



# TOP WILD COINTESS

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6/2/83

## Drug companies gave us trips, shares and TV sets

By MARTIN WELZ and WILMAR UTTING

PUBLIC officials and doctors in official positions accepted gifts and favours from a group of pharmaceutical companies that rocketed to success as a major supplier to South African hospitals.

The companies were the Alumina Development Corporation, headed by Mr Isaac Kaye, and its subsidiaries, which later merged with SA Druggists.

Gifts traced by the Sunday Express in the course of a two-month investigation included TV sets, overseas trips, swimming pool equipment, imported chandeliers and parcels of shares, and payment of credit card and garage accounts.

They even included in one case a hunting rifle from Austria and in an-

**MAN WHO CRACKED THE WHIP** Page 2  
**THE GIFT TO HARRY SEITEL** Page 3  
**SHARES FOR HOSPITAL OFFICIAL** Page 4

other an expensive toy for a model boat enthusiast

The practice was described by doctors as widespread and blatant while Mr Kaye headed and controlled the Alumina group. It continued for at least some time after Alumina merged with South African Druggists.

Mr Peter Goldberg, group secretary and Mr Kaye's right-hand man, admitted the practice but said Mr Kaye had personally to approve every gift or payment.

"I saw to it that he signed for them to cover my back," he said.

Among those who confessed to taking

gifts from Mr Kaye's companies was Professor Harry Seitel, professor of medicine at the University of the Witwatersrand.

"What I did was wrong," Professor Seitel said about the TV set he accepted from Continental Ethicals in 1976. "Now my career could be ruined."

Another was Mr Jack Nicholson, senior official in the Natal Provincial Administration in charge of hospital supplies.

"I was naive," he said. After being interviewed by the Sunday Express he returned to SA Druggists 500 shares which he had been given in 1979 and sent a cheque to repay a gift he had received from officials of the company a year later.

Dr G Clennar, who practices in Johannesburg, is listed in company records as having renovations costing about R500 to his swimming pool. Dr Clennar at first agreed to discuss the matter but later said he had decided to say absolutely nothing.

Dr Hendrik Krige, a Johannesburg radiologist with a major practice run at five different consulting rooms in the Northern suburbs, admitted he had accepted a Far East tour for himself, and his wife even after the SA Druggists takeover.

"I think they helped me with R500 towards our tour in September, 1978 because they hoped I would buy their product — or maybe because I was a good customer. I can't remember whose X-ray film I was using at the time at the time."

Employees and former employees of the group told the Sunday Express the systematic gift-giving was seen as an essential part of an



When he handled the deal with South African Drugists he managed to get R12,7-million. I don't know how he did it.

"When your boss tells you to do something you do it, you don't ask questions, do you understand?"

and... renovation of his swimming... cheque number 66670... mission.

# Medical men confess: We took company gifts

**From Page 1**

aggressive campaign "to win friends in high places".

It helped the group to capture the bulk of the multimillion rand State tenders for X-ray film and drugs until, at the height of its success, it merged with the giant SA Drugists group in 1977.

Asked about SAD's marketing strategies after that date, managing director and deputy chairman Mr Brian O'Donnell said:

"This could never have happened in this company. Our auditors would never have allowed it to pass. Anything beyond a luncheon is unacceptable. The mere subject I find distasteful.

"If any official in my company indulged in such practices I would insist he be called upon to publicly account for his actions."

The principal vehicles for the Alumina group's gift-giving were Continental Ethicals, which sold pharmaceuticals, and CE Electro-Medical which sold X-ray film and equipment.

Both were subsidiaries of Alumina De-

velopment Corporation, the umbrella company for the pharmaceutical empire owned by Mr Kaye and his partners:

- Mr Barney 'Dusty' Miller, who has since emigrated to London where he runs a British-based pharmaceutical company controlled by the partners.

- Mr Richard Lurie, ex-president of the Johannesburg Stock Exchange.

- Mr David Tabatznik, millionaire boss of a private hospital and nursing homes empire.

Mr Kaye, Mr Miller, and Mr Tabatznik are all millionaire pharmacists.

To smooth the way to success, the Alumina group sought the goodwill of influential people in political and medical circles, among them:

- Professor A J Brink, Dean of the Medical Faculty of the University of Stellenbosch, personal physician to South African Prime Ministers and State Presidents, member of the South African Medical and Dental Council and president of the Medical Research Council.

Prof Brink received director's fees and a company car and had shares registered in his children's names.

Dr Carel de Wet, former Minister of

Health and ambassador to London. He also accepted a directorship and fees.

- Dr Henrie Grové, director of Transvaal hospital services and his deputy, Dr G Scheepers who were both assisted to buy TV sets by Mr Kaye. Dr Grové said they had repaid Mr Kaye for the sets.

Dr Scheepers could not be reached for comment.

- Mr B D T Boshoff, member of the Transvaal Provincial Council who was later employed by the company as its liaison man to negotiate with government and provincial officials.

Comments were sought this week from the principal figures.

Prof Brink, while admitting that he received a director's salary and car from Labethica a major subsidiary in the group, said he had not attended any directors' meetings.

"I did, however, advise them on some medical matters. I have nothing further to say."

He would not discuss why his shares had been held in his children's names and denied ever having gone to Europe at the company's expense. However, when re-joined of a winter trip to Austria, he said,

yes, he did go on such a trip. He acted, he said, as a consultant on some drugs.

Dr de Wet described his directorship as "something of a mistake".

"Dave Tabatznik approached me soon after I got back from eight years in London. I might have received a director's salary, but I was never active in the company. While they might have wanted me to do introductions in government circles I cannot recall ever having got round to it,"

Dr de Wet said.

Mr Boshoff, in Cape Town for the opening of Parliament, cut short a phone interview. "I cannot help you," he said.

The Sunday Express sought an interview with Mr Kaye and was told by his secretary in Johannesburg, a Mrs Verser, that she would convey this message to Mr Kaye who is on holiday in Europe. Mr Kaye did not return the call.

His right-hand man in Alumina, group secretary and accountant Mr Peter Goldberg, said Mr Kaye had to personally approve all payments and gifts from the group.

In addition, he said, monthly schedules of all gifts and expenditure were prepared for presentation to and approval by the board to satisfy the auditors that they

were made to advance the interests of the company.

Mr Tabatznik said that while he and Mr Lurie had together been major shareholders in all the companies they had been directors in only one, Labethica, where he had regularly attended directors' meetings.

"In the company for which I was responsible as director I do not believe such practices took place. I would never have permitted them."

Mr Tabatznik was a member of the Steenkamp commission in 1978 which investigated malpractices in the pharmaceutical industry and which had recommended to the Government that it should be made illegal for pharmaceutical companies to offer any inducements whatsoever to doctors.

Mr Tabatznik said: "I still strongly subscribe to this view."

Approached yesterday, Mr Richard Lurie said he was unable to comment on the Sunday Express disclosures about gifts handed out by CE Electro-Medical and Continental Ethicals.

"I was not familiar with their daily conduct. I had not heard of this and I was unable to help you at all," he said.

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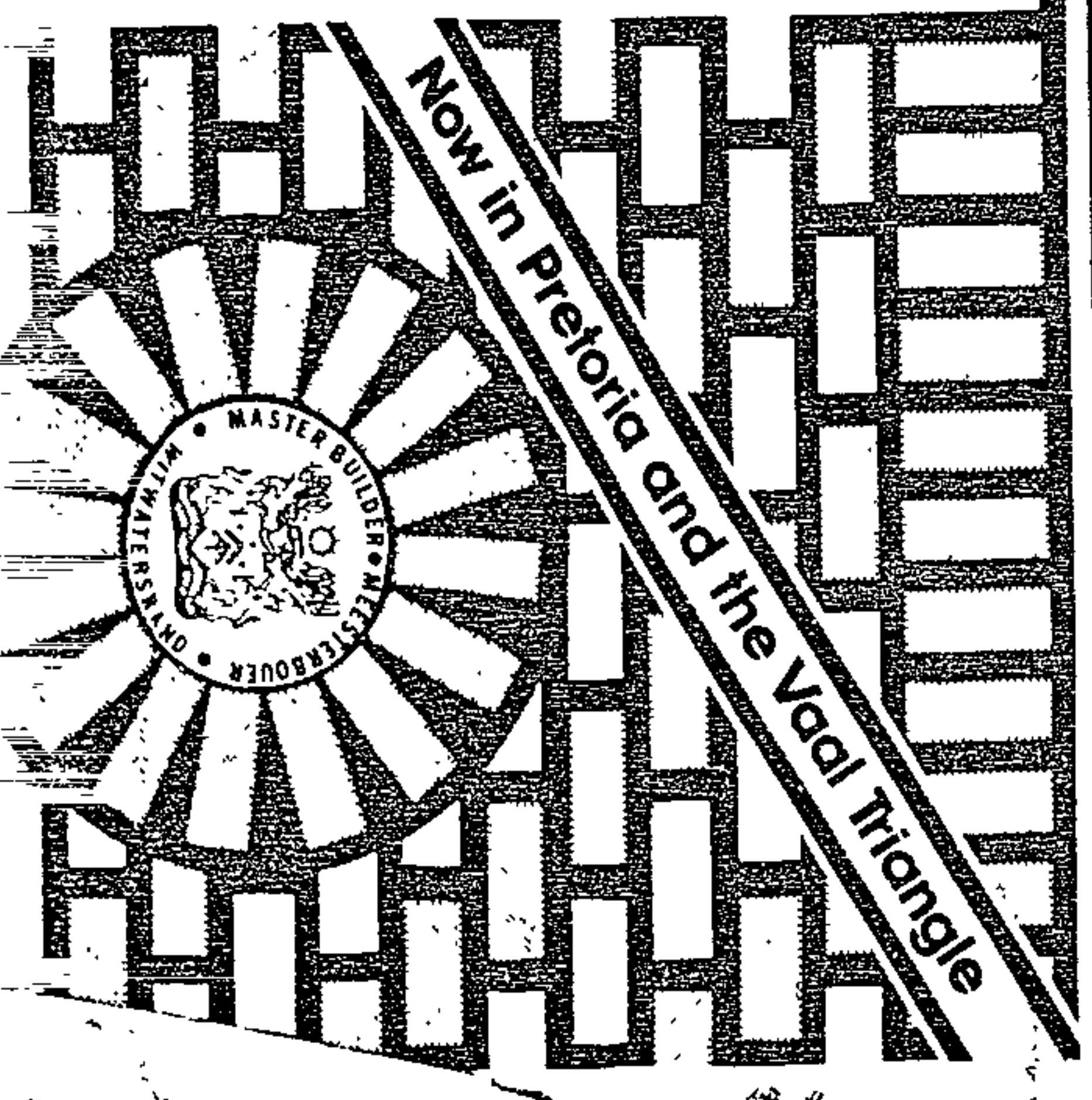
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MEDICAL PAYOFF SCANDAL

# Goldbergs cracked the whip in Kaye's empire

A CENTRAL figure in the rise of the Alumina group of companies was Mr Max Peter Goldberg, the ambitious young man beside Isaac Kaye.

It was he who cracked the whip, kicked backside, exposed mistakes and gained the hatred of some of his colleagues in his drive to impress the board of directors and climb to the top of the Alumina empire.

"I pulled Kaye's companies together as soon as I took over the financial side," Mr Goldberg said this week.

"I'm meticulous and have a memory like an elephant. And I'm cheeky. Sure, I kicked backside. Isaac had a good man in me. I am a very good salesman, I have a flair for business. I'm efficient and get things done. Top officials in Pretoria such as Dr Grove and Dr Scheepers (director and deputy director respectively of Transvaal hospital services) would phone me for advice. They knew I would sort them out." Soon after Mr Goldberg joined Mr Kaye he became the accountant in charge of the books of all the companies.

Isaac Kaye had pizzazz, a fantastic gut feel for a gap or a deal. He's a people's man, a smooth talker. "He knew everyone in Pretoria. If he needed to get to know someone he got to know them, even if he had to go through a ten-foot wall," Mr Goldberg said. He and Mr Kaye had planned years in advance where their group was going. They planned it all, he said, who would buy it and even what they would pay. "I said to Isaac Kaye we could get about R10.5-million but when he handled the deal with South African Druggists he managed to get R12.7-million. I don't know how he did it.

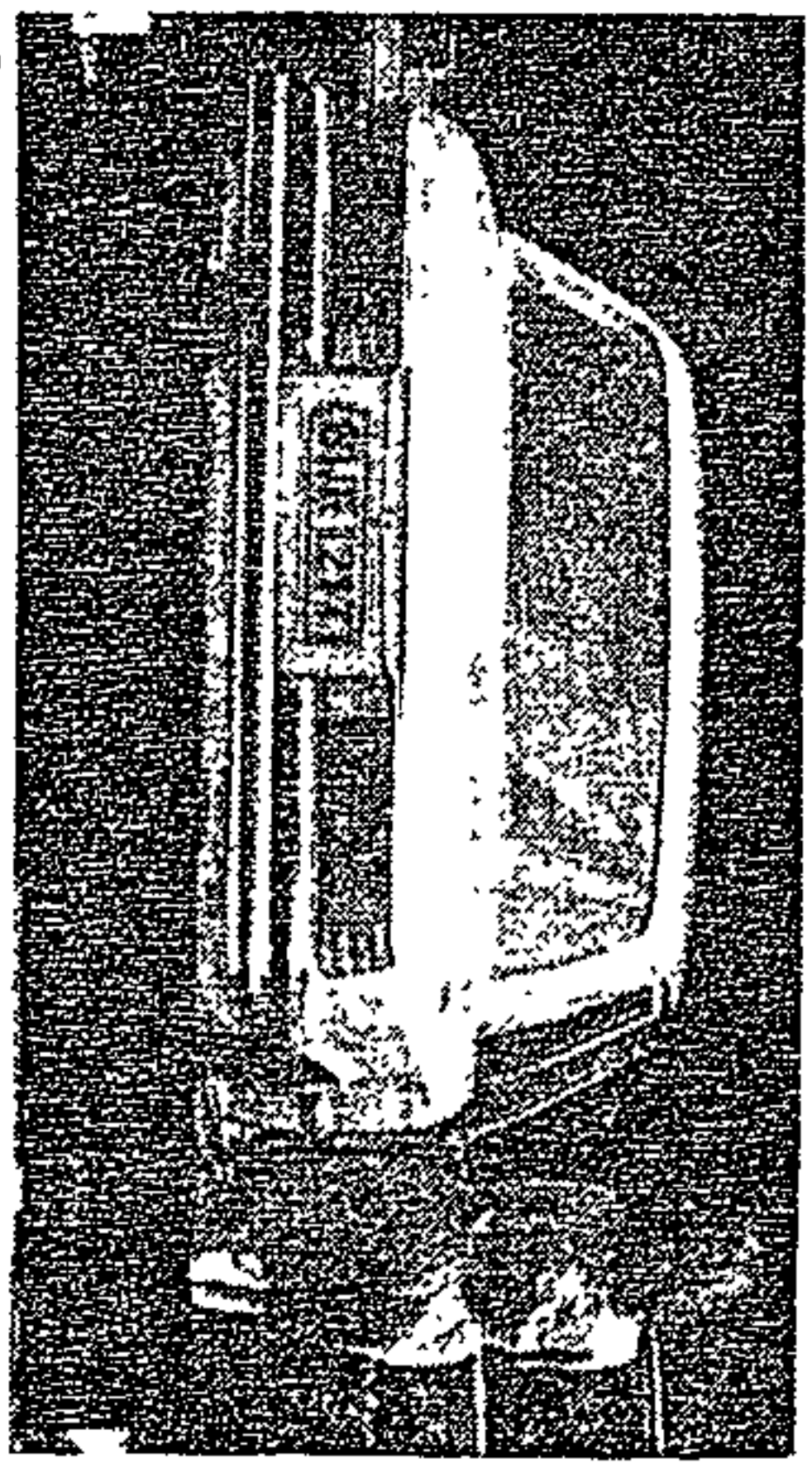
Whether it was worth what they paid I would not say." He commented on the presence of Professor A J Brink of the University of Stellenbosch and Dr Carel de Wet, former ambassador to London, on the board of a major subsidiary company, Labethica.

"Kaye cannot speak or understand Afrikaans. He used people of esteem to help him meet top people in Pretoria. "You know, having an Afrikaner on the board is like open doors," he said.

Asked about gifts to doctors and officials, he said he would regard anything costing more than R100 as unacceptable. Above that the auditors would have questions.

If there had been particular gifts made by the company, Mr Kaye would have approved them, not he. He said Mr Kaye, when TV started, had got 20 sets as a bargain and had offered them to medical friends, senior officials and Government contacts at the discount price. Mr Kaye paid in cash for 18 of them. Whether he had collected the money from the various recipients or was paying it in himself, Mr Goldberg did not know.

"I didn't ask, it was not my business. As far as I was concerned all I wanted was to square my books," he said. For two of the sets Mr Kaye collected postdated cheques from the recipients, one of them Dr G Scheepers, deputy director of hospital services in Pretoria. Pressed to explain various invoices, letters and memos signed by himself, Mr Goldberg sprang to his feet and said: "When your boss tells you to do something you do it, you don't ask questions, do you understand?"



Mr Peter Goldberg eluded photographers outside his Morningside home this week. Instead, an unknown woman drove off in his car.

## Now 'I'll talk' medic closes up

A DOCTOR whose name is listed as a recipient of gifts in Mr Isaac Kaye's company books agreed to discuss this yesterday with the Sunday Express — but then cancelled the appointment, saying: "I have thought about this and have decided to say absolutely nothing about the matter."

Dr G Glenar is named in the records of Continental Ethicals as having received as a gift the payment of two bills totalling R530 in July and August, 1977 for the renovation of his swimming pool by Field and Du Toit, a company in Craighall, Johannesburg.

The firm's bookkeeper, Mrs Midge Field, confirmed this week that according to her invoice number 7672 dated June 13, 1977 the firm had sand-blasted and re-marbled the swimming pool of Dr G Glenar at 46, 6th Street, Lower Houghton, for a fee of R530. According to her records the account had been paid with two cheques from Alumina Development Corporation: cheque number 66670

Special reports by  
**MARTIN WELZ**  
and  
**WILMAR UTTING**

for R300 dated July 19, 1977, and cheque number 67027 for R230 dated August 24, 1977. Telephoned on Friday at his Rosettenville surgery, Dr Glenar said: "I don't know what this is all about."

He added: "I have no record of anything like that, really feel I must take this matter further."

Dr Glenar agreed to meet the Sunday Express, but yesterday he refused to keep the appointment, saying: "You have no right to publish this without my permission."

# Medical men confess: We took company gifts

From Page 1

aggressive campaign "to win friends in high places".

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Health and ambassador to London. He also accepted a directorship and fees.

● Dr Henle Grove, director of Transvaal hospital services and his deputy, Dr G Scheepers who were both assisted to buy TV sets by Mr Kaye. Dr Grove said they had repaid Mr Kaye for the sets.

Dr Scheepers could not be reached for comment.

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"In the company for which I was responsible as director I do not believe such practices took place. I would never have permitted them."

Mr Tabatnik was a member of the Steenkamp commission in 1978 which investigated malpractices in the pharma-



MEDICAL PAYOFF SCANDAL

# Prof Seftel admits: I took <sup>93</sup> illegal gift from medical rep

PROFESSOR Harry Seftel, one of South Africa's best-known doctors and a campaigner for health and moderate living, admitted this week that he had accepted a gift of a TV set from a drugs salesman as a return for a favour.

"I knew it was wrong," he said in his office in the Department of Medicine at the vast Johannesburg Hospital.

"It was illegal for me to accept payment in cash or kind from someone outside the university - I am a public servant."

Prof Seftel confessed that the gift had endangered his career. He told the Sunday Express:

"I had misgivings at the time. This could be my ruin."

"I am a public servant but the salesman from Continental Ethicals offered me a TV set for testing a product for his company and I accepted because as far as I knew everyone else was doing it too."

"Now this one incident could seriously damage my credibility and the causes to which I have committed my life."

When confronted with evidence that his name was one of many which appeared as recipients of gifts from the pharmaceutical company that rapidly rose to become one of the biggest suppliers of drugs to State and provincial hospitals, the tall, lean professor said:

"When you asked me about this gift on the phone I spent a sleepless night. It is the most horrendous thing that has ever happened to me."

In the phone conversation this week Prof Seftel avoid-

ed answering questions about how he acquired his colour TV.

However, after a day of consideration he asked to meet the Sunday Express to explain the full story of how he and many other doctors had been, and still were being, given bribes by salesmen from pharmaceutical companies.

Prof Seftel's name was one of those which came to light during Sunday Express investigations into the operations of a group of pharmaceutical companies, until recently headed by Mr Isaac Kaye but now part of South African Druggists.

The professor said he had tested the effectiveness of a product from America that the local company hoped to introduce to South Africa

against a hepatitis virus. The result of his test was entirely negative, he said. It was rubbish and he said so in his report.

Prof Seftel emphasised that he had not been bribed to produce a favourable result but when he had done the work a sales representative came to see him and said that since they were not permitted to pay him cash, would he accept a "gift"?

The salesman suggested a TV set.

"I was receiving only a small salary in private practice I could earn the times as much. I had a young family, TV had just come in, and we did not have one."

"I had misgivings at the time but accepted because many of my colleagues accepted gifts - TV sets, an

overseas trip or perhaps sponsorship to a congress. Even equipment for swimming pools. And all for tests they had done for pharmaceutical companies."

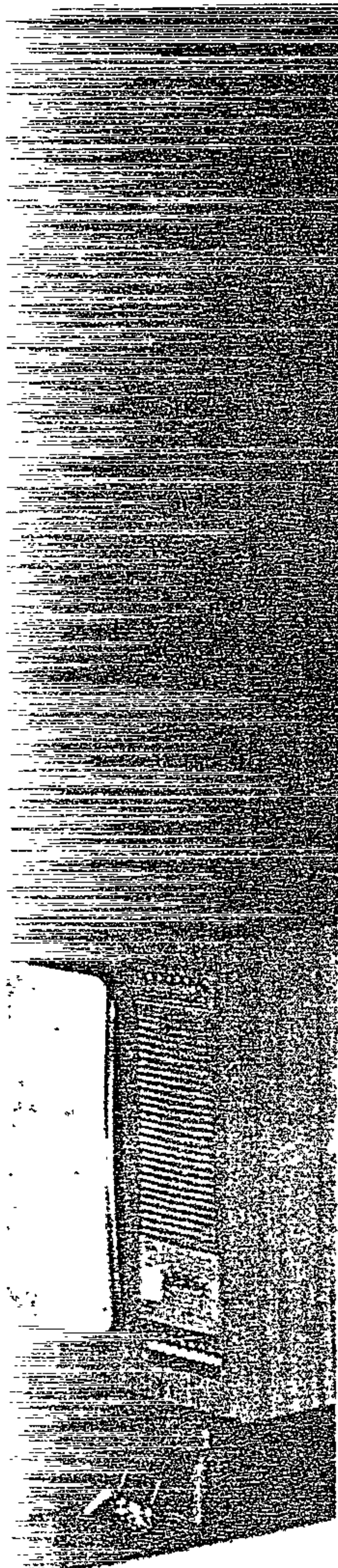
"My wife and I went to Globe Electrical to choose a set," he said.

Prof Seftel said he feared his career would now be ruined by exposure of the incident.

Asked why, if the practice was so common, doctors preserved their white-coated image, Prof Seftel said:

"They talk of medicine being a noble profession. I have always said it is no more noble than that of a carpenter or a plumber."

"It is a business like any other."



to him as a gift. Prof Seftel, admitted this week that he had a return for a favour.

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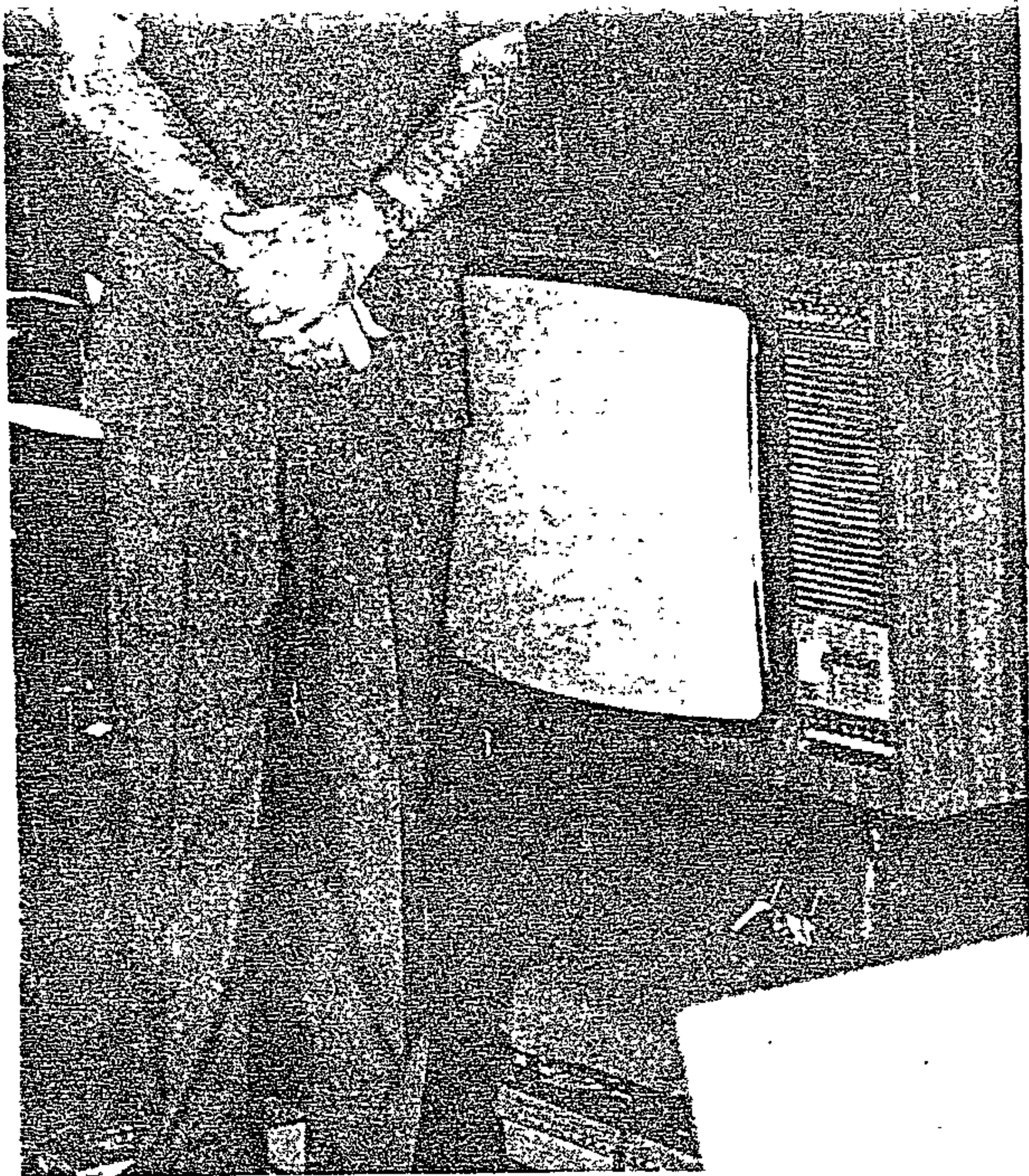
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6/2/83

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The Cream of the Crop is in Rembrandt van Rijn





● Professor Harry Seftel and his TV set . . . given to him as a gift. Prof Seftel, one of South Africa's best-known doctors, admitted this week that he had accepted the set from a drugs salesman as a return for a favour.

"I knew it was wrong," he said in his office in the Department of Medicine at the vast Johannesburg Hospital. "It was illegal for me to accept payment in cash or kind from someone outside the university — I am a public servant."

Prof Seftel confessed that the gift had endangered his career. He told the Sunday Express:

"I had misgivings at the time. This could be my ruin. "I am a public servant but the salesman from Continental Ethicals offered me a TV set for testing a product for his company and I accepted because as far as I knew everyone else was doing it too."

"Now this one incident could seriously damage my credibility and the causes to which I have committed my life."

When confronted with evidence that his name was one of many which appeared as recipients of gifts from the pharmaceutical company that rapidly rose to become one of the biggest suppliers of drugs to State and provincial hospitals, the tall, lean professor said.

"When you asked me about this gift on the phone I spent a sleepless night. It is the most horrendous thing that has ever happened to me."

In the phone conversation this week Prof Seftel avoid-

companies Prof Seftel's name was one of those which came to light during Sunday Express investigations into the operations of a group of pharmaceutical companies, until recently headed by Mr Isaac Kaye but now part of South African Druggists.

The professor said he had tested the effectiveness of a product from America that the local company hoped to introduce to South Africa

said that permitted would be The sa TV set. "I was small practice times as family, and we "I had time but many of cepted

## The of the Rembra

# I'm not the only one, says scandal Prof

PROFESSOR Seftel yesterday accused many of his colleagues of accepting rewards from drug companies and called for tighter controls on the clinical testing of medicines for such companies.

The proposal came yesterday in a statement, issued previously to the Sunday Express in which he elaborated on his acceptance of a reward in return for doing a clinical trial of a potentially useful medicinal compound.

"I believe Martin Welz and Wilmar Utting must be congratulated for bringing to the open a situation in our country which for too long has been surrounded by a myth of hypocrisy.

"On the one hand we have the pharmaceutical industry which is almost entirely responsible for the invention of new medicinal agents. In the clinical analysis these agents must be properly tested in clinical trials to determine whether they are effective and safe, and the pharmaceutical industry has consid-

erable funds or resources to sponsor such trials.

"On the other hand we have the hospital doctors like myself who for practical purposes are virtually the

the results of which are potentially of immense value to the pharmaceutical industry. It is imagined that he is some kind of modern angel who will selflessly strive for

a clinical trial and that most, if not all, received such rewards.

"Indeed I challenge any doctor to prove otherwise."

He proposed a new system which would stringently scrutinise and supervise the conduct of such trials.

This would ensure that only properly designed trials of academic or practical value are permitted and that proper records of such trials are maintained and capable of being brought to completion.

Currently the majority of trials are simply promotional, ie, designed simply to increase or facilitate the prescription of medicines whose properties are already known.

"Another essential requirement is that the results of clinical trials be published.

"In the case of the compound I tested, the results were negative. The findings were published in the British Medical Journal and the substance was effectively 'killed' for the purpose for which it was supposed to be useful."

## Next Week:

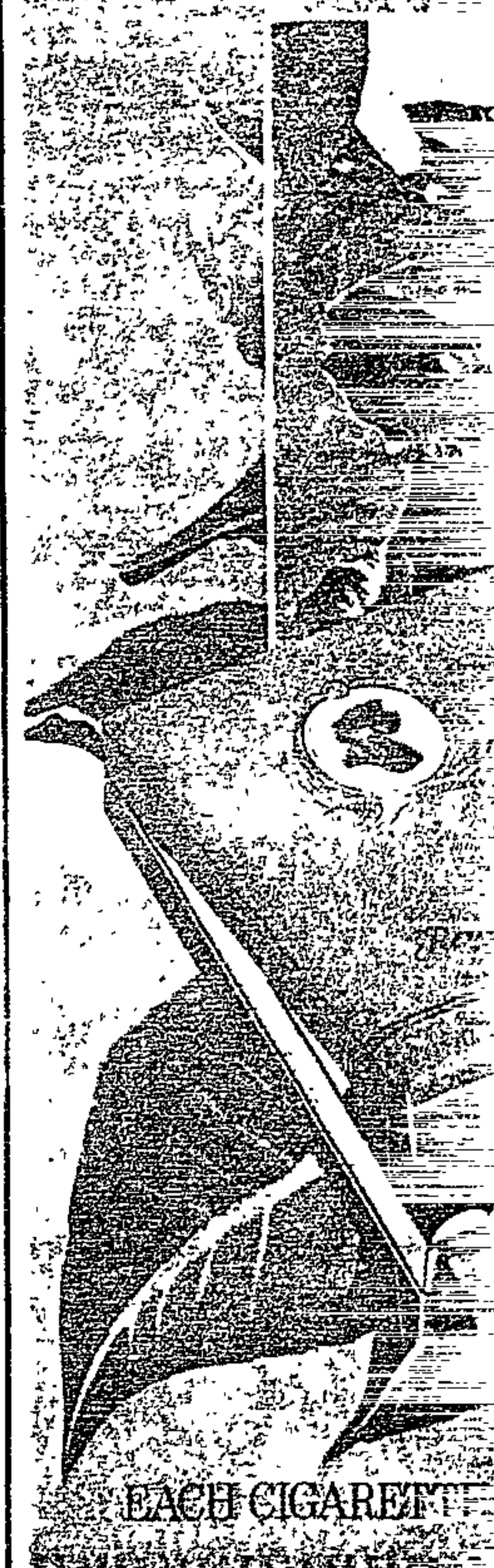
### Company directors confess: How it was done

only people who can do the testing properly. Such testing is usually very demanding in time and effort of the clinical trialist.

"It is expected that the doctor whose salary is less than magnificent will without reward sweat and strain to conduct a perfect trial,

the good of mankind and adhere strictly to his contract of employment which forbids him to accept one cent in cash or kind other than his salary.

Prof Seftel said the reality was totally different. He was certain every doctor expected to be rewarded for doing



EACH CIGARETTE



MEDICAL PAYOFF SCANDAL

# Top Natal official tells how he got radio unit for model boat

A SENIOR official in Natal's provincial hospital administration, Mr Jack Nicholson, admitted this week that he had accepted two gifts — 500 shares in South African Druggists and a control unit for his model boat — from employees of a group of drug companies headed until recently by Mr Isaac Kaye.

Mr Nicholson, the man in charge of hospital supplies for the province, denied that he had at any time used his influence to benefit any particular drug company.

However, he said that after speaking to the Sunday Express this week he sent back the shares by registered post to SA Druggists "in case there was anything illegal or immoral in the acceptance of the shares".

He also sent the company a cheque for R482,12 to cover dividends he had received from the shares, plus interest and GST.

Mr Nicholson, confronted in his office in Maritzburg early in the week with evidence of the gifts, at first denied accepting them.

He had, he said, paid by cheque for the shares and had personally purchased the boat unit on a visit to Johannesburg. He still had the price tag to prove it.

He rose from his desk, and kneeling on the carpet, groped under a small side table to peel off a yellow price tag for R238 which he had concealed for two years.

## 'I've sent it all back in case there was anything illegal or immoral'

But in a tense telephone call a few days later Mr Nicholson read a prepared statement in which he admitted accepting the gifts but said he had never at any time used his influence to benefit any one company.

He explained that the radio control unit for his model boat was the fulfilment of a humble man's dream but that it had since become the object of sleepless nights for him.

The parcel was delivered to him in his office on the fourth floor of the Natal Provincial Building in Maritzburg by two senior officials from CE Electro Medical, a subsidiary of SA Druggists.

One of the visitors was Mr B D T Boshoff, member of the Transvaal Provincial Council, who doubled as the company's liaison man with provincial administrations. The other was the company's managing director, Mr

Frans Erasmus.

Mr Nicholson explained to the Sunday Express just how it came about that he had accepted the gifts.

After a coronary he had

been advised to take up a light hobby, and he had decided to build himself a model boat.

"I had just got R230, a nice bit of money, from the Receiver of Revenue but when I looked at radio control units in Maritzburg they were pricey and I decided to make use of my friends.

"I asked Mr Steven (then sales director of CE Electro Medical) to find me a three-to-four channel unit whole-sale in Johannesburg for a maximum of R120."

When Mr Boshoff and Mr Erasmus arrived in his office and handed over the package he had asked them, he said, how much he owed.

"They said they knew nothing of the price and said vaguely it would be sorted out later. When they had gone I opened the parcel and was absolutely shattered to see the price (R238) when I had asked them to spend

only R120.

"I drew the money and walked around with it in an envelope in my pocket for weeks until a rep from the company called on me and I

asked him to hand it to the office. I heard no more about it.

"I have used the boat only once, I sailed it on the river," Mr Nicholson said. "I am not well."

"Now I have paid twice for the unit, I feel so strongly about what has happened."

The gift of shares had come a year earlier. Investigations show that Mr Nicholson received a letter containing a certificate for 500 shares in South African Druggists, now worth about R900, from Mr Max Peter Goldberg, executive officer of Continental Ethicals, another company in the Kaye empire.

Mr Nicholson was required to sign a form and send a cheque for only R1 to Mr Isaac Kaye's company, Veritas International Promotions. Part of the correspondence is in the possession of the Sunday Express.

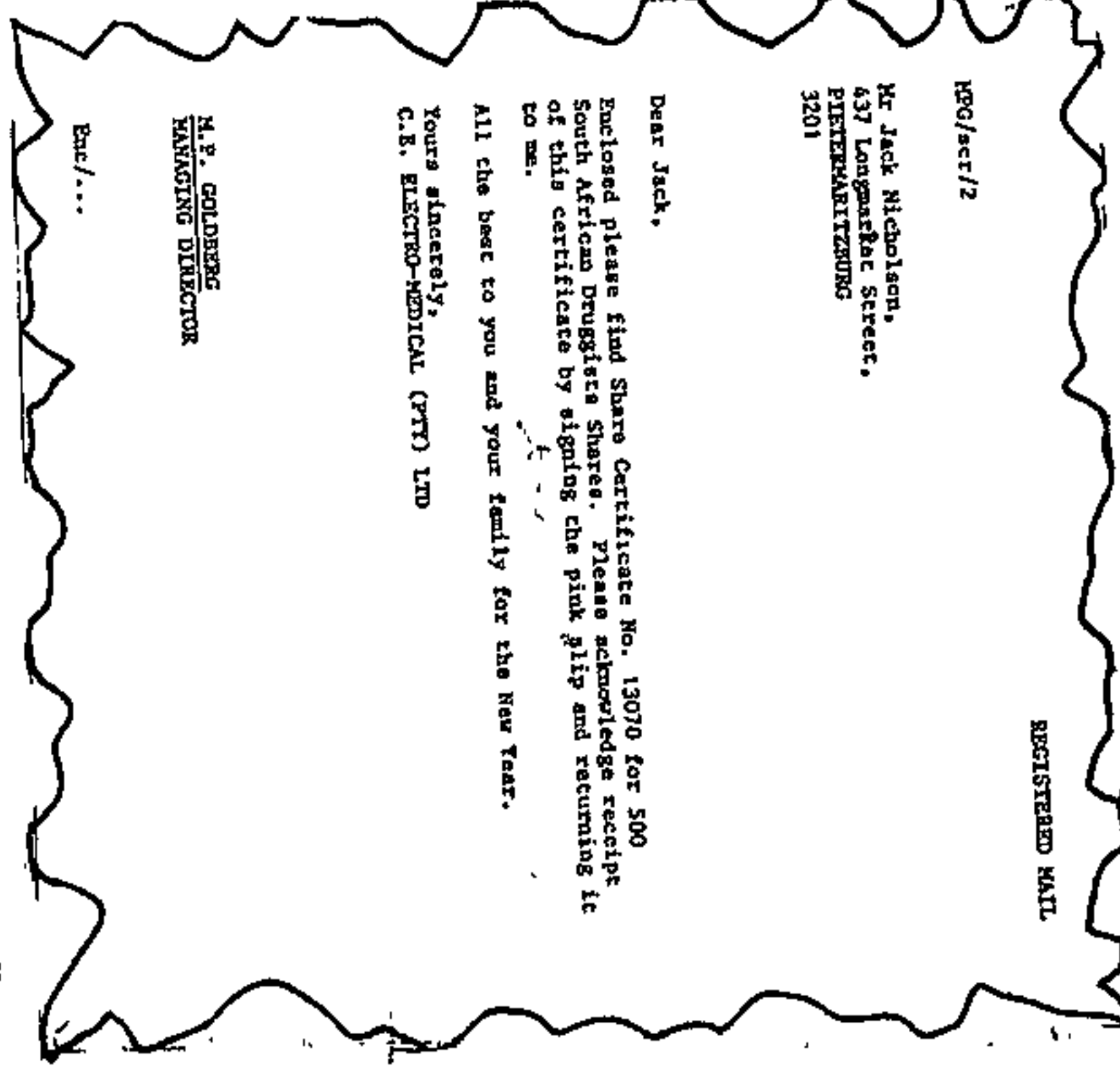
"When I phoned Peter Goldberg and asked the cost (of the shares) he said this would be sorted out later," Mr Nicholson said this week. He had accepted the shares as a gesture of genuine friendship.

Mr Nicholson said he had made sure he kept in his bank account an amount of R135 which he calculated he could be called on to pay for his shares. But he heard no more he said, although dividends of about R30 kept coming from the company every six months.

"When Mr Goldberg first offered me the shares on the telephone I thought he was offering them to me as a friend, not as someone paying me back for something I had done for him.

"When I made recommendations (to the province on tenders) I made them without any thought of benefit to myself. In fact at one time I was responsible for saving the Government R460 000 when I exposed a malpractice in a tender.

After being questioned by the Sunday Express, Mr Nicholson sent back his shares together with the Trust Bank cheque to repay the dividends he had received and to reimburse the company for the boat control unit, for interest and for sales tax.



Mr Peter Goldberg had forgotten sending shares to an official — until shown this letter.

His letter was marked for the attention of Mr Erasmus who, unknown to Mr Nicholson, left the services of SA Druggists earlier this month. Mr Nicholson started a long accompanying letter: "It appears I have been rather naive and have been misled by two employees, Mr Goldberg and Mr Lunn Steven, both of whom I sincerely believed to have been my friends."

Mr Steven, who has now left the company, said during the first telephone inter-

Mr Nicholson. Mr Boshoff, telephoned at his hotel in Cape Town, where he was staying for the opening of Parliament, said: "I don't say I did and I don't say I didn't. It's moons, moons, moons ago."

He then cut short the conversation. Asked for comment in Johannesburg, Mr Goldberg first emphasised that anything costing more than R100 would not be passed as a gift by his company. The auditors would query it, he



press that he had always made it a practice to "keep out of things like that" and that, although he had "heard things in the marketplace", he in fact knew absolutely nothing about a "boat motor".

Telephoned again the next day he said he had recalled that Mr Nicholson had asked for not a motor, but a control unit. This would have been handled by Durban office and invoiced from Durban.

During a third telephone call he said he now remembered Mr Nicholson talking to him about the control unit and that he must have asked his secretary in Johannesburg to purchase it.

Mr Erasmus said he could recall going to Maritzburg with Mr Boshoff, but they had been to see someone entirely different — not Mr Nicholson. He had never heard of a control unit for

but it is a commission he said.

First he said he had obviously assumed Mr Nicholson had paid for the shares. Then he said he must have been instructed to send the certificate by Mr Kaye.

Asked why he or Mr Kaye had not insisted on being paid, Mr Goldberg said: "I don't know, I just did what Mr Kaye told me to do, do you understand?"

"Maybe Mr Kaye was sending him some shares as a thank you for the favours he had done. He helped us a lot, he helped us out of many tricky situations.

"If he expected to pay, why didn't he? He should have insisted.

"It's nasty and I feel sorry for him. He must be religious and is now feeling guilty. Now he is just making a fool of himself."





29/93  
RDM  
9/2/83

# Detainees' group is to give evidence

By LIZ MCGREGOR

THE Detainees' Parents Support Committee is to give evidence today before the ad hoc committee investigating the medical care of prisoners and detainees.

The committee was established last year by the Medical Association of South Africa (MASA).

Professor Guy de Klerk, president of the MASA federal council, confirmed yesterday that the committee would discuss "the whole question of the medical care of detainees".

This would include matters "relating to the deaths in detention of Mr Steve Biko and Dr Neil Aggett".

Evidence given by the DPSC before the Pretoria

hearing today is likely to be based on a written memorandum submitted to the committee in October last year.

In the memorandum, the DPSC expressed "strong reservations" about MASA's failure to disclose the names of committee members and its refusal to make public evidence submitted to it.

The DPSC recommended that an independent body, preferably the International Red Cross, be set up to monitor the medical care of detainees.

Giving its reason for establishing the committee in June last year, MASA announced it "noted with concern certain reports about alleged deficiencies in (detainees') health care ..."





(93) 200H

# Detainees' parents plead with MASA

Mail Reporter 10/2/83

THE Medical Association of South Africa (MASA) yesterday heard a plea for detainees to be given full access to family doctors, relatives, friends and district surgeons.

The plea was made by the Detainees' Parents' Support Committee to the association's ad hoc committee dealing with the medical care of prisoners and detainees.

Although the committee's hearings are not public, it is understood that the DPSC merely provided oral argument for the written submission they made last year.

Some of the parents' sub-

- missions were that:
- Detainees should be given access to relatives and friends.
  - They should be allowed visual and auditory stimulation and not be kept alone in a cell.
  - They should be given access on demand to doctors of their choice and district surgeons.
  - Minimum standards should be established for diet, exercise, ventilation, heating of cells, sleeping and sanitary facilities.
  - An independent body, preferably the International Red Cross, should monitor these proposals

of credit that can be given out. There is also  
 the phenomenon "metal fatigue" - a skin  
 word from the "letter". The antibodies which  
 you have without any specific lead backing  
 him, or just worms etc. with the aid of a  
 whole package deal, the United Bank can  
 admit the terminal bank from increasing a  
 decreasing the supply of money.  
 ⑥ The terminal bank, too is important as a party  
 directly involved with the money

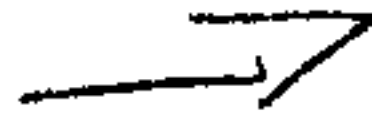




(93) ~~7/10~~ Howard A. W. 79-  
Doctors who left Republic 80

\*10. Mr H. E. J. VAN RENSBURG ask  
ed the Minister of Constitutional Develop-  
ment and Planning:

How many medical doctors left the Re-  
public permanently during 1981 and 1982,  
respectively?



†The MINISTER OF CONSTITUTION-  
AL DEVELOPMENT AND PLANNING:

1981: 53.

1982: 32 (preliminary).

†Mr. J. J. NIEMANN: Mr. Speaker, aris-  
ing out of the reply of the hon the Minister,  
can he tell the House how many medical  
doctors settled in the Republic of South  
Africa in 1981 and 1982, respectively?

†The MINISTER: Mr. Speaker, the num-  
ber was 151 for 1981 and for 1982 it totalled  
198 [Interjections.]

\*11 Mr. P. A. MYBURGH—Reply  
standing over.

\*12 Mr. P. A. MYBURGH—Reply  
standing over.

\*13 Mr. P. A. MYBURGH—Reply  
standing over.

could eventually go well beyond the simple act of trying to influence, or bribe, doctors and officials through gifts of television sets or overseas trips. Eventually it could involve management practices and the control of strategic stockpile loans.

The presence of medical doctors, including a former Minister of Health and a member of the Medical and Dental Council on pharmaceutical company boards, is also likely to be controversial. Their directorships were a seeming contravention of the spirit, and possibly the letter, of a Medical and Dental Council regulation.

Central to the row is Isaac Kave's old Alumina Development Corporation which merged with SA Druggists (SAD) in 1977 in a R12.4m deal. Peter Goldberg, former group secretary of Alumina and subsequently MD of the SAD subsidiary CE Electro Medical (CE) confirms that the gifts were given.

He denies, however, that gifts were given to provincial health officials. In one specific case, quoted to him by the *FM*, Goldberg agrees that CE had paid for a senior health official and his wife to fly overseas and subsequently for another ticket issued in London for them to travel around Europe.

But, he adds, CE was reimbursed for the cost of the tickets. Senior health officials, he says, did sometimes go overseas on trips "sponsored" by medical equipment manufacturers, but in each case the trip had to be approved by the province's executive committee. The Natal health official who received 500 SAD shares was supposed to pay for them, says Goldberg.

Brian O'Donnell, MD of SAD, says he was totally opposed to the giving of gifts greater than a bottle of whisky or a lunch. Bribes were totally foreign to SAD practice, he says.

O'Donnell confirms that SAD had been disappointed with the results from Alumina companies after taking over the group. While some companies had met the profit projections made by Alumina directors at the time of the takeover, the group as a whole had not.

However, it was difficult to recriminate as the projection had specified that group management and structure should remain the same and SAD had rationalised certain operations.

O'Donnell points out that it was difficult for SAD to know exactly what had happened within Alumina companies due to the centralised accounting system adopted by the previous management.

The centralised system also made it difficult to "hazard a statement" on talk of poor control of strategic stockpiles (financed by interest-free government loans) within Alumina.

Goldberg says that he obviously knew a great deal about the strategic stockpiles but was unable to comment due to the "secrecy undertaking" signed by all recipients of such loans. He adds that the stockpiles had been regularly inspected.

DOCTORS FM 11/2/83

Gifts row grows (93)

The controversy surrounding gifts to doctors and health officials by a large pharmaceutical company is likely to grow. The *FM* understands there is a list of as many as 70 doctors who received gifts that may become public.

But the parameters of the controversy first revealed by the *Sunday Express*



12/18/83 PFP may call talks on hospital 'payola'

Pretoria Bureau  
DISCUSSION of allegations that senior officials of the Transvaal Hospitals Department had received gifts from a drug company may continue on the Provincial Council next week despite the appointment of a commission to investigate the issue.

The Administrator announced the appointment of the commission on Thursday and confirmed his "unshakable faith" in the integrity of the officials allegedly involved.

He said he wanted to restore their good reputations.

The allegations, which appeared in the Sunday papers last weekend, named the Director of Hospital Services,

Dr Hennie Grové; his deputy, Mr G Scheepers, and the chairman of the Provincial Council, Mr B D T Boshoff.

Dr Grove and Dr Scheepers were allegedly assisted to buy TV sets.

Mr Boshoff, according to the report, was employed by the company — the Alumini Development Corporation — to negotiate with Government and provincial officials.

Yesterday, the leader of the Opposition in the Provincial Council, Mr Douglas Gibson, said there were three days left next week in the current little budget session and, if merited, he would raise the issue again during the third reading debate on the part appropriation draft ordinance

## MEDICAL PAYOFF SCANDAL

# Company director drug industry 'sw

A FORMER director of a company in Mr Isaac Kaye's pharmaceutical empire told the Sunday Express that "sweeteners" totalling as much as R50 000 a year were passed to State officials and medical men who could influence the granting of multi-million rand tenders in his company's favour.

Mr Jimmy de Villiers, a former director of Continental Ethicals and the man in charge of Mr Kaye's X-ray division, CE Electro Medical, said:

"Yes, it was I who did the dirty work and what did I get out of it? Two coronaries and damn all else.

"That is why I speak with an absolutely clear conscience."

Extensive inquiries by the Sunday Express have uncovered documentary evidence for many specific charges made by Mr De Villiers, and have produced nothing that seriously contradicts his account.

He was a director of Continental Ethicals from May 1971 until he resigned in December 1978.

He had extensive responsibilities, including the establishment and control of a major X-ray plant.

Mr De Villiers said that when CE started getting into tenders after he joined in 1964, amounts totalling between R30 000 and R50 000 a year would be spent to keep key officials and influential doctors friendly.

"In two years we had got 80% of the X-ray tenders, more than R3-million a year," Mr De Villiers said.



The Sunday Express  
investigators — MARTIN  
WELZ and WILMAR UTTING

"We had to make friends everywhere — from the girls who took the test pictures, to the university professors, hospitals stores men, the Board of Trade, the Transvaal Provincial Administration and the advisers to the State Tender Board," Mr De Villiers said.

"Some doctors and officials were always on the take. On their salaries how else could they educate their children or take their wives with them to overseas congresses?"

Mr De Villiers joined Mr Kaye as X-ray film expert in 1964. He left the company last year.

At the time he joined the group the giant American 3M company had just taken over an Italian company, Ferrania, to manufacture and market its products in Europe. They were keen to re-establish themselves in the South African market.

"We got the agency," Mr De Villiers said.

The first big tender that came their way, he said, was the State tender which at that time included supplies to the Cape Provincial Administration and the South West Africa administration.

These tenders were granted largely on the advice of

senior radiologists at universities, he said.

Professor Joe Tygerberg was and assisted the obtain introduction of the hospital staff for the use and X-ray film, Mr De Villiers.

"If you did hospital staff on you could forget the tender,"

"Sometimes it cake and chocolate girls. If that didn't take the boss and within no if he wanted

TOP EXECUTIVES of the Alumina group of companies worked assiduously to win the goodwill or friendship of top men in the Transvaal Provincial Administration, according to Mr Jimmy de Villiers, former director of Continental Ethicals.

Among those who were thus cultivated, Mr De Villiers told the Sunday Express, were Dr Hennie Grové, director of hospital services and his deputy Dr G Scheepers; Mr Malan du Preez, assistant director who handled administration; and Mr B D T Boshoff, chairman of the provincial council.

Another was Dr Grové's predecessor, Dr DP Verster, with whom the group's executives regularly played bridge.

Mr De Villiers said Mr Kaye or his accountant Mr Peter Goldberg did most of the

negotiation at top level in Pretoria.

Mr Kaye had dealt directly with Dr Grové, he said.

"Mr Kaye and Mr (David) Tabatznik regarded him as a personal friend." Mr Tabatznik was Mr Kaye's partner.

Dr Grové, who describes himself as a re-born Christian, told the Sunday Express that he had once invited Mr Kaye to a dinner in the provincial buildings where he had arranged a Jewish convert evangelist as a speaker in the hope of converting Mr Kaye and other Jewish guests to Calvinism.

Mr de Villiers said: "Dr Scheepers was also one of those for whom we arranged to get TV sets when TV first started.

"His was ordered from Globe Electric in

Wynberg and installed in his house in Pretoria by one of our technicians."

The Sunday Express has independently confirmed this.

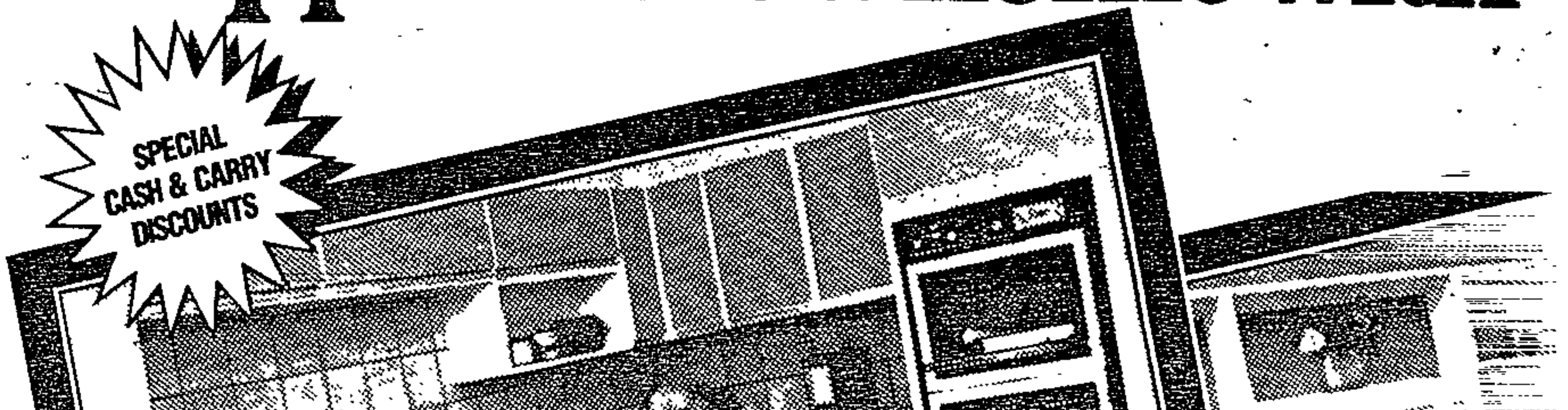
Mr De Villiers said he was a minor conduit for payment of "sweeteners". In most cases he only heard of payments in the office, though he saw the results afterwards.

"I and other company employees were often asked to take envelopes of cash to Pretoria, to doctors who tested our products before recommending them to their hospitals.

"I remember one in particular, back in 1973, when I was told to cash a cheque for R500 and take the money in notes to Prof

# Happiness is a home with

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# CAL PAYOFF SCANDAL

# any director tells of industry 'sweeteners'

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The Sunday Express  
investigators — MARTIN  
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The first big tender that came their way, he said, was the State tender which at that time included supplies to the Cape Provincial Administration and the South West Africa administration.

These tenders were granted largely on the advice of

senior radiologists and radiographers at the Cape universities, he said.

Professor Joe Muller at Tygerberg was sympathetic and assisted the company to obtain introductions to all the hospital staff responsible for the use and selection of X-ray film, said Mr De Villiers.

"If you did not have the hospital staff on your side you could forget about getting the tender," he said.

"Sometimes it was just cake and chocolates for the girls. If that didn't work you took the boss out to lunch and within no time you knew if he wanted something.

"I often got a bit acid about the gifts that some people got.

"I remember bringing that up with Isaac Kaye one day when I learned that Prof Muller (then at Karl Bremer Hospital in Cape Town) had got expensive chandeliers from Italy.

"On a trip to the 3M-Ferrania factory in Italy he and his wife chose chandeliers for their home in Cape Town. They were a gift from the company. CE imported them and paid for them and Prof Muller later showed them off to me in his home."

Prof Muller, telephoned this week in Windhoek where he is now chief radiologist following his retirement from Stellenbosch University, said he recalled acting as an X-ray film consultant to Mr Kaye.

An aged Prof Muller could

not immediately recall the chandeliers, but after consulting his wife confirmed that they had Italian chandeliers in their Cape Town home and that they might have been a gift from Ferrania.

Mr De Villiers said helpful officials in the Transvaal Provincial Administration and the Natal Provincial Administration were invaluable in that they could let CE know who had been awarded a valuable tender.

"They would tell us before they told the other tenderers. This would give us a few days to act.

"For example, if a tender to supply a number of provincial hospitals had been split 50-50 between us and a competitor we would learn which hospitals we would be supplying

"Let's say we had been allocated to supply country hospitals and our competitor had got the city ones.

"We would get straight off to the country with a note that we had been granted the tender, and would get orders for at least three months.

"Then we would come back, and again using friendly officials, we would persuade them to switch the allocations, giving us the city hospitals and the competitor the country ones.

"When our competitors went to the hospitals they would find them already committed to stocking our stuff for the three months.

...ation at top level in Pretoria.

Kaye had dealt directly with Dr ... he said.

Mr Kaye and Mr (David) Tabatznik re-... him as a personal friend." Mr Ta-... was Mr Kaye's partner.

... Grové, who describes himself as a re-... Christian, told the Sunday Express ... he had once invited Mr Kaye to a ... in the provincial buildings where he ... arranged a Jewish convert evangelist ... a speaker in the hope of converting Mr ... and other Jewish guests to Calvinism.

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"I and other company employees were often asked to take envelopes of cash to Pretoria, to doctors who tested our products before recommending them to their hospitals.

"I remember one in particular, back in 1973, when I was told to cash a cheque for R500 and take the money in notes to Prof

Wolperwitz, of the University of Pretoria and chief radiologist at Kalafong Hospital.

"I slid it across his desk at the hospital," Mr De Villiers said. "He wanted cash towards an overseas trip for his family."

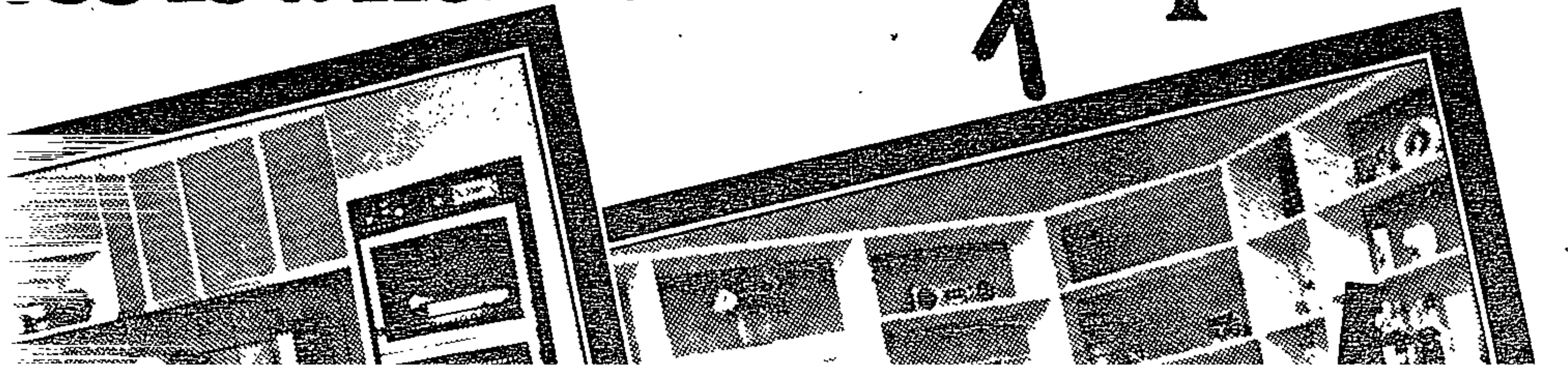
Prof Wolperwitz has since died but the Sunday Express has documentation which supports Mr De Villiers' account of this incident.

Prof Wolperwitz did the actual testing of sample film that went with the tenders.

One area which appeared to Mr De Villiers to be indifferent to CE's approaches was the Free State Provincial Administration.

Natal, too, remained loyal to Ilford film for many years.

# ess is a home with a cupboard





## MEDICAL PAYOFF SCANDAL

# SA's ethical watchdog and family profited by R30 000

ONE of South Africa's most eminent medical men, Prof A J Brink, dean of the faculty of medicine at the University of Stellenbosch and a guardian of medical ethics, had a strong but hidden financial interest in Mr Isaac Kaye's pharmaceutical empire from which he and his family profited by more than R30 000.

His interest was a holding of 4 000 shares, deeply buried in the network of companies of the Kaye group. He did not pay for the shares until Mr Kaye's Alumina group was taken over by SA Druggists, when the purchase price was

## Prof Brink and family had shares hidden in Isaac Kaye's drug empire

deducted from his share of the pay-out.

The parcel of shares was in the hands of Professor Brink and his family for two years, from 1976 to 1978. At first the 4 000 shares were held by a private company called Jamap Beleggings, which was controlled by Professor Brink and his wife, but later they were registered in the names of his four children.

All this emerges from re-

ports and documents of the Alumina group of companies which had a systematic campaign of trying to win influence in the medical world by giving doctors and officials gifts of television sets, overseas trip, swimming pools and parcels of shares.

The company records directly contradict reported statements by Professor Brink to an Afrikaans newspaper this week in which he denied drawing any profit from his relationship with the group.

Professor Brink, a long-standing member of the SA Medical and Dental Council, watchdog over ethical standards for the medical profession, has been personal physician to Prime Ministers and State Presidents. He is also president of the South African Institute for Medical Research.

Prof Brink has refused to discuss with the Sunday Express the details of his connection with the Alumina group, but he was quoted this week by Die Transvaler as saying that while he was a director of Labethica (Pty), one of the companies in the Kaye group, he had not:

- Received a company car.
- Had shares in the company registered in his children's names.
- Received compensation for the several drug trials he had done for the company.
- Received any "direct" remuneration from the company.

According to Die Transvaler Professor Brink claimed he had only assisted the company because he wished to support a South

African industry.

He said that he had received payment only for certain equipment required for the drug trials. He added that he had obtained the permission of his faculty to do the trials and that the Medi-

Special report by  
**MARTIN WELZ**  
and  
**WILMAR UTTING**

cal Council had had no objection to his serving on the board of the company.

However, the Sunday Express has documentation which shows that:

- In January, 1975 Mr Peter Goldberg, company secretary of the Alumina subsidiary company, Labethica (Pty), wrote to Prof Brink asking him to complete the necessary forms for appointment as a director.
- Although Professor Brink was not yet a director of the company, Mr Goldberg was concerned about arrangements for his car, saying: "...we have your car covered under our insurance policies, which costs us R200 per annum. We also paid your 1975 licence amounting to R19,80 and will forward it to you in due course."

Prof Brink acknowledged receipt of the letter and said he had discussed the matter with Mr Kaye.

Later, on January 27, 1975, Mr Hannes Zaaiman, the Cape director of Continental Ethicals, another Alumina subsidiary, wrote to his Johannesburg office ("copy to

Mr I Kaye") asking them to "please send the 1975 disc for Prof Brink's son's car to me. Also required (is) the 1975 receipt and registration certificate to enable me to obtain the CA registration without transfer..."

- On April 29, 1975, according to the Registrar of Companies records in Pretoria, Prof Andries Jacob Brink was appointed director of Labethica (Pty).

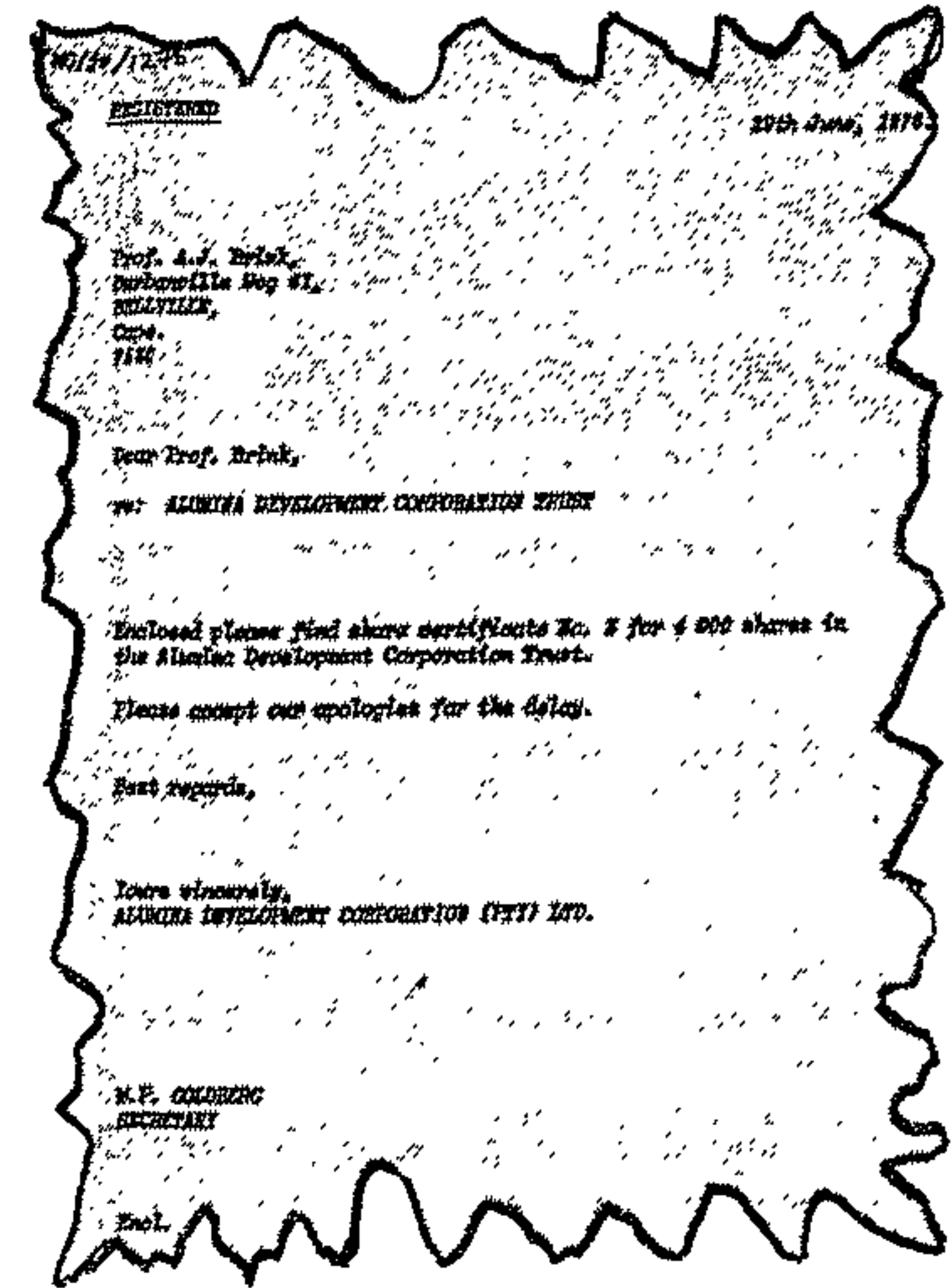
- In 1976 he was allotted 4 000 shares, recorded on share certificate No 3, in the Alumina Development Corporation Trust. Initially they were registered in the name of a private company, Jamap Beleggings, controlled by Prof Brink and his wife, Mrs Maria Brink.

The trust, on behalf of various company executives and other people, held 65 000 of the 1-million shares in the Alumina Development Corporation, the centrepiece of the Kaye empire.

- In March, 1976 Alumina Development Corporation paid R5 135 to Peugeot Citroen SA for a car for Professor Brink.
- In October, 1976 Prof Brink was sent two dividend cheques from the Alumina Development Corporation, each for R203,77 and made out to Jamap Beleggings.
- Again in November, 1977 a dividend cheque for R407,55 payable to Jamap was sent to Prof Brink.

But by the time the R12,7-million takeover of Alumina group by SA Druggists was formally approved in March, 1978, Jamap had disappeared from the scene.

In the takeover documents



filed with the stock exchange and the Companies Office the holders of Prof Brink's shares are listed as Analise Brink, Justinus Anton Brink, Maryna Brink and Paul Andries Brink, Prof Brink's children.

The company records show that as a result of the sale to SAD the Brink family received more than R30 000 in cash and SAD shares for their Alumina shares.

- On March 22, 1978 SAD transferred 3 985 SAD shares valued at R5 698,55 to each of the four Brink children. Total value at the time was R22 794,20.
- A week later Mr Peter Goldberg addressed four cheques (total R3 800) to Professor Brink in payment of the Brinks' share of a R950 000 cash payment from SA Druggists.

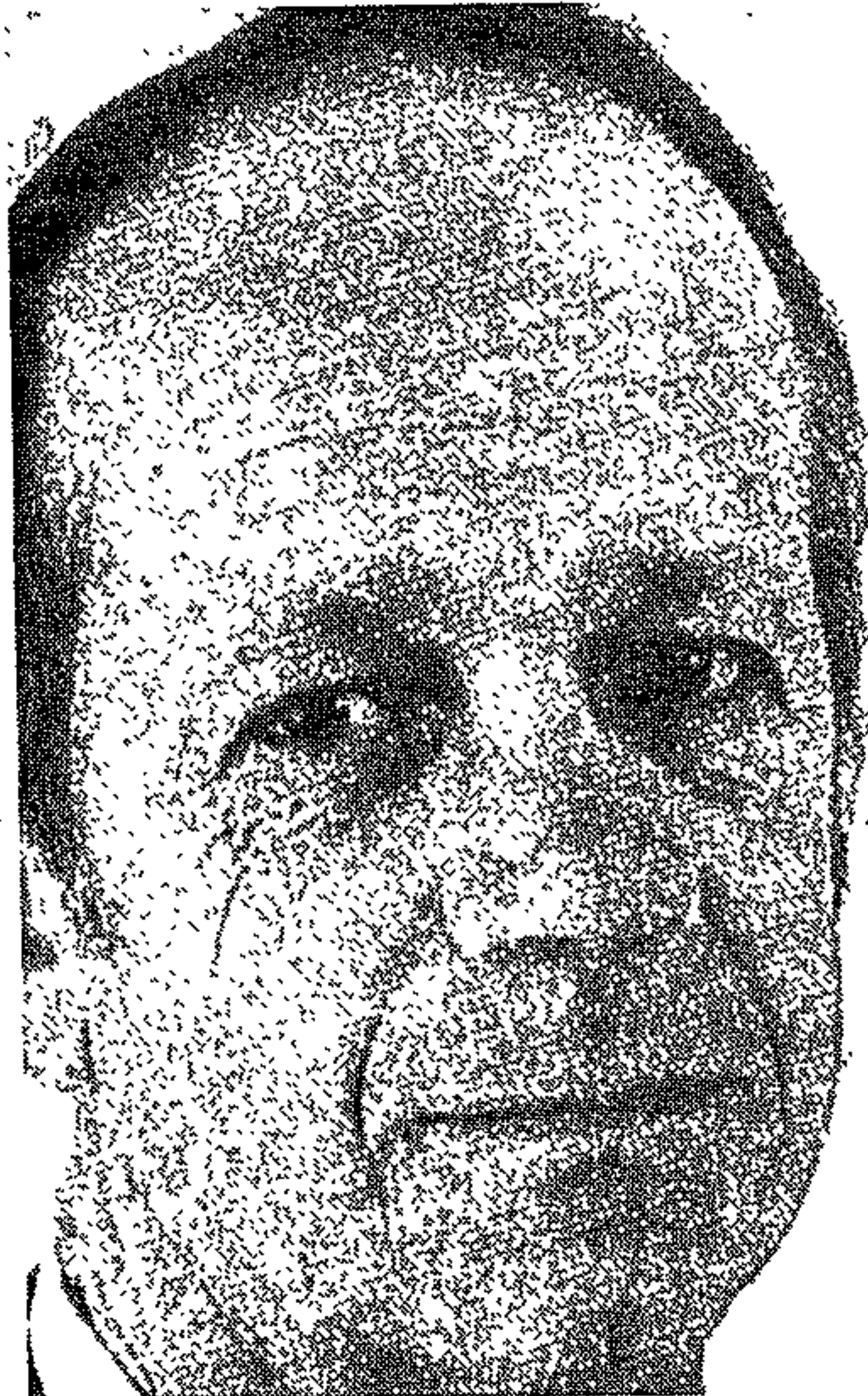
- A further four cheques totalling R4 051,64 were issued on April 4, 1978 and sent to

Prof Brink. In a letter dated April 6 Mr Goldberg explains that this is Prof Brink's share of the proceeds of two-million SA Druggists shares sold to Federale Chemiese Beleggings at R1,25 a share (calculated by the Sunday Express to be R10 000) "less the amounts you owed on the purchase price of your shares in Alumina".

- On April 12, 1978 Mr Goldberg sent a further four cheques, each for R50, to Prof Brink, his share of the final R50 000 cash payment.

Professor Brink continued as a director of Labethica after it became a subsidiary of SAD and in February, 1978 it is recorded in an Alumina document that he received a gift costing R442 from the company. In the same year he is shown as having a company Peugeot TJ 227195.

Prof Brink resigned as director of Labethica on March 30, 1979.



● Prof A J Brink — he had a strong, but hidden, financial interest in Mr Kaye's pharmaceutical empire.



# DOCTORS INVESTED IN HEALTH COMPANIES

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S. Express

13/2/83

By MARTIN WELZ and WILMAR UTTING

TWO top men in South Africa's medical world have been emerged as shareholders and investors in companies operating in medical fields — in one case making substantial profits from the investments.

Prof A J Brink, dean of the medical school at Stellenbosch University, and members of his family turned a profit of more than R30 000 from their interests in Mr Isaac Kaye's pharmaceutical empire.

The director of hospital services, Dr H A Grové, also at one time owned shares in two companies which have interests in the running of hospitals and mental homes for blacks.

However he sold his interest in 1975 when, according to Mr David Tabatznik who controlled the two companies, they began to do business with the provincial administration.

Professor Brink's interest consisted of an allotment of 4 000 shares in the



● Dr H A Grové

MORE DISCLOSURES: — Pages 6, 7 & 8

Alumina Development Corporation Trust, which held shares in the Alumina Development Corporation, centre-piece of Mr Isaac Kaye's drug empire.

Professor Brink's 4 000 shares were held at first by a company called Jamap Beleggings controlled by Professor Brink and his wife. At a later stage they were held by his four children, and in the end the family received a total of more than R30 000 when their

interests were sold (See Page 7 for the full story.)

Dr Grové was a major shareholder in two companies, Banstan Holdings (Pty) and Copybook Investments (Pty) which now form part of a vast empire of companies in the health field which are controlled by Mr Tabatznik.

Mr Tabatznik is a partner of Mr Kaye and had interests in the Alumina group of companies but he told the Sunday Express yesterday that when Banstan contemplated ventures that involved doing business with the province, he offered to buy out Dr Grové's shares.

Company registers of Banstan Holdings (Pty) show that when the company was set up in 1972, 2 000 shares were allotted to Dr Grové. He is shown as having 1 000 shares in Copybook investments.

Mrs Maria Brink, wife of Professor AJ Brink, still holds 500 shares in Banstan.

Dr Grové could not be reached for comment yesterday, either at his home in Pretoria or at his smallholding outside the city.

But last week, before the Sunday Express learnt of his interests in these companies, he said he had no company involvements other than a directorship of a State corporation.

His comment was taken to mean that he did not have any current company interest, and it did not apply to past investments or interests.

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**MEDICAL PAYOFF SCANDAL**

# European tour for Tvl Director of drug firm official still unexplained won't reveal 'gift' list

MR PETER Goldberg, chief executive of a subsidiary of SA Druggists, authorised an extensive European tour for the deputy director of Transvaal hospital services and his wife and charged it to SA Druggists' advertising account.

The booking for Dr and Mrs G Scheepers was made by Mr Goldberg on a buying order of C E Electro Medical, X-ray division of Continental Ethicals, at that time a subsidiary of SA Druggists. Mr Goldberg was then managing director of C E Electro Medical. He had formerly been the accountant in Mr Isaac Kaye's Alumina group of pharmaceutical companies.

The order, No 3473, is dated April 24, 1979, a year after Mr Kaye's Alumina company merged with South African Druggists. It is addressed to Keiser and Gentry, the travel company in Mr Kaye's group.

Keiser and Gentry's invoice shows that South African Druggists spent R1 657 on air travel for Dr and Mrs

By **MARTIN WELZ** and **WILMAR UTTING**

Scheepers, who left South Africa on May 2, 1979 to visit Tel Aviv, Munich, Dusseldorf, Basle, London and Paris.

There was a further invoice from Keiser and Gentry dated June 19. This was for a side trip for Dr Scheepers and his wife, leaving London on June 10 for Copenhagen and Malmo. The two air tickets cost a total of R809,08.

Written over the invoice is a note: 'Advert CEEM Tvl R400, CGR Tvl R409', indicating that the cost of the latter trip had been apportioned between two divisions of SA Druggists: CGR, an agency for a French electronic hospital equipment manufacturer, and CE Electro Medical.

Dr Scheepers could not be reached for comment on his

trip but in an interview last week his superior, Dr H A Grové, the director of Transvaal hospital services, said the province had paid for Dr Scheepers' trip to view hospital equipment.

Dr Grové said that there had been a problem only with the payment of a hotel bill on Dr Scheepers' trip.

He told the Sunday Express Dr Scheepers found that on his departure from Tel-Aviv, the company had already paid his hotel bill. Dr Scheepers had therefore repaid the equivalent amount to the Treasury on his return to South Africa.

The Sunday Express this week asked SA Druggists' accountant and director Mr J P Dandridge, and deputy managing director Mr Tony Karis, to explain the invoices.

Later Mr Karis informed the Sunday Express that Mr Dandridge had investigated the matter and had prepared a statement, but that he wished to "consider the matter more calmly" before issuing a statement to the Press.



● Dr Scheepers — he and his wife went on an extensive tour.

By **MARTIN WELZ** and **WILMAR UTTING**

A DIRECTOR of Continental Ethicals, a major subsidiary of South African Druggists Ltd, this week defied his managing director and refused to discuss gifts which he admitted giving to doctors — including a doctor in the provincial service.

He is Mr Gerald Pienaar, director and general manager of Continental Ethicals, the former kingpin of Mr Isaac Kaye's Alumina group of pharmaceutical companies, and now a subsidiary of SA Druggists.

"I have already accepted my career with SAD or any other pharmaceutical company is over," he told top executives of the company. "You can hang me once, but you can't hang me twice."

The vice-chairman and MD of SA Druggists, Mr Brian O'Donnell, gave an undertaking last week that any officer of the company who indulged in the practice of making substantial gifts to doctors would have to account publicly for his actions.

Mr Pienaar was summoned on Thursday this week to a meeting with Mr O'Donnell and two other directors of SA Druggists, Mr Tony Karis and Mr Lou Morris. The Sunday Express was present at the meeting when Mr Pienaar confessed that his company — and he personally — had in the past made substantial gifts to doctors. He admitted that these gifts were of greater value than considered suitable by SA Druggists.

But Mr Pienaar refused to accept Mr O'Donnell's advice to frankly answer questions about why he had made such gifts.

He said: "I have admitted we gave gifts, but I will not discuss them or identify the doctors who took them."

Mr Pienaar insisted the 'gifts' he had made were not bribes. "They were a thank you, not a please," he said. They were made to people



● Mr Gerald Pienaar ... 'can't hang me twice'.

who had supported him in the 16 years he had devoted to building up the company.

He admitted that he was aware of an occasion where these gifts had included payment of motor car installments totalling in excess of R2 000 on behalf of a doctor in the provincial service.

But, he said, he refused to admit or deny that he had negotiated or been involved in the giving of other substantial rewards to doctors that the Sunday Express was able to name. Disclosure would damage the credibility and reputation of the doctors and their families.

In a written statement prepared for the Sunday Express Mr Pienaar suggested that his company, Continental Ethicals, had been confused with another company in the group, CE Electro Medical, when it came to allegations of attempts to illicitly influence tender authorities or compromise doctors. CE Electro Medical, he said, had "ridden on the back" of the good reputation of his company.

When told that the Sunday Express wished to discuss only those incidents with doctors involving himself and his company, Mr Pienaar re-iterated that he had already made his admission.

Many of the bigger gifts detailed in the Sunday Express last week, he said, had been given on the express instructions of Mr Isaac Kaye while he was managing director of Continental Ethicals, both before and for a short while after the SAD takeover in 1978.

Mr Pienaar added that the gifts he had given were "not unusual in the pharmaceutical industry or in any other industry".

The meeting ended with a suggestion from Mr O'Donnell that Mr Pienaar reconsider his attitude overnight. The stand Mr Pienaar was taking would bring him "no benefit at all", Mr O'Donnell cautioned.

The Sunday Express was informed next day that Mr Pienaar was determined not to explain the circumstances of his gift giving.

His position would be discussed at an SAD board meeting in Durban on Friday.

Yesterday it was announced that the board had authorised Mr O'Donnell to take a decision about Mr Pienaar. A spokesman said that Mr O'Donnell would announce on Monday what action, if any, he intends to take.

## Good for business, PFP praises Administrator's response to 'Express' reports

By **ARLENE GETZ**

MR Douglas Gibson, PFP leader in the Transvaal Provincial Council, said that if the allegations about the medical gifts scandal were correct, it would mean that officials of the Provincial Administration had indulged in "foolish and dangerous conduct".

Mr Gibson said: "The implication of these allegations is extremely serious."

"The giving of gifts and the building of friendships with people in responsible positions is almost standard practice in our business life."

"When specific allegations are made that the gift-giving and the assistance has lapped over into the public sector where officials are responsible for spending public money, the situation is much more difficult and serious."

ONE person — probably a lawyer — will make up the commission of inquiry into the giving of gifts to officials in the Transvaal's Department of Hospital Services.

The proposed appointment of the commission was announced unexpectedly on Thursday by the Administrator of the Transvaal, Mr Willem Cruywagen, during the first week of a provincial council session dominated by Sunday Express reports that public officials and doctors in official positions had accepted gifts and favours from a group of pharmaceutical companies.

The announcement followed a blistering Wednesday-night attack by PFP provincial leader Mr Douglas Gibson on three provincial officials — the Director of Hospital Services, Dr Hennie Grove; his deputy, Dr G Scheepers; and the chairman of the council, Mr B D T Boshoff, MPC for Sunnyside.

Mr Cruywagen's announcement, coming a week before the new MEC in charge of hospital services, Mr Daan Kirstein, was expected to reply to the Opposition, was greeted with approval and surprise. The move was welcomed

By **ARLENE GETZ**

by Mr Gibson, who said he was gratified by the Administrator's prompt response, "which contrasts with the shilly-shallying of Mr Kirstein".

**BARRY STREEK** reports from Cape Town that Dr



● Mr Cruywagen ... inquiry announced

Earlier in the week the Minister of Health, Dr Nak van der Merwe, said he regarded the allegations in a serious light. But he did not envisage investigating because no one in his department was involved.

The commission cannot begin investigating until its appointment is formally announced in the Provincial Gazette. The next issue appears on Wednesday.

**DARYL BALFOUR** reports that Natal's MEC in charge of hospital services, Dr Fred Clarke, has ordered an urgent inquiry into last week's Sunday Express disclosures that a senior provincial official accepted gifts from the SA Druggists group of pharmaceutical companies.

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## The 'club' that came up trumps

By **MARTIN WELZ** and **WILMAR UTTING**

ONCE a month for a year Mr Julius Butkow, an accountant in Mr Isaac Kaye's group of pharmaceutical companies who happened also to be a South African bridge champion and a world class player, went to Pretoria to partner the former Transvaal director of hospital services, Dr J D Verster.

Mr Butkow first told the Sunday Express he was "instructed" by Mr Kaye to partner Dr Verster and to make sure he won.

Later, asked to confirm his remarks, he said was "asked" to play, and that his reference to ensuring that Dr Verster won had been facetious.

"Isaac did not play bridge himself and I was asked to go once a month with Mr Kaye's business partners, Richard Lurie and Dave Tabatnik, to make a foursome with Dr Verster."

Mr Butkow is president of the Johannesburg Bridge Club and the South African Bridge Federation and a former executive member of the International Bridge Federation.

"Dr Verster was passionate about the game. We played on a Wednesday afternoon at his home. We started at about 3pm and played on right through until the early hours, even eating dinner at the card table. We played for two-and-a-half cents a hundred points. Verster loved to win."

Mr Butkow said he stopped going after a year.

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# Manager: gifts 'entirely ethical'

(93)

~~SA~~ ~~SA~~ ~~SA~~ Chief Reporter

Staw 14/2/83

A drug company chief has described the manner in which his company gave money to medical units and gifts to doctors as entirely ethical.

Mr Gerald Pienaar, general manager of Continental Ethicals, was reacting to Press reports concerning gifts and favours accepted by doctors in official positions.

Continental Ethicals was formerly part of the Alumina Development Corporation which has since merged with SA Druggists.

Mr Pienaar denied any knowledge of attempts to influence tender authorities to buy his products.

If the allegations levelled at his company in this regard were correct, he said, he had no knowledge that Continental Ethicals had been used in this manner.

"I admit that within the framework of Continental Ethicals certain doctors were given gifts, but this is a practice not unusual in the pharmaceutical industry or, for that matter, in any other industry," he said.

When a medical unit at a hospital was approached to test a drug for the company the unit was given a donation for research purposes to use as it wished.

The company declared this donation for tax purposes and this practice was ethical, Mr Pienaar said.

Individual doctors working at academic hospitals often spent many hours of their free time analysing test results and writing reports.

These doctors had received gifts from the company as goodwill after their research was concluded. The gifts in no way influenced their research findings, he said.

One such doctor, Professor Harry Seftel of the University of the Witwatersrand, who is reported to have received a television set, in fact "killed" a drug through an adverse report, Mr Pienaar said.

Doctors who drew up reports often had to address international symposia. Any articles they submitted to medical journals had to be vetted by a panel of experts.

Doctors would not therefore jeopardise their reputations by trying to give favourable reports for personal advantage.

Mr Pienaar said he would not disclose the names of persons to whom gifts had been given, as he would under no circumstances jeopardise any medical or professional man's status.



93

WDM 15/2/83

# Medical gifts claims 'perturbing'

THE managing director of South African Druggists is "deeply perturbed" by reports claiming medical practitioners and State officials had received "substantial gifts" from pharmaceutical company officials.

Speaking to Sapa after a meeting of the board of directors of the giant pharmaceutical group of companies, Mr B T O'Donnell said SA Druggists had never found it necessary to resort to such practices.

He said this apparently happened prior to the SA

Druggists' acquisition in 1977 of some of the companies allegedly involved and may have continued for a short period thereafter without the permission of SA Druggists management.

Such practices were unacceptable to both himself and the board. An official inquiry would be welcomed, he said.

PAT SIDLEY reports that doctors may hold shares in any company — including drug companies — if they do not abuse that involvement, according to the chairman of the South African Medical

and Dental Council, Professor Frans Geldenhuys.

He was responding to articles in a Sunday newspaper which named two top medical men — both in the public service — as having profited from shares they allegedly held at one time in SA Druggists and two associate companies.

Prof Geldenhuys said it could become unethical if the doctor sat on any tender committees which had to buy products from the company and his involvement with the company impaired his objec-

tivity in recommending a purchase.

Doctors may not trade in medicines themselves, but he did not believe owning shares in drug companies constituted trading in medicines.

He could not comment on the allegations, however, because he had not read the article and could not react until a complaint had been laid with the council.

As far as he was aware there had not yet been any complaints — although one could arise.

# 'Gifts' row: Commission is appointed

By Sue Leeman,  
Pretoria Bureau

Retired chief regional magistrate of the Southern Transvaal, Mr Lourens Vosloo de Kock, has been appointed commissioner in charge of the official provincial inquiry into alleged corruption within the hospital services.

This was announced yesterday by the Administrator of the Transvaal, Mr Willem Cruywagen, who said the commission would consist of only one man.

The commission's terms of reference will be "To investigate allegations printed in the Sunday Express of February 6 and February 13, as well as further allegations and questions during this sitting of the council, that Dr H A Grove and Dr G W Schepers of the Department of Hospital Services received gifts or favours from the Alumina Development Corporation or its subsidiaries which could have resulted in preference being given to tenders by these companies for the provision of medical supplies."

Leader of the PFP in the council, Mr Douglas Gibson, last week called for a "frank and full" statement regarding the alleged involvement of provincial officials.

Mr Cruywagen said the commission's hearings would be public, in accordance with the commission's ordinance. But the ordinance allowed the chairman of the commission to bar sectors of the public from attending.

The date and place of the hearings will be laid down by Mr de Kock.

Reacting to the Administrator's announcement, Mr Gibson said that while he welcomed the appointment of Mr de Kock he felt the terms of reference of the commission were too narrow.

"If we are to get to the bottom of the allegations it is vital that the commission be empowered to investigate gifts and assistance to officials other than Dr Grove and Dr Schepers. What gifts were made to wives or families of these or other officials, for example?"

"What also concerns me is that the Administrator has not made it clear that members of the public who have information will be given an opportunity of testifying on matters other than the specific allegations already made.

"One must also inquire why Alumina and its associate companies have been singled out whereas SA Druggists, successors to Alumina, have not been included in the terms of reference."

Mr Gibson said he was also surprised that there was to be no inquiry into the allegations against Provincial Council chairman, Mr B D T "Bossie" Boshoff.

"He has rejected these allegations with contempt but if the name of this senior and respected public representative is to be cleared, it is important that the allegations be investigated by the commission."



Public won't testify — Gibson

# Council gifts probe flawed, claims PFP

93

ROOM  
16/2/83

By GERALD REILLY  
Pretoria Bureau

THE commission appointed by the Administrator of the Transvaal to investigate alleged gift-giving to senior Transvaal Hospitals Department officials was "fatally flawed".

The leader of the Progressive Federal Party in the Transvaal Provincial Council, Mr Douglas Gibson, said the commission was flawed because there was no indication that members of the public would be able to testify.

He was reacting to the appointment of a one-man commission chaired by a former president of the Johannesburg Regional Court, Mr L V de Kock.

Mr Gibson called on the Administrator, Mr Willem Cruywagen, to extend the commission's terms of reference.

Announcing the commission, Mr Cruywagen said it would investigate allegations — made during the current provincial council session and in a Sunday newspaper — that the Director of Hospital Services, Dr Hennie Grove, and his deputy, Dr G Scheepers, had received gifts or favours from the Alumi Development Corporation or one of its associate companies.

The allegations also claimed these "gifts" could have resulted in favourable tenders — for the provision of medical supplies to the Transvaal Provincial Administration — for the companies allegedly involved.

Mr Gibson said the terms of reference were far too restricted — to get to the bottom of the "mess". Mr Cruywagen has named Dr Grove and Dr Scheepers, but had remained silent about other officials named in both the Press and the provincial council.

Mr Gibson said there was "no indication" that members of the public who had other information not already disclosed would be invited to give evidence before the

commission

"To me this is a fatal flaw," said Mr Gibson. Serious allegations had been made about the council chairman, Mr B D T Boshoff, who had stated that he rejected them "with contempt".

"Surely, in order to clear the name of this senior public representative, it is important that his alleged conduct also be examined," Mr Gibson said.

Speaking after the announcement of the commission, Mrs Irene Menell (PFP Houghton) said the allegations emphasised more strongly the need for an open and public inquiry.

Nobody who was implicated should be immune from the commission, whatever their office or position, she said.

Mrs Menell asked:

- What is the specific administration policy on the offer and acceptance of gifts from private sector agencies to persons in the employ of the province,
- What are the procedures for the disclosure of gifts or grants made and received;
- What action is prescribed when such policy and procedures are breached; and,
- Has the administration ever disciplined any of its employees for the improper acceptance of gifts and favours from private sector companies and individuals who have business dealings with the province.

Officials were not given adequate facilities to attend conferences professionally necessary to them. It was hardly surprising that help was sought from outside, she said.

Referring to the testing of drugs for pharmaceutical companies by the Transvaal's medical personnel, Mrs Menell said such work should carry rewards.

"If this is officially prohibited then unofficial procedures will develop — as they have done — and that results at best in situations that are sordid and distasteful and, at worst, an abuse of taxpayers' money," she said.

16/2/83 D.G. 167  
National service: remuneration of medical  
doctors *Hansard*

93  
Mr. P. A. MYBURGH asked the  
Minister of Defence:

- (1) What was the remuneration package for medical doctors doing their national service in 1981 and 1982, respectively;
- (2) whether there will be any difference in their remuneration in 1983; if so, what difference?

The MINISTER OF DEFENCE:

- (1) The total remuneration package for national service medical officers was R31,64 per day for lieutenants and second lieutenants in 1981 and 1982.
- (2) This will depend on whether there is a general salary adjustment for the Civil Service during 1983.



# Call to extend inquiry into gifts given to doctors

Pretoria Bureau

A DEMAND to extend the terms of reference for the commission of inquiry into alleged giving of gifts to two senior officials of the provincial hospitals department was made in the Transvaal Provincial Council yesterday.

The leader of the Progressive Federal Party in the council, Mr Douglas Gibson, said the allegations had been wide ranging and included accusations against other officials and members of named officials' families.

The terms of reference were not wide enough.

The inquiry was restricted to two doctors — the Director of Hospital Services Dr Henrie Grove, and his deputy Dr G Scheepers.

The executive committee had blundered in not advising the Administrator to discuss the terms of reference with the leader of the opposition.

He welcomed the assurance by the Administrator that if the commissioner asked for extended terms of reference, he would agree to this.

The terms of reference merely referred to allegations in two issues of the Sunday Express newspaper, and to questions in the council.

"What will happen if the Express comes out with further allegations this Sunday. Will they be excluded from the inquiry?"

The terms should have included this possibility.

"And what about members of the public who may want to make further allegations?" They, too, were excluded by the commissioner's guidelines.

"We must get to the bottom of the mess once and for all.

"We are not trying to persecute anyone. Don't cast a pall of suspicion over the commission."

He failed to understand why the inquiry should be confined to two doctors

He appealed to the Administrator to reconsider the issue and to extend the terms of reference.

Mr Gibson said he did not enjoy raising the issue in the council, but it was a public duty to do so.

In other issues discussed in the council yesterday:

● The MEC in charge of roads and works, Mr John Griffiths, said overtime had been cut, roads were made to conform with absolute minimum standards, furniture purchasing had been kept to a minimum, old vehicles were repaired and taken back into service.

He was responding to a demand from Mr Gibson that the administration should be streamlined.

"Tell us what more we should do to streamline. You told us to deliver the goods.

"Tell us what goods we have not delivered," he said.

● Mr Griffiths also said if the cutting of provincial subsidies was in the national interest then he accepted it without qualification.

The province's financial difficulties would have been greatly eased if it had been able to keep the R300-million cut from its budget, he said.

Everything possible had been done to get the needed finance for the province.

He was reacting to opposition criticisms that the cutting of the provincial subsidy was the bell "of doom" for the province.

There was no reason for the prophets of doom to fear an "early death" for the province because of subsidy cuts.

● The leader of the National Party in the council, Mr Fanie Schoeman, MEC in charge of education, said the opposition had come along with instant solutions to the staff shortage problem — the use of other race groups.

He pointed out there were senior posts in the province available to non-whites but, contrary to the opposition claim, there were not "thousands and thousands of suitably qualified blacks to fill the available posts".

18/2/83  
Pharmaceutical companies: bribery  
Hansard Q. 61190  
\*12. Dr. M. S. BARNARD asked the  
Minister of National Education:

- (1) Whether he has called for an investigation to be conducted into allegations regarding bribery by pharmaceutical companies of professors at institutions falling under his Department; if so, (a) when, (b) what are the terms of reference of such investigation and (c) by whom is it to be conducted; if not.
- (2) whether he intends to initiate such an investigation; if not, why not?

†The MINISTER OF DEFENCE (for the Minister of National Education):

- (1) No
- (2) No, such institutions are autonomous universities which, if necessary, can by virtue of their legal powers conduct their own investigation into allegations made against members of their staff

\*13. Dr. M. S. BARNARD.—Reply standing over



19/2/53

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The Star Saturday February 19 1953

# Sweeteners for doctors' growing problem in UK

**Reports of kickbacks and "gifts" to doctors by drug companies in an effort to secure orders have appeared in South Africa. In Britain, reports Garner Thomson, an investigation has revealed similar activities. . .**

LONDON — More than R150 million a year is being spent by British pharmaceutical companies to persuade doctors to prescribe their drugs.

And now, amid growing clamour and concern, the Association of the British Pharmaceutical Industry has told 150 of its member-companies to curb "excessive hospital-ity" and gifts in trying to sell their products to doctors.

The warning comes at a time when Britain's General Medical Council, the doctors' ruling body, is midway through its own investigation of the method used to promote pharmaceutical products. A total of R180 million is spent on advertising and promotion — including "direct approaches" —

each year. The British Medical Association is reluctant to name names at this stage, but public attention was focused on the problem at the end of January when Liverpool doctors and chemists were lavishly entertained aboard Henry Ford's yacht in the West Prin-

cess dock. Earlier, several rheumatologists were given a free trip to Venice on the Orient Express by the latest successor to the controversial drug Opren. The trip was filmed by the BBC for a programme on Opren and the relationship between

doctors and the sales-conscious drug companies. The medical journal, the Lancet, later commented that some of the film sequences "may have been uneasily familiar to many senior hospital staff."

It added: "A sequence of postprandial satisfaction mixed with nervous defensiveness made the (documentary's) case without further intervention."

The drug salesmen themselves, however, insisted that their method of "sweetening" doctors fall well within the boundaries agreed with the medical profession in a code of practice intro-

duced in 1957.

Mr Tom Mangold, presenter of the BBC's programme and author of a later article in the Listener, insists, however, that relationships between doctors and salesmen are "lurching out of control," and the Lancet itself suggests the drug companies' own guide-

lines are too easily by-passed.

Certainly the party on the yacht and the Orient Express trip are exceptionally lavish examples. But doctors themselves have reported "sweeteners" in a multitude of forms. Most recently a major drug company was re-

ported to have offered doctors R15 a patient to report on the progress of heart patients who had been prescribed his brand-name drug. The company later said the fee was to compensate busy GPs for the extra work required in this research.

Other GPs have reported being offered lavish meals for themselves and their spouses and even friends, as well as expensive gifts and free holidays.



# Professor Brink's company car

MR DAVID Tabatznik discussed with the Sunday Express this week the car given by the Alumina group of companies to Professor Andries Brink, professor of medicine at Stellenbosch University and a former director of Labethica.

"I certainly think it wrong for the company to have bought a car for Prof Brink, unless he got his employers' permission," Mr Tabatznik said.

"But then that happened when we were no longer responsible for Labethica. In fact the car was paid for by Alumina, for which I was only indirectly responsible as it was a subsidiary of SAI and I was a director of SAI. But I certainly did not know about it I would not have approved it had I known.

"If at an earlier stage he had merely had the use of a company car, that was different.

"I did not know about that either, I do not recall it being discussed at a Labethica board meeting. Prof Brink has told me he was given the use of a car for travelling.

"It would have been natural for the company to give him the use of a car if he was travelling to Bethlehem from time to time I would not have minded him having the car for his personal use if it was to the benefit of the company. It would remain the property of the company," Mr Tabatznik said.

"But then I notice that the car was arranged by Continental Ethicals, which was entirely Mr Kaye's company and I knew nothing about that.

"I was not responsible for inviting Prof Brink to join the board of Labethica. I do not recall the terms of his appointment, I suppose it will be in the minutes."



● Professor Andries Brink ... had company car

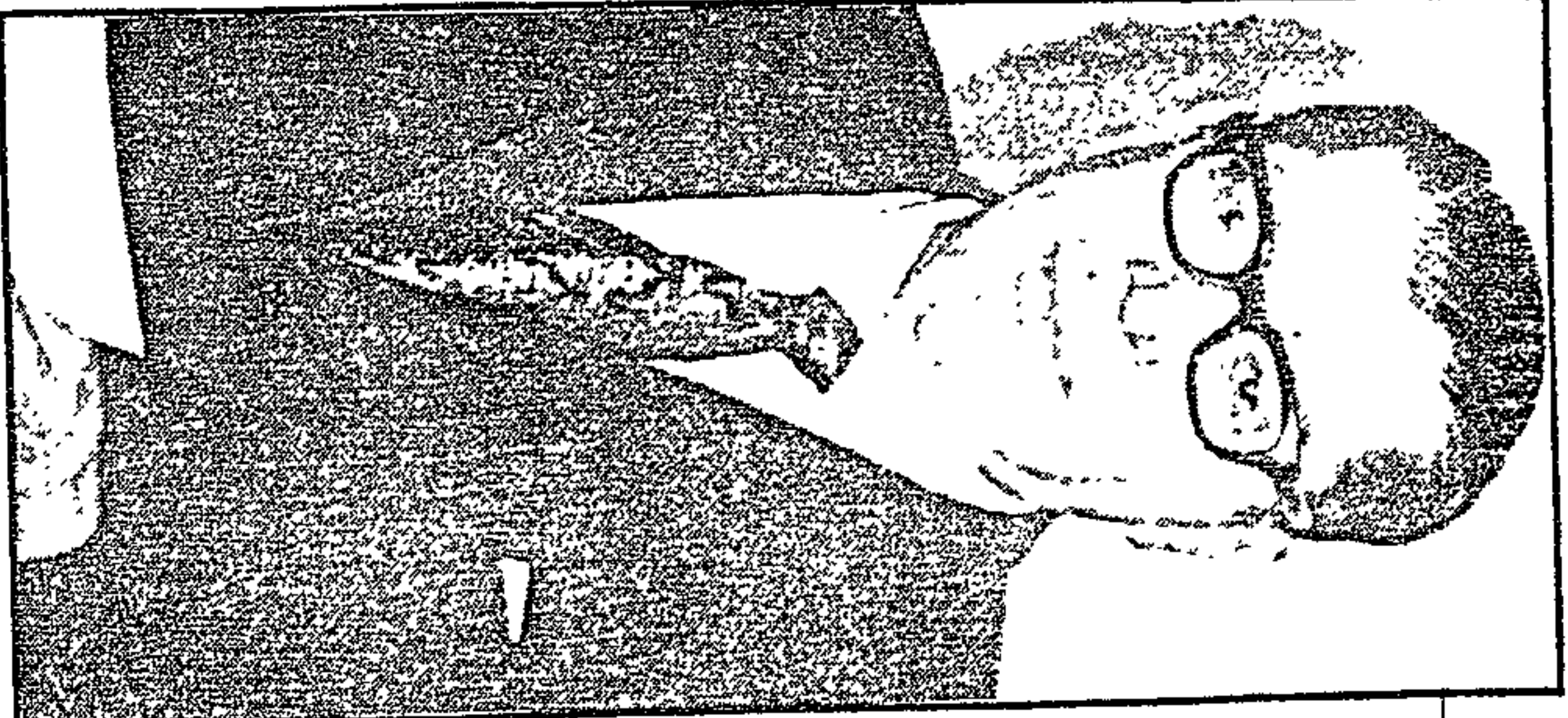
# TABATZNIK AND LURIE EXPLAIN...

# We had nothing to do with Kaye's gift-giving

TWO major shareholders in subsidiary companies of Mr Isaac Kaye's Alumina group this week said they had held no shares in the Alumina Development Corporation itself or in any of its subsidiaries that were involved in 'gift giving' to influential doctors and officials.

"We wish to be clearly separated from the Alumina group," Mr Richard Lurie and Mr Dave Tabatznik told the Sunday Express in a wide-ranging interview.

"We had nothing to do with Alumina's gift-giving. As far as we were concerned Alumina belonged to Mr Kaye and his partner Mr Barney Miller," Mr Tabatznik said.



● MR RICHARD LURIE



● MR ISAAC KAYE

# Reports by MARTIN WELTZ and WILMAR UTTING

scores of hospital and nursing home companies, held shares were:

□ Labethica, in which Mr Lurie and Mr Tabatznik held 49% of the shares and Alumina the controlling 51%. Prof. Lurie and Mr Tabatznik were given to doctors or officials by this company.

"I was responsible for telling them what to manufacture. I was only interested in the technical side of Labethica," Mr Tabatznik said. "To his knowledge no 'gifts' were given to doctors or officials by this company."

third of the shares and Alumina the remaining two-thirds. While Alumina held the majority shareholding, a partnership agreement between the shareholders gave both an equal say in the company, but Mr Tabatznik and Mr Lurie were not directors. The company operated a plant that cut and packaged X-ray film. The products of this company were marketed and distributed by Conti-

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# How the medical officials were allotted their shares



MR RICHARD LURIE and Mr David Tabatznik reacted "more in sorrow than in anger" to last week's Sunday Express report that the director of hospital services in the Transvaal had held shares in two companies controlled by Mr Tabatznik.

The companies were Banstan Holdings and Copybook Investments.

Mr Tabatznik explained: "I must say I have never thought it wrong to allot shares to people in one of my companies which has no dealings in an area in which they are in a position to influence business.

**I see nothing wrong with helping doctors . . . who have helped us.**

Mr David Tabatznik, director of three Alumina subsidiaries

"Mr Piet Aucamp (Free State MEC for hospital services until 1971 when

he was elected MP for Bloemfontein East) telephoned yesterday and told me he was surprised to discover he was such a big shareholder in my companies," Mr Tabatznik remarked.

"In fact he has a minor interest in only two of our many companies."

Mr Tabatznik said that Mr Aucamp was MP for Bloemfontein when he was allotted some shares in Banstan and Copybook Investments in 1973.

"He had come to me with a problem because there were blacks and whites in the same hospital in a white area. He asked us if we could not take the black patients. We formed a company to operate a new hospital, Poloko Sanatorium. Banstan and Copybook held the controlling shares.

"Mr Aucamp sent us black patients from the Orange hospital. Eventually they came from the whole of the Free State."

Asked how Mr Aucamp was in a position to send patients to Poloka, Mr Tabatznik corrected himself:

"Of course he had no right to send patients. There was no way he could send us patients, but he spoke to the people concerned. As thanks for what he did for us there we allotted him some shares."

to Mr Lurie. But if he was interested he could invest in our new company where, although he would not make a fortune, his money would be safe."

Last week Mr Tabatznik told the Sunday Express he had advised Dr Grové to sell his shares in Copybook and Banstan as the companies were about to start their first hospital and there was a prospect of the company doing business with the province.

Mr Tabatznik said this week that this was obviously a misunderstanding. His companies already had several hospitals at that time.

"I suggested to Dr Grové that he sell his shares because Labeletia was about to enter the tender market for the supply of pharmaceuticals to the province.

"I paid him R2 200 for his 2 000 shares in one company and R2 500 for his 2 000 shares in the other, based on an auditor's valuation."

Mr Tabatznik said he did not believe that Prof Oosthuizen (professor of radiology at Pretoria University at the time) had had any influence on the granting of Transvaal X-ray tenders at that time.

"In any case there are several doctors who sit on a committee that advises the province on tenders."

Mr Tabatznik was chairman of Protea Holdings Ltd, a major supplier of X-ray film and medical equipment to the province "but as chairman I never saw a tender."

"In any case, why should I give people shares in my own private company to benefit a large public company in which I have only a small interest?"

"If Protea got R2-million worth of tenders for X-ray film, in terms of my shareholding that would have contributed less than R1 000 to my dividends."

We in fact had nothing to do with the running of the X-ray film operation."

Mr Tabatznik added that while special agreements had been concluded between them and Mr Kaye's Alumina immediately prior to the SAD takeover, these had been necessary to facilitate the takeover deal.

"Mr Kaye was determined

"But we had nothing to do with the day-by-day running of Alumina.

"Only when we became directors of SA Druggists did we have any responsibility for Alumina. Even then we had nothing to do with tenders or the day-to-day running of any of the Alumina companies," he said

in the Alumina group. This description was based on formal partnership contracts shown to the Sunday Express, their major shareholders in three Alumina subsidiary companies and the fact that the two men were co-signatories with Mr Kaye and Mr Barney Miller to the agreement when South African Druggists bought the Alumina group

# COMPANIES

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● MR ISAAC KAYE



● MR DAVE TABATZNIK

# How the shares were allotted

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**I see nothing wrong with helping doctors ... who have helped us.**

— Mr David Tabatznik, director of three Alumina subsidiaries

which they are in a position to influence business. "In any case their earnings were not enough to make that difference. I have known these people from 1948 onwards. I see nothing wrong with helping doctors (with an investment) who have helped us. "Mr Piet Aucamp (Free State MEC for hospital services until 1971 when

he was elected MP (Bloemfontein East) telephoned yesterday and told me he was surprised to discover he was such a shareholder in my companies," Mr Tabatznik remarked.

"In fact he has a minor interest in only two of many companies."

Mr Tabatznik said that Mr Aucamp was MP for Bloemfontein when he was allotted some shares in Banstan and Copybook Investments in 1973:

"He had come to me with a problem because there were blacks and whites in the same hospital in a white area. He asked us if we could not take the black patients. We formed a company to operate a new hospital, Poloko Sanatorium. Banstan and Copybook held the controlling shares.

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Mrs Maria Brink (wife of Prof A J Brink), Dr Henrie Grové, Prof Sarel Oosthuizen and Dr Connie Mulder, then Transvaal leader of the National Party, were among those allotted shares in the two companies.

Dr Grové, he said, had telephoned him and asked for advice on where he might invest some money in shares. "I told him I knew nothing about the stock exchange, if that was what he wanted he should speak

# ving companies

third of the shares and Alumina the remaining two-thirds. While Alumina held the majority shareholding, a partnership agreement between the shareholders gave both an equal say in the company, but Mr Tabatznik and Mr Lurie were not directors.

The company operated a plant that cut and packaged X-ray film. The products of this company were marketed and distributed by Continental Ethicals and another company, CE Electro-medical, also owned by Mr Kaye's Alumina Development Corporation.

Chemley, the company that owned the factory in which the X-ray film plant operated. The arrangement between the shareholders was identical to that in Amilkay.

Last week the Sunday Express described Mr Tabatznik and Mr Lurie as partners

in the Alumina group. This description was based on formal partnership contracts shown to the Sunday Express, their major shareholdings in three Alumina subsidiary companies and the fact that the two men were co-signatories with Mr Kaye and Mr Barney Miller to the agreement when South African Druggists bought the Alumina group for R12,7-million in 1977.

This week Mr Tabatznik and Mr Lurie said this description was misleading because, they said, it linked them to the alleged misdeemeanours of subsidiaries in the Alumina group in which they had no interest.

"While there might have been a partnership agreement between our group and the Kaye group in both Amilkay and Labethca, this had probably only been necessary to start the companies

We in fact had nothing to do with the running of the X-ray film operation."

Mr Tabatznik added that while special agreements had been concluded between them and Mr Kaye's Alumina immediately prior to the SAD takeover, these had been necessary to facilitate the takeover deal.

"Mr Kaye was determined to sell and as minority shareholders we had no option but to go along with the deal."

Mr Tabatznik and Mr Lurie received R4-million for their share.

Mr Tabatznik conceded that while the Alumina companies in which he and Mr Lurie had major shareholdings were themselves not involved in the selling operations of the other Alumina subsidiaries, they were dependent on them for their success and shared in the benefits of those sales

"But we had nothing to do with the day-by-day running of Alumina.

"Only when we became directors of SA Druggists did we have any responsibility for Alumina. Even then we had nothing to do with tenders or the day-to-day running of any of the Alumina companies," he said

Referring to some of the TV sets for doctors and officials, Mr Tabatznik explained:

"Mr Kaye asked me to get them for him wholesale I got them for him from Globe Electric (Mr Tabatznik was chairman of Glolec), but I could have got them from any number of other suppliers.

"It's the sort of favour I would have done for any friend," Mr Tabatznik said

"He paid for them. Other than that I know nothing more about them."

# That bridge story is 'fanciful'

BOTH Mr David Tabatznik and Mr Richard Lurie disputed a claim by a former employee of the Alumina group that they had regularly played bridge with a top provincial official.

The employee, Mr Julius Butkow, a champion bridge player was quoted in the

Sunday Express last week as saying he had been asked to partner the former director of hospital services in the Transvaal, Dr J D Verster, at bridge at his home in Pretoria every month.

Mr Butkow said Mr Lurie

and Mr Tabatznik were the other partners in these games. The Sunday Express report was written on the basis of what Mr Butkow told two reporters, and was read back to him on the telephone by a third.

This week Mr Lurie said Mr Butkow's story was "fanciful". He said he had never played bridge in Pretoria with anybody and he had never played bridge with Dr Verster

He had met Mr Butkow

only once — at Mr Tabatznik's home where they were playing bridge.

Mr Tabatznik said he had played bridge with Dr Verster, but as far as he could recall only once or twice.



# MEDICAL SCANDAL

THIS newspaper's inquiry into the relationship between the pharmaceutical industry and the medical profession has now unearthed shocking facts.

Contaminated intravenous fluid was sold to our hospitals and may have continued in use for months after the contamination was first suspected. Responsible medical opinion concedes it was "potentially fatal". Whether patients died as a result of treatment with this contaminated substance is not known, but it seems possible.

It is a scandal and a disgrace.

Where the blame lies, we cannot say but until responsibility is firmly assigned, the reputation of some of the world's finest medical men and women will continue to suffer.

This episode occurred in a context of a relationship between the medical profession and the drug industry that is, to say the least, disquieting.

Labethica (Pty), the company that produced the potentially fatal fluid, belonged to a group whose employees pursued a systematic campaign of gift-giving in order to influence attitudes within the medical profession.

Sadly, many medical men succumbed, among them the registrar of the Medicines Control Council.

On Labethica's board sat Professor Andries Brink, a member of the SA Medical and Dental Council which is responsible for the ethics of the profession. His wife held shares in a company controlled by a member of Labethica's board. His children had previously held shares in another company of the same group, for which they had not paid and from which they profited.

The director of medical services in the Transvaal, who finally ordered the contaminated products removed from hospitals, had also at one time held shares in a company controlled by a member of Labethica's board.

Public confidence has been shaken by these disclosures.

As things stand, nobody outside the profession can say what effect the gift-giving and the shared business interests might have had on the behaviour or the judgment of the people who accepted favours from the pharmaceutical industry.

How important were these relationships? Clearly the drug salesmen thought them important.

But the question can be answered only by a full and open inquiry. Unhappily, even now the Medicines Control Council will not disclose the full sequence of events that followed first discovery of the contamination. We think this attitude ill-advised.

This newspaper will, unless it is gagged by Government action, continue to publish its findings. But that is not enough. The medical profession must clean its own house, and it must be seen to do so.

— THE EDITOR

# THE DEAD MEDIC

'Potei drips hospi

20/2/83

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## Special investigation by MARTIN WELZ and WILMAR UTTING

PACKS of intravenous fluid were permitted to remain in use in provincial, State and private hospitals for at least seven months after some of the stocks were found to be contaminated.

The problem of contamination later proved to be country-wide and the stocks were withdrawn on orders of the Medicines Control Council in July, 1979.

The fluid, popularly known as a drip, is widely used on infants, accident victims and seriously ill patients in intensive care or after major surgery.

Medical experts agreed this week that use of contaminated fluid was potentially fatal, but that it would not easily be identified as the cause of death.

The chairman of the Medicines Control Council (MCC), Professor P Folb of the University of Cape Town, yesterday confirmed Sunday Express information that Weskoppies Hospital, near Pretoria, was the first to report the discovery of a fungus growth in fluid packs manufactured by South African Druggists' subsidiary, Labethica, in November, 1978.

After the Weskoppies complaint was received in November, 1978 a number of complaints from other major hospitals followed. Professor Folb told the Sunday Express the first complaint was brought to the attention of the MCC executive which reacted appropriately "within two or three hours" but he refused to disclose what action was taken.

Labethica's IV fluids, manufac-

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HOMEFINDER  
— IT'S THE  
BIGGEST  
ISSUE YET!

NKOMO  
HELD AT  
AIRPORT  
— Page 8

What's the  
matter with  
Janice?





# THE

'Potentially fatal'  
drips used in  
hospital wards

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S-Express

20/2/83

# DEADLY

# MEDICINE

Special investigation by **MARTIN  
FELZ and WILMAR UTTING**

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To Page 2

**REFINDER  
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BIGGEST  
QUESTION YET!**

**NKOMO  
HELD AT  
AIRPORT**

— Page 8

**What's the  
matter with  
Janice?**

WHAT'S funny-face actress Janice Honey-  
man up to? Is she laughing or crying? What-  
ever it is, she's telling why she broke down in  
hysterics on stage in Johannesburg last week  
during the musical 'Mame'. Her story is on  
Page 3.

Picture by HERBERT MABUZA





(98) (193)

# CONTAMINATION SCANDAL

A MEDICAL expert told the Sunday Express that contaminated IV fluid, such as the packs removed from the South African market in 1979, may well have killed patients — and nobody would know.

"Not all forms of contamination would be visible," he said. "The fluids are frequently administered under emergency conditions when a doctor cannot be expected to detect contamination, even if it might be visible when closely studied against sharp light.

## 'Fluid may have killed patient'

"Should an injured patient die from septicaemia — 'blood poisoning' — caused by contaminated intravenous fluid, the true cause is likely to remain undetected.

"Doctors would normally assume that the fluid was sterile and that the injury was the source of infection," the

expert said.

The problem with Labethica's product was that the packs had developed imperceptible leaks. The leaking sugar and water solution had sealed the crack but the packs then became breeding grounds for fungus and bacteria

Early warnings from doctors that contaminated fluid could be lethal were

dismissed by company executives. It was claimed that the company would administer it

"It was like seeing up at you out of company executive press

# Salesmen sent to hospitals to seek out the deadly i

**From Page 1**

tured at its border industry factory near Bethlehem, continued in general use at least until the following July when the MCC "froze" the use of Labethica fluids

The factory is one of only two in South Africa that supply South African hospitals and was manufacturing the packs at a rate of more than 100 000 a month for use in State and provincial hospitals.

The problem was that the packs leaked, allowing fungus to grow in the cracks. The contamination was not necessarily visible

Mr Louw de Vilhars, a director of Labethica, said the company was aware of the problem "early in the year".

Company salesmen were also aware of it and went from hospital to hospital, trying to sort contaminated supplies from those that seemed to their untrained eyes to be uncontaminated

Mr Ivor Robertson, sales manager in Cape Town, said "I sat with the Cape hospitals chief buyer in his office, squeezing packs to see if they leaked. One squirted fluid right into his eye, so we knew that one was no good."

Other facts to emerge include these:

● Mr David Tabatznik, pharmacist founder of Labethica, and a director of SA Druggists at the time of the crisis, told the Sunday Express he had personally received a complaint from a Natal hospital, which he passed on to the board. He could not pinpoint the date

● The Labethica factory had received several complaints from its salesmen and directly from Natal hospital authorities, but did not communicate these complaints to the health authorities

● The MCC itself received formal complaints from Groote Schuur and two Natal hospitals.

● In April, 1979, Mr Peter Goldberg, executive officer of SA Druggists, wrote to the factory manager at Labethica, demanding a full report on the Cape Provincial Administration's "problems" with IV fluids supplied by the company, and ordered him to introduce a new pack "with immediate effect".

● In mid-June Natal hospitals were demanding that the company remove its product from their shelves.

● On June 22, Mr Goldberg wrote to his Durban manager, Mr Bob Browning, ordering him to withdraw all batches of IV fluid from his stock and send them back to Labethica.

Mr Tabatznik said this week "SA Druggists handled it badly. They should have come out in the open straight away. I seem to recall board meetings where executives would report that there were problems with the packs, but they would always assure us things were coming right. At the next board meeting it would be the same story.

"They were having problems welding joints in the packs."

After the July banning, samples of apparently uncontaminated packs were sent for analysis to the Bureau of Standards and to the South African Institute of Medical Research in Cape Town.

"But they were inconclusive," the MCC registrar, Mr Nico van der Merwe, said.

Natal officials eventually told the factory that if the faulty packs were not taken away they would be dumped on the pavement

On August 28, Dr Henne Grové, director of hospital services in the Transvaal, wrote to Mr Goldberg: "I regret to have to advise you that I have today, in view of the MCC's directive on the suspension of the use of your intravenous solutions, instructed all hospitals to return to you immediately all stocks being held by them

and affected by the MCC's ruling

"I regret that these steps have to be taken, but I am sure that you will appreciate the fact that patient care and safety is of primary importance."

Dr Grové has told the Sunday Express that contaminated packs had been found in Transvaal hospitals, but that he had been hesitant to act because he had not been sure whether the faults had not possibly arisen as a result of improper storage procedures followed at the hospitals

Under those circumstances action against the



factory could have proved very costly, he said.

After the ban on production the factory was closed for six months while overseas experts reviewed the production methods to meet more stringent safety standards.

In an interview at SA Druggists headquarters, the chairman, Mr Brian O'Donnell, at first referred only to "our problems at Labethica" which, he said, could happen to the biggest pharmaceutical companies.

"It cost us an arm and a leg to get right."

The only public announcement ever made referring to the incident was in SA Druggists' 1979 annual report when shareholders were informed that due to "techni-

## Registrar's wholesale TV set

MR NICO van der Merwe, registrar of the Medicines Control Council which must approve pharmaceutical products before they can be sold, was one of the senior officials helped by Mr Isaac Kaye to acquire TV sets.

Asked if he had received a TV set through Continental Ethicals, Mr Van der Merwe said: "I did. They offered it to me. I paid for mine. Kaye got it for me wholesale.

"I paid with post-dated cheques, I couldn't afford to pay it all in one go. This will be the end of my career," Mr Van der Merwe said.

The Sunday Express has established that Mr Van der Merwe's post-dated cheques for R830 were in fact forwarded to Globe Electric, Wynberg, in December, 1975, by Mr Peter Goldberg, Mr Kaye's accountant.

He ordered the set at the same time as he arranged one for Dr G Schepers, deputy director of Transvaal Hospital Services.

Mr Van der Merwe emphasised to the Sunday Express this week that he had "no say" in any decision-making in the council.

Professor P I Folb, chairman of the MCC, asked what type of gifts or favours could be accepted by his officials from pharmaceutical companies, said: "None at all.

"My attitude is unequivocal. No person operating with the Medicines Control Council may accept anything whereby he may be influenced or be seen to be influenced by pharmaceutical companies. Not even a cup of coffee."



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expert said. The problem with Labethica's product was that the packs had developed imperceptible leaks. The leaking sugar and water solution had sealed the crack but the packs then became breeding grounds for fungus and bacteria. Early warnings from doctors that contaminated fluid could be lethal were

dismissed by company salesmen who claimed that the fungus growth in the packs was so obvious that no doctor would administer it.

"It was like seeing something looking up at you out of your teacup," a senior company executive told the Sunday Express.

Hospitals that found faulty packs remained ignorant of the fact that the problem was widespread.

Mr Ivor Robertson, sales manager in Cape Town, described how he went to test which packs were faulty and which were not.

"I sat with the Cape Hospitals' chief buyer in his office squeezing packs to see if they leaked. One squirted fluid right into his eye, so we knew that one was no good," Mr Robertson said.

# I sent to hospitals to the deadly medicine

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— See Pages 18 & 19

factory could have proved very costly, he said.

After the ban on production the factory was closed for six months while overseas experts reviewed the production methods to meet more stringent safety standards.

In an interview at SA Druggists headquarters, the chairman, Mr Brian O'Donnell, at first referred only to "our problems at Labethica" which, he said, could happen to the biggest pharmaceutical companies.

"It cost us an arm and a leg to get right."

The only public announcement ever made referring to the incident was in SA Druggists' 1979 annual report when shareholders were informed that due to "techni-

cal problems" at the Labethica factory the factory had been closed for six months causing a loss to the company of over R500 000

Prof Folb, who agreed that the contaminated fluid was "potentially fatal", was asked this week for a full explanation for the delay between the Weskoppies report and the closing of the factory, and he undertook to explain once he had obtained the details from his registrar in Pretoria

However, yesterday he refused to do so, saying he was "forbidden by law" to give dates and details

This week Prof Folb said

## TABATZNIK AND LURIE EXPLAIN

— See Pages 18 & 19

the executive of the MCC had responded "within the first two or three hours" to the first complaint from Weskoppies. He was confident, he said, that the response was a "proper one". But he would not say what it was

However, the Sunday Express was shown MCC documents which showed that the MCC had held an inspection at Weskoppies and had then called for a report from SA Druggists

Prof Folb said that "when it became clear that the problem was not just a local problem", the council chairman, then Professor R W Charlton, was informed

"When it was clear there was a public health hazard

— on the day it was identified — the chairman sent a letter or a telegram to the company informing them that a safety risk existed which could not be allowed," Prof Folb said.

"The company was instructed that all stocks in South Africa and South West Africa should be returned and the company was instructed to send telegrams to all hospitals and others who might have stocks, to freeze the stocks. At the same time an order was given for an emergency meeting of the MCC"

Prof Folb refused to state

## TABATZNIK AND LURIE EXPLAIN

— See Pages 18 & 19

on what date the situation was identified as a public health hazard. He also refused to disclose what complaints had been received, from which hospitals and when they had been received by the council.

The special meeting — unique in the history of the MCC — was held in mid-July 1979.

Representatives of the company who were summoned to attend the meeting in Civitas Building, headquarters of the Department of Health, were managing director Mr Brian O'Donnell, his deputy Mr Tony Karis and Mr Albert Sacks, a consultant at the Labethica factory.



# DON'T DEGRADE

# US! Angry nurses slam public searches

93  
City Press  
20/2/83

**EAST LONDON** — Black nurses at East London's Frere Hospital are furious about the "degrading and humiliating" security searches in front of the public, while their white counterparts walk in and out untouched.

The nurses say they are sick and tired of being harassed and humiliated by searches at the hospital entrance.

"This is going to put us in a bad light with the public who might jump to the conclusion that we are a bunch of thieves," said one disgruntled nurse.

"It's strange that we should be searched and yet this does not

By **BENITO PHILLIPS**

happen to the white nursing staff," she added.

Community leader and management committee chairman Francis Barlow has taken the matter up with the superintendent and a spokesman for the nursing associations said they would be holding a meeting soon to discuss the issue.

The superintendent, Dr R M Newberry, said the hospital was fully entitled to search staff "irrespective of rank and colour".

He said the question of embarrassment caused to staff by the public searches would be investigated and put right shortly.



● A Frere Hospital nurse flees

## Dr K may step into bucket dispute

CP Reporter

THE Duduza township council will ask Dr Piet Koorhof to intervene in the deadlock between it and the East Rand Adminis-

tration Board over the bucket toilet system in the area.

This was disclosed by the council's deputy chairman, Mr Kebane Moloi, who complained that the township's 3 729 families have been living in filthy conditions since the 60s.

Mr Moloi said his council began negotiations with the East Rand Administration Board (Erab) for the laying out of water-borne sewerage in the township in 1981. He said the matter was shelved when his council and Erab reached a deadlock.

"We are now planning to ask Dr Koorhof, Minister of Co-Operation and Development, to come into the picture and solve the problem," said Mr Moloi. "After all, the laying out of such a service is the responsibility of the authorities."



**DAMAGED HAIR**

## Aging, ailing faces judgment

CITY PRESS Correspondent

**CAPE TOWN** — The trial of trade unionist Oscar Mpetsha and 17 others, in which more than 100 witnesses have testified in the past two years, has been adjourned for argument to March 28 in the Supreme Court.

The witnesses who testified this week were

the last to give evidence before Mr Justice Williamson gives judgment.

Their evidence brought to a close the first section of the case, which began on March 3, 1981, and has covered more than 10 000 pages of re-

cord. Mr. Original Terror counts 18 years. One men, rotholi discha

## SHACK TOWN DESTROYED

**CAPE TOWN** — Only hours after ordering the destruction of an entire shack village of 600 homes, Western Cape Chief Co-Operation and Development Commissioner Timo Bezuidenhout told reporters: "This is a lesson to us all that accommodation is badly needed for

had sprung up among the shacks long to families without had promised in the Western Cape. Shortly before the into action, angry women WCAB's Nyanga



## No complaints over 'gifts' to doctors

# SA medical group won't order probe

By PAT SIDLEY  
Consumer Mail

THE British General Medical Council (GMC) is inquiring into relationships between doctors and the pharmaceutical industry in the wake of the recent Oralflex (Opren) scandal.

The South African Medical and Dental Council — equivalent of the GMC — is not investigating the problem despite allegations by the Sunday Express that doctors in the public service had received gifts from a pharmaceutical company.

A spokesman for the SA Medical and Dental Council said yesterday the council still had not received a complaint on which it could act and although it could take action without a complaint, this was not contemplated.

The spokesman said, however, that if new directions were taken by the British GMC, his council would look at the proposals with a view to possibly modifying

existing rules.

The deputy registrar of the British GMC, Mr Robert Grey, told the Rand Daily Mail yesterday that the Standards Committee (a committee which governs the ethical behaviour of British doctors) was looking into relations between the medical profession and the pharmaceutical industry.

It had met once, would be doing so again and would then make any recommendations to the full council in May.

He said the current guidelines were "rather limited". They covered dishonesty and improper financial transactions as well as doctors prescribing medicines for commercial purposes, when the doctors had a financial interest in the pharmaceutical company.

British doctors working in hospitals were also currently required to declare their interests to hospital authorities if they were connected with any firm supplying hospital equipment.

Mr Nico Prinsloo, registrar of the SA

Medical and Dental Council, said yesterday that according to the council's rules, South African doctors were not allowed to encourage the preferential use of medicines if they received valuable gifts in return.

They could also not trade in medicines — beyond dispensing to their own patients.

SA doctors are not prohibited from holding shares in pharmaceutical companies provided they are public companies (more than 50 shareholders).

The apparent reluctance of the SA Medical and Dental Council to investigate the allegations of corruption in the medical profession had a mixed reception from doctors yesterday.

A spokesman for the Medical Association of South Africa (Masa) said the matter would be taken up by Masa.

A doctor who cannot be named for ethical reasons said he believed the further the council stayed from doctors, unless there had been gross neglect of a patient, the better.

## New turn in faulty drip bags row

Consumer Mail

THE chairman of the Medicines Control Council (MCC), Professor Peter Folb, will seek permission "from the appropriate authorities" to make a full disclosure of the events leading to the withdrawal of intravenous drip bags found to have fungus growing in them.

This follows disclosures in the Sunday Express that a subsidiary of SA Druggists

supplied the faulty drip bags to hospitals, but that they were only withdrawn by the MCC eight months after the first complaints were made.

Prof Folb had told the Express that, in terms of the law, he was unable in terms of the law to disclose the details.

Yesterday he told the Rand Daily Mail that under the Medicines and Related Substances Act of 1965 he was unable to divulge any infor-

mation from a (drug company's) dossier.

But in view of the fact that the MCC now had a "cloud of suspicion" over it, he was "examining the possibility through the appropriate channels of making a full disclosure".

Prof Folb said the MCC was responsible to the people of South Africa and not to any other authority.

He would not allow it to

have a cloud of suspicion hanging over its activities.

Referring to allegations that a staff member of the council had received a TV set at a discount from SA Druggists, he said he did not know "if the man had committed a crime".

"What goes on in the MCC is my business," he said, by which he meant he was responsible for the behaviour of staff of the MCC and would look into the matter.



## Eviction row

THE protest by Africhem, a black-owned KwaThema company, at their eviction from a township building by white medical practitioners, is to be considered in today's monthly meeting.

A spokesperson for the company said medical practitioners took this step in favour of a white pharmacist.

*Sowe fan*

*24/2/83*

*(scribble)*

*(scribble)*

*93*

# admits funding 6-week trip

paid for tickets issued to them in London for a side trip to Copenhagen and Malmo on June 10. According to a note by C E Electro Medical's accountant, Mr Colin Resnick, the cost was shared by the company and a French X-ray equipment manufacturer, CGR.

This week SAD also announced that it intended retaining the services of a senior executive despite his admissions that he had made "abnormally generous" gifts to doctors and public officials.

Mr O'Donnell said that Mr Gerald Pienaar was a "most competent executive who has made valuable con-

tributions to our company".

SAD had decided to retain his services because, he believed, the actions to which Mr Pienaar had admitted were the result of "influences which no longer exist".

Other developments following Sunday Express reports of gift-giving in the pharmaceutical industry include:

● An announcement by the Administrator of the Transvaal, Mr Willem Cruywagen, that the company activities of the chairman of the Transvaal Provincial Council, Mr B D T Boshoff, are not included in the brief

of the Commission of Inquiry he has appointed.

Mr Boshoff was employed by Continental Ethicals shortly after the company was faced with a crisis in the provincial council about its supplies of X-ray film to the province in 1977.

● Mr L V de Kock, retired president of the Johannesburg Regio Court and member of the board which reviews banning orders, was appointed to investigate only reports concerning Dr Grové and Dr Schepers.

● The Minister of Health, Dr Nak van der Merwe, rejected a call for a national commission of inquiry. A

full commission of inquiry had been proposed by the chief opposition spokesman on health, Dr Marius Barnard, MP.

● Disciplinary action is to be taken against Mr Jack Nicholson, the senior Natal administration official named by the Sunday Express as having received gifts from employees of SA Druggists.

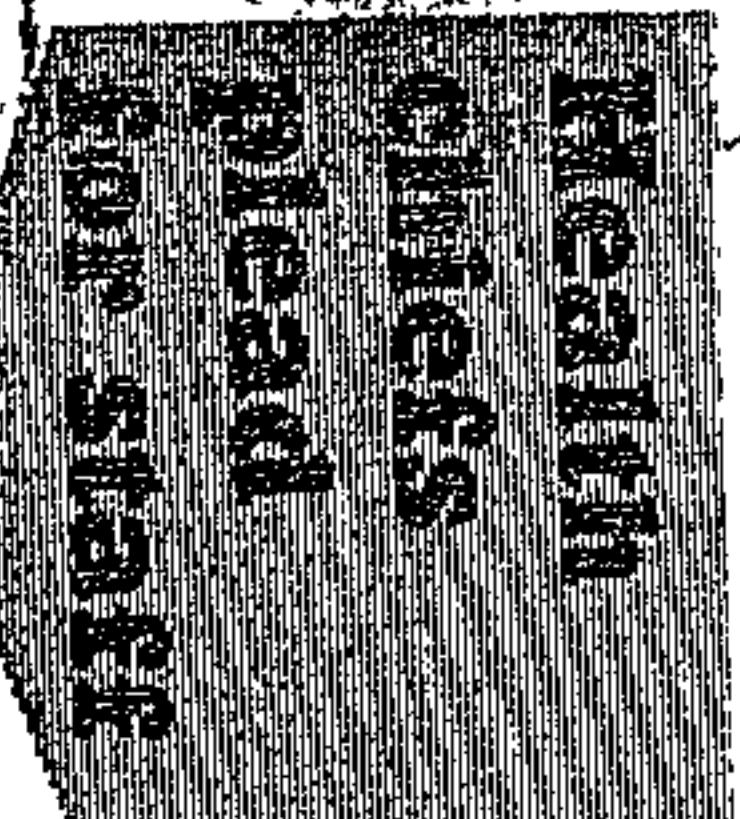
But the Administrator of Natal, Mr Stoffel Botha, said that while it was true that Mr Nicholson had received gifts there was no evidence that preferential treatment was offered to or received by the company as a result.

93

Express

27/2/83





# Professors named on Kaye gift list

S.M. Express  
29/8/83

93  
93

**BY BARRY STREEK**  
MEDICINES had to be hastily withdrawn from the market because of an acute shortage of inspectors in the Department of Health.

In its annual report tabled in Parliament this week, the department admitted its inspectorate was operating with only 25% of its normal staff. Quality had suffered as a result.

The department was unable to conduct the necessary routine inspections of pharmaceutical manufacturing facilities, the report said. Inspections had been limited to factories with serious problems.

Serious incidents occurred where the relevant medicines had to be hastily withdrawn from the market as a result of the total lack of quality of the products, concerned.

These incidents emphasised the "absolute necessity" for obtaining necessary staff.

In the Witwatersrand area recruiting came to a standstill last year because starting salaries could not compete with those paid in the private sector, the report said.

The position with approved staff was even more serious, the report said. In the circumstances, the department's staff position was far from healthy.

FIVE medical professors have been named in company documents as being among those who were given gifts from Mr Isaac Kaye's Alumina group of medical supply companies.

The doctors named were:

- Professor Saul Zwi, dean of the University of the Witwatersrand Medical School.
- Prof Brian Cremun of the Department of Radiology at the University of Cape Town.
- Prof Albert Solomon, former head of radiology at Sowe-to's Baragwanath Hospital.
- Prof F Zaidy, formerly of the Department of Medicine at the University of Pretoria, now at 1 Military Hospital, Voortrekkerhoogte
- Prof Andre van As, formerly of the University of the Witwatersrand and head of the Department of Medicine at the J G Strijdom Hospital.

Earlier the Sunday Express reported that Prof Harry Settel had accepted a TV set from Continental Ethicals, a company in the Alumina group, in return for carrying out medical trials for the company.

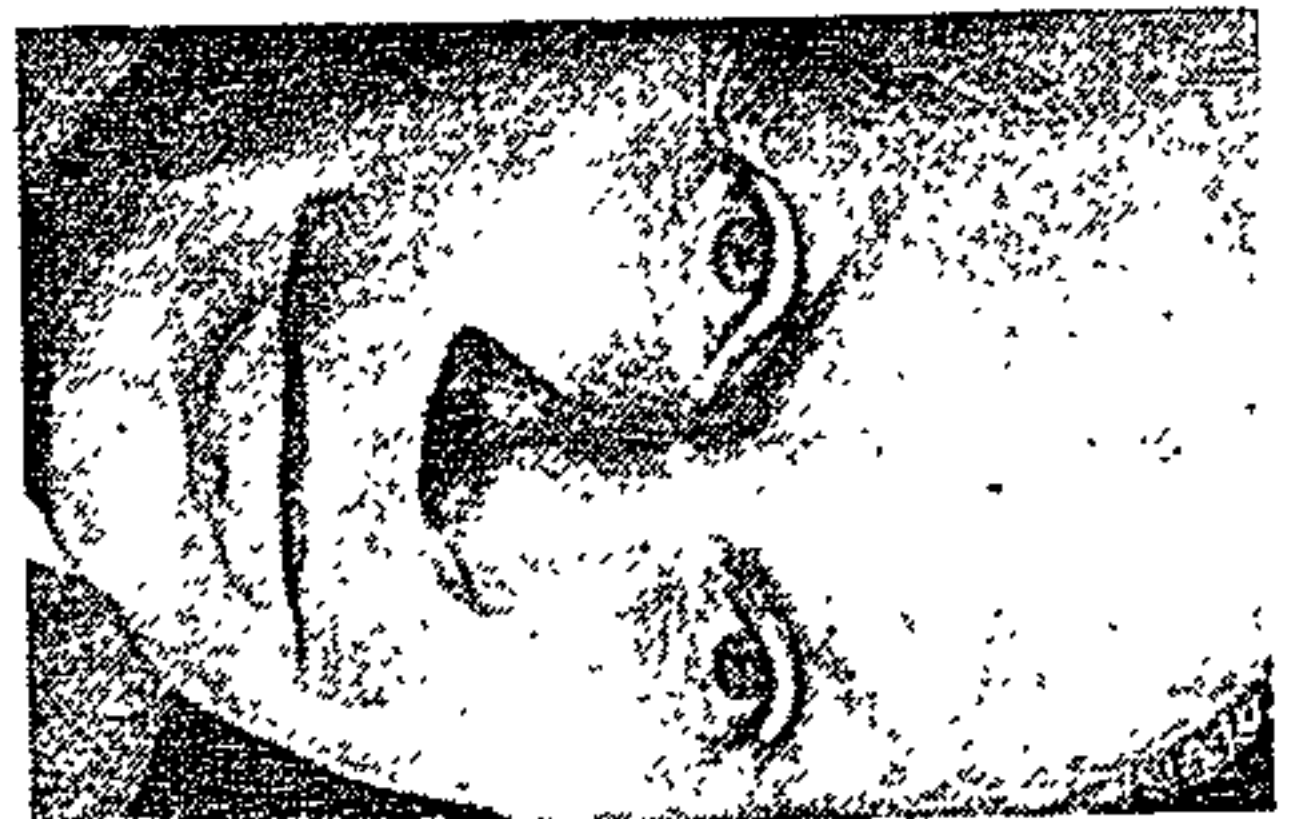
Asked by a Johannesburg newspaper to comment on Prof Settel's TV set, Prof Zwi was quoted as saying he was "not aware" of any action planned against Prof Settel.

This week Prof Zwi was asked if he could explain a number of credit card payments recorded as having been made in his favour by the same company. He replied: "Not really".

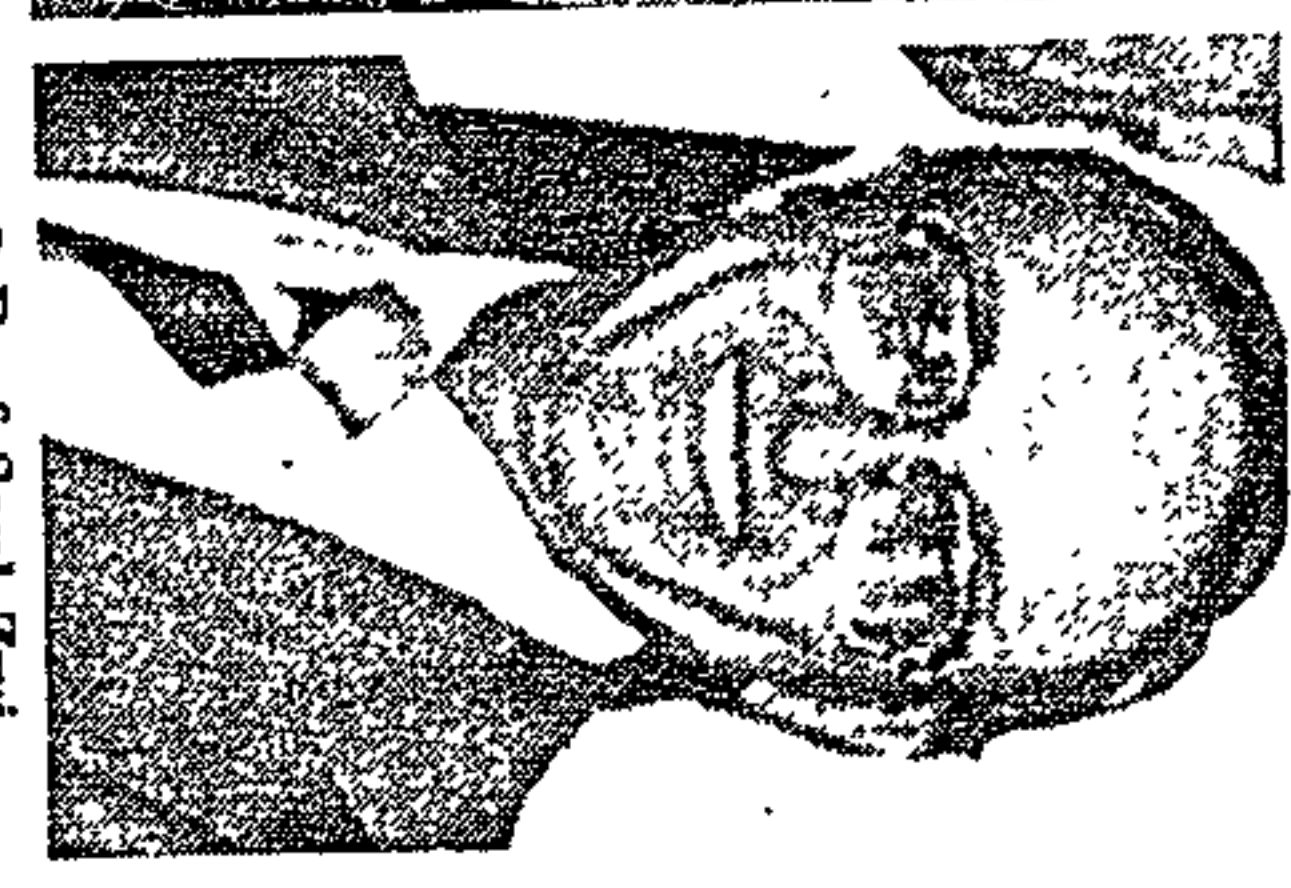
The payments for Prof Zwi made in 1975, are described in company documents as "advertising and gifts". They were: R115,70 in June, R45 in August and a further R104,15 in September, the latter described as "gift for Prof Zwi".

## BY ARIENE GETZ

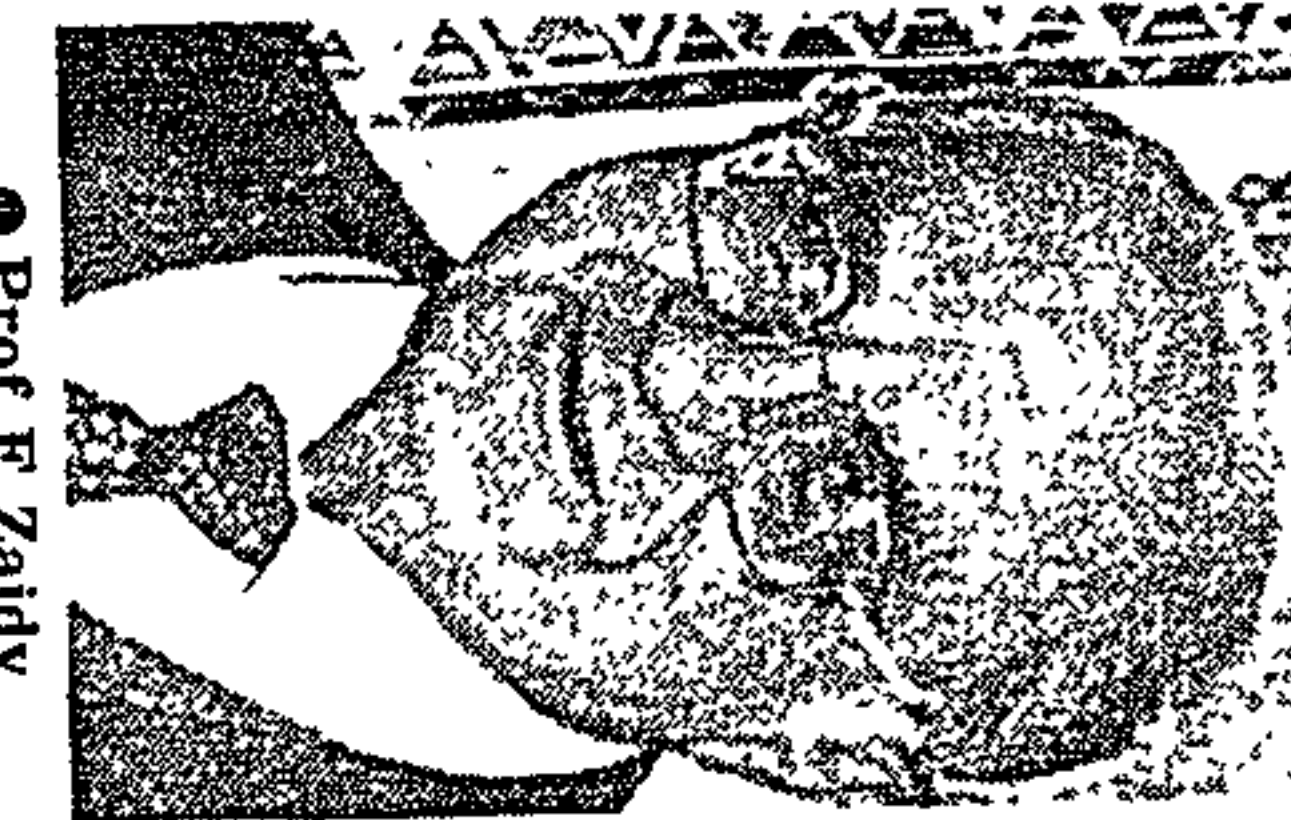
● Prof Albert Solomon ... left SA in 1979



● Prof Saul Zwi ... credit card payments



● Prof F Zaidy ... travel payments



such a company or a Mr Kaye. But, when reminded of a letter signed by him to "Dear Isaac" in July 1978, in which he wrote of sending "some port" to Mr Kaye and a Mr Mike O'Dillon, Prof Cremun broke in: "One bottle".

He denied receiving anything at all from Mr Kaye or his companies.

Telephoned again this week, Prof Cremun denied that CE had paid for a visit by himself and his wife to the X-ray film factory of 3M Italia, Ferrania, Italy in 1975.

"Nobody paid my fare to Italy," Prof Cremun said. He added: "I have no influence on decisions or contracts about Continental Ethicals, none at all."

"I was there and might have been visiting the factory and looking at some film, but I have no knowledge that I or my wife's fare was ever paid for. In fact it wasn't."

Prof Cremun said that if he had visited Italy in 1975 he would have paid his own expenses.

According to invoice No. 29454 of World Travel Agency in Johannesburg, dated April 1975, 3M Italia were charged R4 237 for visits to Italy by Prof and Mrs Cre-

then controlled by Mr Isaac Kaye and partners.

He said the company might have paid R2 333 in 11 post-dated cheques to Stan- nic — through which he had bought several cars — for the hundreds of hours he had put into advising them on their products and how to market them.

"I cannot actually say if CE paid me in this way because I advised so many pharmaceutical companies," he said.

Dr Van As said he had always resented the fact that academics who had done so much work for drugs companies to advance research were compensated so little for their work.

"But among some officials helping to get the drugs coded and so on — there was a different ball game going on there."

He said it was common practice for drugs companies to pay travel expenses for academics attending congresses. He recalled that CE had paid for himself and his son to travel to Cape Town where he had delivered a lecture at Tygerberg in 1975.

Dr Van As named several Government officials who, he said, were known to accept large bribes. He was assured inquiries would be made.



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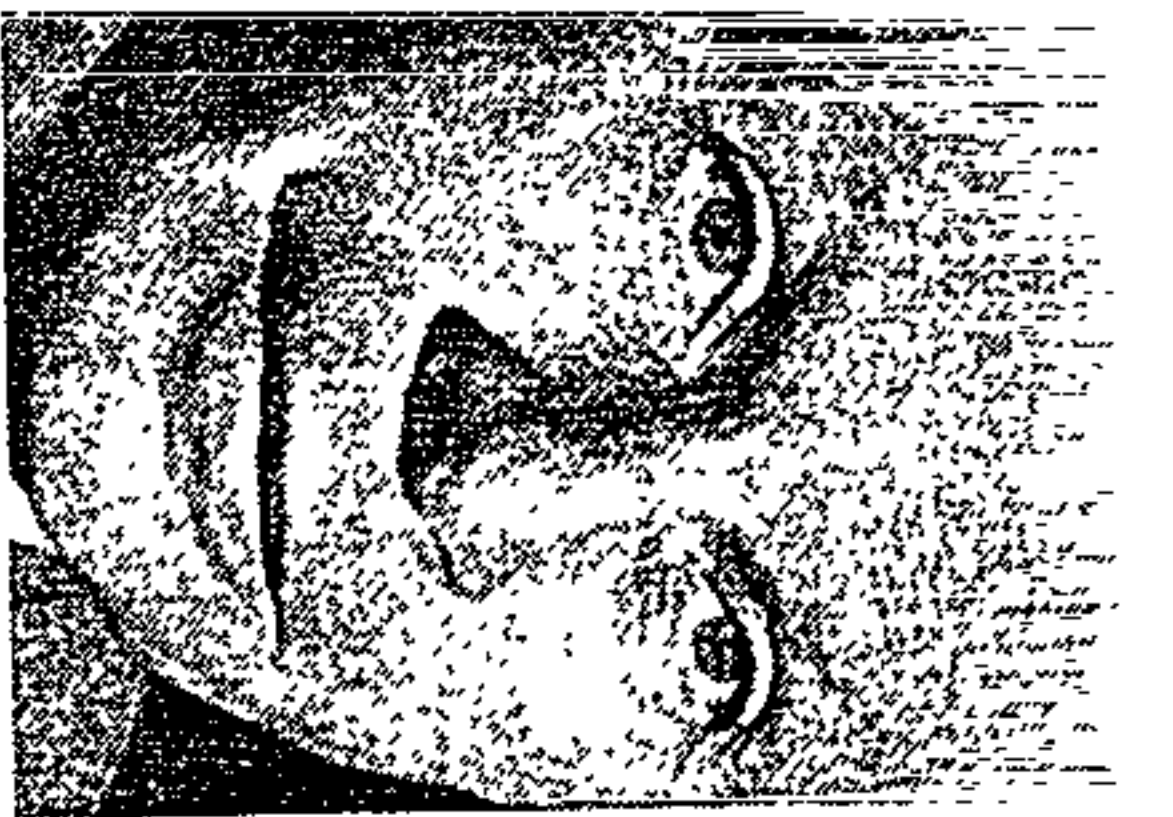
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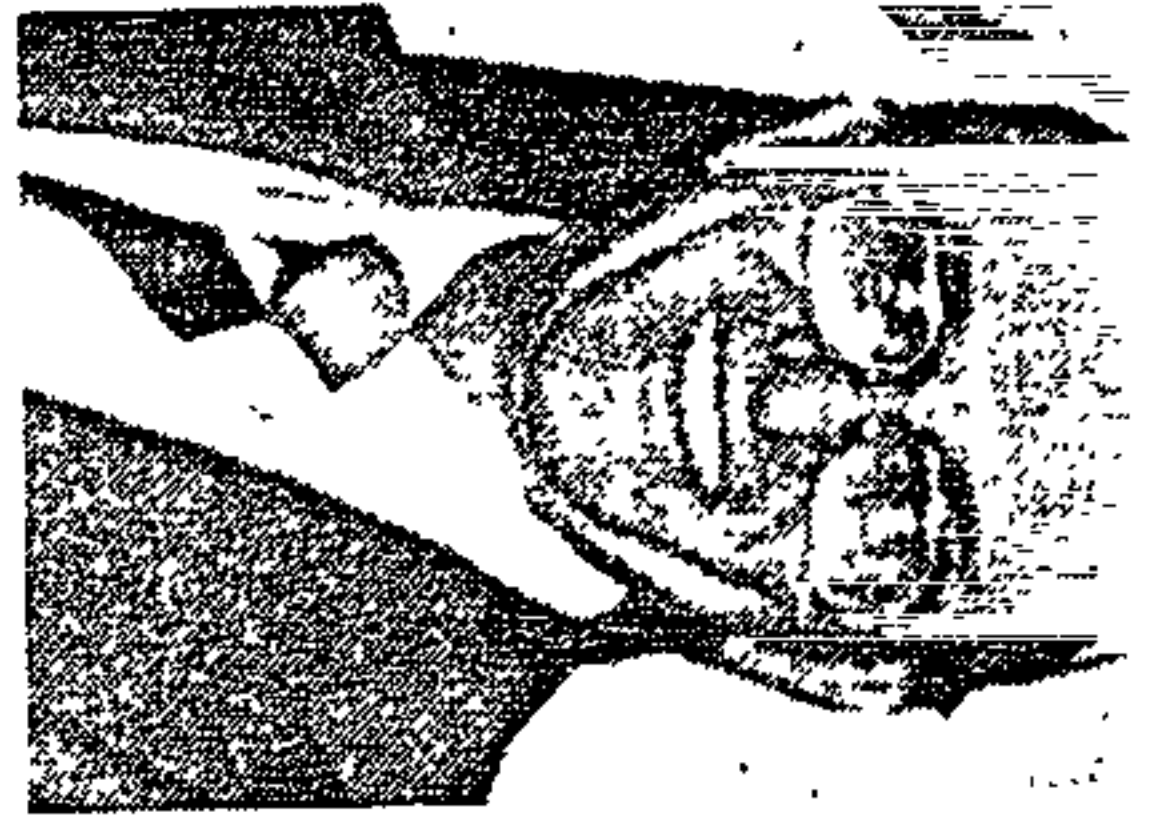
Also in September the company paid R386,20 to Remies Travel for Prof Zwi.

According to documents in 1976 two further payments were made for Prof Zwi: R112,76 in February and R57,75 in March.

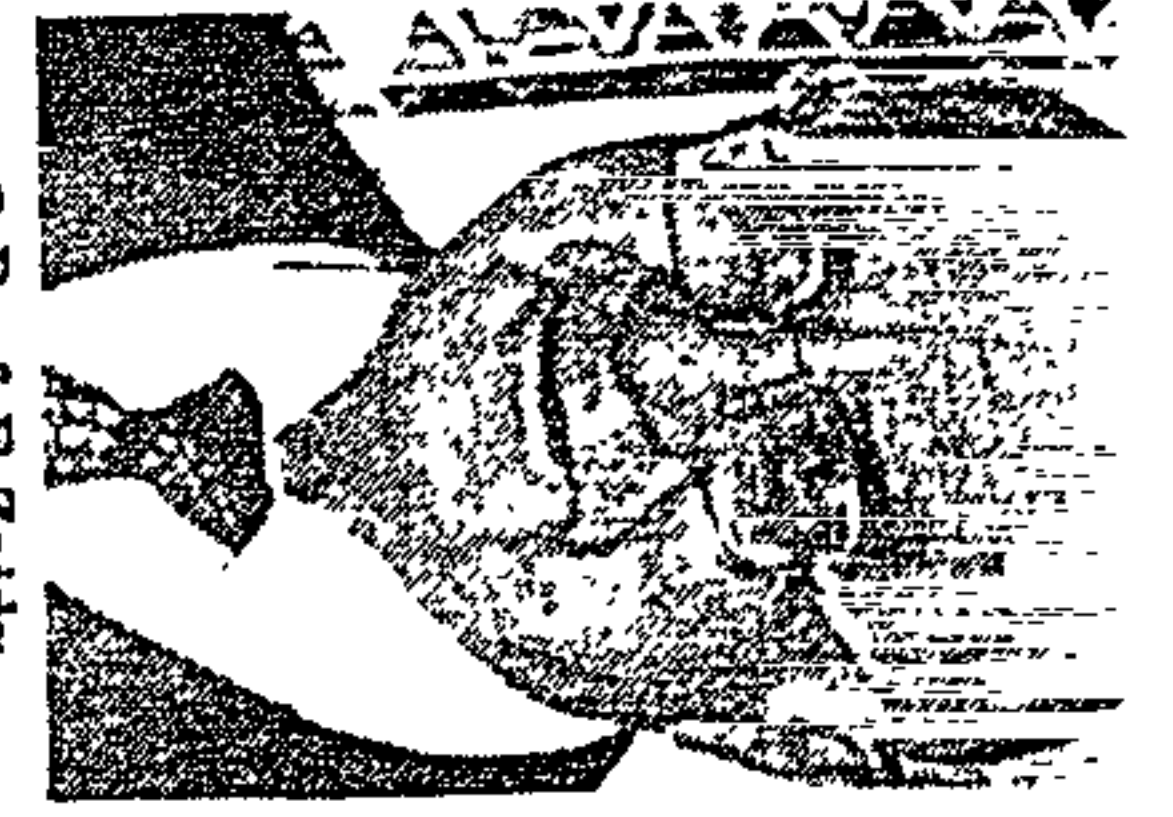
Asked about his dealings with CE and Mr Isaac Kaye, Prof Brian Cremin at first said he knew nothing about



● Prof Albert Solomon ... left SA in 1979



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BY ARIENNE GETZ

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Prof Cremin said that if he had visited Italy in 1975 he would have paid his own expenses.

According to invoice No. 28454 of World Travel Agency in Johannesburg, dated April 1975, 3M Italia were charged R4 237 for visits to Italy by Prof and Mrs Cremin and Prof and Mrs Solomon, described as "heads of radiology department at Groote Schuur Hospital and Baragwanath Hospital, respectively".

The account was, addressed to 3M's agents in South Africa at the time, Continental Ethicals. The account was, however, paid from Italy by 3M, Ferrania.

Prof Solomon left South Africa in 1979 and could not be contacted this week. Earlier company documentation shows a bank draft was obtained by the company in favour of Prof

He said the company might have paid R2 333 in 11 post-dated cheques to Stanbic — through which he had bought several cars — for the hundreds of hours he had put into advising them on their products and how to market them.

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Dr Van As named several Government officials who, he said, were known to accept large bribes. He was assured inquiries would be made.

A spokesman for the Provincial Secretary in Pretoria said doctors employed in Provincial hospitals were prohibited from doing work or receiving payment in cash or kind outside of their official employment.

In exceptional circumstances, permission could, however, be obtained from the Administrator to take a few hours employment. If work was done without this permission, however, the cash or the equivalent in cash of goods received in payment had to be paid in to the treasury.

While he had been at the J G Strijdom Hospital he had been involved in the testing of an asthma drug for CE,



# Drug firm

27/2/83  
S. Express  
SOUTH African Druggists has admitted — after “calmly considering” its reply — that in May 1979 it paid for a six-week overseas trip for Dr G. Schepers, Transvaal’s deputy director of hospital services, and his wife.

Dr Schepers was sent to Israel and other countries to view medical equipment — “a practice common in the equipment industry” — SAD said.

This admission followed an earlier company denial. While still chief executive of SAD subsidiary CE Electro Medical, Mr Peter Goldberg claimed in an interview conducted in the presence of SAD vice-chairman, Mr Brian O’Donnell, that the tickets had been arranged at short notice by

the company but the cost had been refunded by the provincial authorities.

Dr Hennie Grové, Transvaal director of hospital services, too, had claimed in an interview with the Sunday Express that his department had paid for Dr Schepers’ trip.

Dr Grové said the company had only paid for Dr Schepers hotel bill in Tel Aviv. Dr Schepers had paid this amount into the Treasury on his return to South Africa.

Documents in the possession of the Sunday Express show that R1 651 was paid by SAD subsidiary CE Electro Medical (Pty) for two air tickets, London/Europe, departing on May 2 for Dr and Mrs Schepers.

An additional R809 was

# Accounts differ on contaminated IV fluid packs

Reports by MARTIN WELZ  
and WILMAR UTTING

SOUTH African Druggists and the Medicines Control Council this week gave differing accounts of the circumstances that led to the withdrawal of the company's intravenous fluids from the South African market, seven months after contamination was reported by hospitals.

Medical experts said last week that contaminated intravenous fluid packs supplied to hospitals throughout South Africa by SAD in 1979 could have proved fatal. The MCC agreed it was a public health hazard.

"SAD insisted this week that a health hazard did not exist".

Both SAD and the MCC still refused this week to divulge details of the complaints received from hospitals throughout South Africa between November, 1978 and July, 1979.

But SAD revealed that there had been not one, but two withdrawals of its fluid packs, the second, in the Transvaal, as recently as 1981.

On both occasions the packs were found to have leaked, allowing the contents to become contaminated with fungus or bacteria.

The main differences between the two accounts given this week were

● The MCC disclosed that after a complaint from Weskoppies Hospital on November 18, 1978, a detailed inspection of the Labethica plant (where the packs were made) by MCC officials had "revealed several defects in production which the council ordered to be rectified as a matter of urgency".

MCC chairman Professor P I Folb said the company had undertaken to stop all production related to the defective systems. A month later, he said, the MCC had received a written assurance from SAD that its specifications for quality control at Labethica's factory had been met.

SAD made no reference to such an instruction in a statement this week. Instead, the company merely admitted it had previously had problems reported to it.

But, it said, "manufacturers having confidence in their product cannot institute a recall every time they receive a complaint".

When manufacturers investigated they "often" found the

damage was due to rough handling or improper storage.

● In the MCC's statement Prof Folb said no further complaints had been brought to the notice of the council until June 27, 1979. He did not elaborate. The SAD statement said simply that "the main contributor" to problems at two Natal hospitals in June was that the hospitals had stacked the cartons of fluid too high, subjecting the lower cartons to too much pressure. The batches "thought to be affected" were withdrawn from the market.

By July 6, the MCC said, it had received reports that contaminated IV fluid had been found at other hospitals and immediately ordered Labethica to stop production. The company was also ordered to send telegrams to all hospitals, instructing them to 'freeze' stocks.

But, according to SAD, all it did early in July was to send Telexes to hospitals, cautioning them to carefully examine all containers to insure they were not punctured and that the solution was clear before using them.

Medical staff using the fluid

packs were, in any case, required to inspect them before use, the SAD statement said.

Medical experts and Prof Folb agreed that the fluid was frequently administered under emergency conditions which did not allow for close examination to detect possible contamination.

● On July 13 the MCC executive held an extraordinary meeting to discuss the matter and instructed the company to cease all production and to retrieve all stocks already distributed and destroy them.

Prof Folb said this had happened after the MCC had found a widespread public health hazard existed. But SAD insisted this week that a major health hazard never existed.

The company's statement does point out that after the second withdrawal in 1981, the company scrapped the packaging and introduced new American technology.

It emerges from SAD's statement that the 1981 problems, which were restricted to the Transvaal, arose because in this province the fluid was still supplied in a single-layer pack. The other three provinces had already, after the first incident, insisted on double-layer packs.



# The new Drug Pushers

(93) (183) S. S. News 27/2/83



## WHAT A COMMISSION OF INQUIRY SAID FIVE YEARS AGO ABOUT GIFTS TO DOCTORS

**BY MERVYN REES**  
LEAVING aside Professor Chris Barnard's admission this week that he received presents ranging from new cars and gold medals to clothes from well-wishers, gifts to doctors from pharmaceutical companies have long been the subject of controversy.

Professor Guy de Klerk, chairman of the Medical Council of South Africa, describes such gifts as "utterly reprehensible", while Professor Peter Folb, chairman of the Medicines Control Council, puts it more strongly:

"My attitude is unequivocal. No person operating with the MCC may accept anything whereby he may be influenced or be seen to be influenced by pharmaceutical companies. Not even a cup of coffee."

But as long ago as 1978, the 10-man Steenkamp commission of inquiry into the pharmaceutical industry found that free-gift advertising in South Africa had assumed "ugly forms".

Under the heading of 'Questionable business practices and actions', the report of the commission noted that a leading pharmacologist had said in evidence: "We probably have just about five times too many medicines in the market in South Africa".

The report said: "Here, as

elsewhere, the pharmaceutical sector indulges in both excessive and objectionable promotion. It is true, no doubt, that products produced at such high cost and risk render powerful promotional efforts necessary and inevitable.

"It is likewise true that other industries also expend much money and effort on marketing that serves no other purpose than product differentiation. But these considerations are not sufficient to make it unnecessary to try to curb waste of scarce resources."

"Apart from the allegation that certain pharmaceutical manufacturers have started giving pocket calculators, tape recorders, motor cars and air tickets to medical practitioners in an effort to promote their products, the practices that caused most discussion before the commissioner are 'sampling' and 'bonusing'."

The former involves the distribution of samples to medical practitioners which, the commission said, "improves competition if it serves to attract attention to new and better medicines". "Like most things, however,

it is subject to abuse and it then ceases to be beneficial. Thus, it has come to the attention of the commission that a dispensing doctor wrote to a manufacturer demanding samples and threatening otherwise to stop prescribing its products."

"The commission also criticised the giving of 'bonus' supplies to practitioners ordered new pharmaceutical products, which practice, it said, was "excessive".

The report went on to describe another "objectionable" development — both from the economic and ethical aspects — and outlined the strong reluctance of the SA Medical Council to act in the matter.

"As early as October 1972 it was brought to the attention of the Medical and Dental Council — the self-governing body of the medical profession that is expected to harmonise the interests of its members with those of the public — that groups of medical practitioners had formed companies (three were mentioned at the time) that contracted with pharmaceutical concerns to supply them with medicines.

"It took the Medical Council no less than nearly five years to resolve the issue, and that in a manner that does not yet appear to be effective.

"Rather than promptly draft an ethical rule prohibiting such action on the part of medical practitioners, it declined to act before, as was stated in one of its letters, 'evidence could be adduced that shareholders... were prescribing specific drugs, as well as the manner in which such drugs were prescribed...'

"Eventually, after further pressure and protracted investigation by the council, a charge was laid and a doctor found guilty, according to the evidence of the chairman of the council.

"The council then proceeded to draft a new ethical rule that, it considered, would prevent doctors from trading in medicines and profiting by it."

A practitioner was not to: ● Participate in the manufacture for commercial purposes, sales, advertising or promotion of, or in any other activity which amounts to trading in, any medicine as defined in the Medicines Control Act, 1965.

to devote its attention not only to the possibility of reducing prices or the rate at which they will inevitably increase in a time of continuous inflation, but also to the objectionable and wasteful actions and practices both in the pharmaceutical industry and in the medical profession."

The report said the commission was "of the opinion that the authorities should, by and large, continue to refrain from direct interference in this area, provided the industry, with the assistance, where needed, of the Medical Council and the Pharmacy Board, proves its willingness and ability to discipline itself."

"The commission understands, in fact, that the executive of the industry association is already taking steps in this direction."

It recommended that free-gift advertising and "bonusing" be prohibited and that the Medical Council and the Pharmacy Board be required to promulgate suitable ethical rules to achieve this, but that, for the rest, the industry be given an opportunity to curb excessive promotion of all types of medicine and to demonstrate its ability to do so before any further action was contemplated.



# Chandeliers are chickenfeed!

IN A submission to the Medical Council, the Medical Association of South Africa reported last year that 2 000 of the country's 16 000 medical practitioners were responsible for yearly sales of dispensed medicine totalling a staggering R30-million.

Thanks to special deals offered to them by the pharmaceutical industry, doctors who do their own dispensing can make profits of up to 300%.

Given the high cost of prescription medicine, a doctor can double his consulting fee by supplying the medicine as well.

Consider what the 2 000 dispensing practitioners must earn at such profit margins from sales of R30-million a year! Chandeliers, champagne, luncheons and trips to the Far East pale into mere chicken feed in comparison.

The practice of doctors dispensing for (and not with) profit is a growing trend that is potentially as great a source of embarrassment to the medical profession as the current furore over TV sets, lunches, rifles, chandeliers and holidays abroad.

The real 'gifts' by the drug companies are the abundantly tempting deals offered to the medical profession — deals which MUST strain the objectivity of even the most sainted prescriber.

Doctors have the right and the duty to dispense for their own patients in certain circumstances, where the convenience and the well-being of the pa-

## By a DOCTOR

tient is the first consideration.

But the tremendously tempting deals offered by the drug companies to doctors who prescribe their products is turning the practice of dispensing into a lucrative business.

A mild example is that of the wholesale price minus 15%. Since it is common for doctors to charge medical aid societies or patients the 'retail' or 'Mims' price based on the smallest pack, the wholesale minus 15% deal applied to moderate bulk buying yields easily in excess of about 100% markup. Margins of 300% are not uncommon.

A pharmacist who put pressure on a medical representative to give him the same deal as the dispensing doctors was sold 200 bottles of medicine, given a bonus of another 50 bottles and a further 'bonus' of 150 bottles euphemistically called 'replacements of damaged goods'. This yielded to the pharmacist an easy 100% markup — 400 for the price of 200.

It has also become a clandestine practice for some doctors to buy from drug companies and then sell to wholesalers who then sell to pharmacies who then sell to the patient — many bites at the cherry.

The increase in trading by doctors is naturally viewed with extreme alarm by the pharmacist who is after all the professional person trained to distri-

bute medicine. Informed pharmaceutical sources have told me of four pharmacies closed in country towns over the last year as a direct result of competition by doctors who simply took over the dispensing.

Pharmacists in Nababeep, Britstown, Willowmore and Hopetown all had to fold their tents and head back to the cities, depriving the dorps of a pharmaceutical service.

The subject of trading in medicine by doctors was of concern to the Steenkamp commission of inquiry into the pharmaceutical industry which recommended in 1978 that the practice be stopped by legislation.

The findings of the commission were accepted by the Cabinet but then the matter seems to have been shelved.

While the SA Medical Council disapproves of doctors dispensing with profit as a motive and in direct competition with pharmacies, it accepted in 1982 a recommendation by the Medical Association of SA that the matter not be discussed for another two years.

This is a pity. The incoming president of MASA, Dr J J Geere, observed what he called 'an unusual pattern' of practice in recent years: he felt the dispensing of drugs by doctors, usually more costly than dispensing done by pharmacists, required investigation and possibly specific licensing of doctors to dispense.

● The writer of this article is an eminent medical practitioner who cannot be named. He wrote voluntarily to the Sunday Express.



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By Colleen Ryan  
Many South African doctors are buying drugs at cut prices from manufacturers and making profits ranging from 50 to 800 percent in the re-sale of the medicines, claims Mr. Kosie van Zyl, vice-president of the South African Pharmacy Board.

## Doctors are cashing in on drugs trade, says Van Zyl

ridiculously low prices," Mr van Zyl told The Star. In a recent issue of SA Retail Chemist, Mr van Zyl was quoted as saying some doctors received extra bonuses from manufacturers for selling their medicines

only sell to their own patients, but some also re-sell to retail pharmacies and wholesalers. "Everybody is making a good profit in the chain of buying and selling and it is the man-in-the-street who is the loser."

ages a large wholesale drug business in Cape Town, said doctors had approached him offering to sell medicines at prices lower than the manufacturers' wholesale price. "These manufacturers are selling drugs to doc-

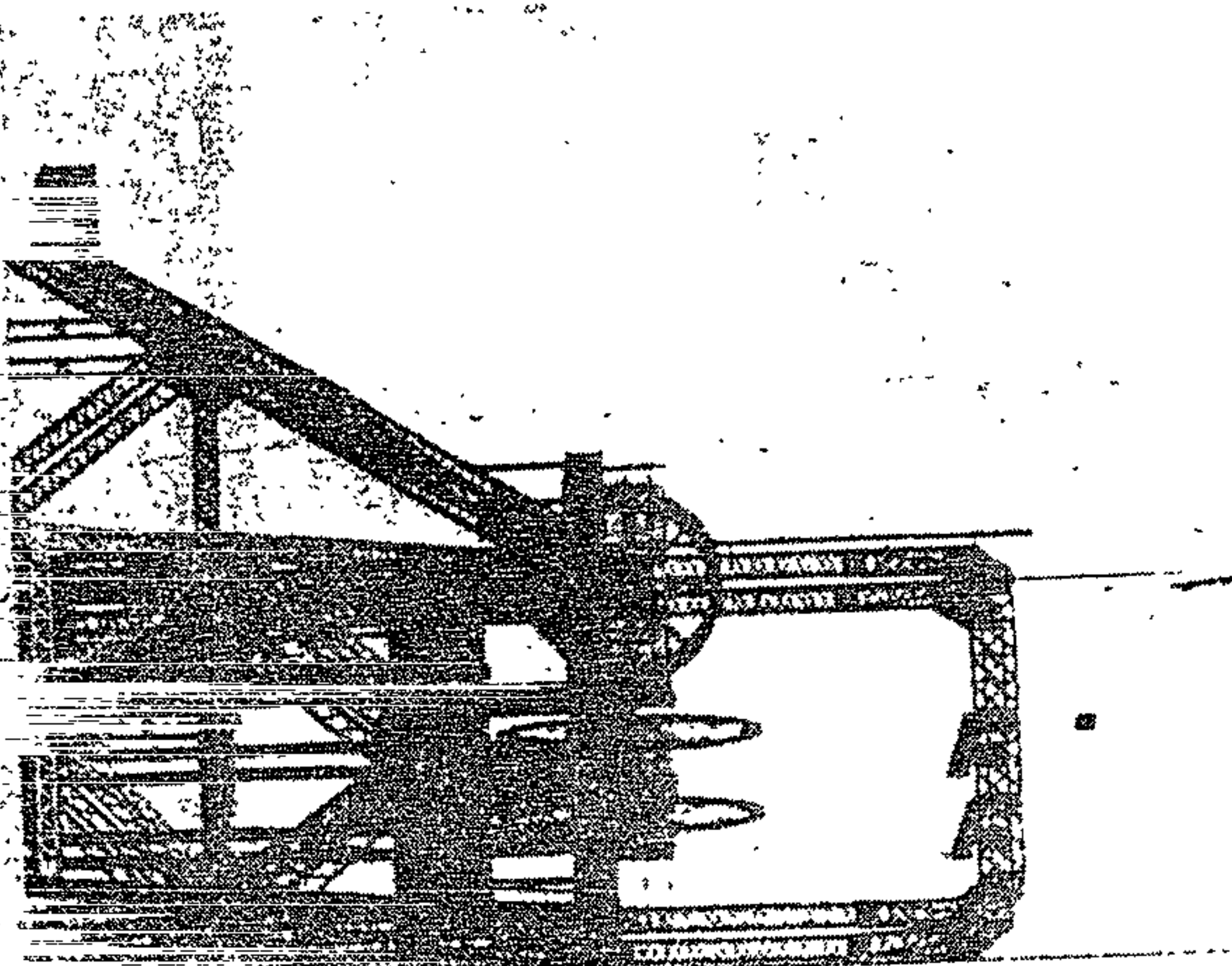
tors cheaper than they do to wholesalers," he explained. Mr van Zyl, who is also a member of the SA Medical and Dental Council, said the council had policy rulings regarding the dispensing of drugs. "Doctors should not sell drugs in competition with pharmacies, and if a situation arises where they do dispense drugs, they are required to recoup their money at a reasonable profit level."

## Plan for R60-m canal scheme to go ahead

CAPE TOWN — The Government has decided to go ahead with the construction of a R60 million canal scheme between the P K le Roux Dam and the drought-stricken Rietrivier area in the southwestern Orange Free State.

The decision had been taken despite severe financial restrictions, the Minister of Agriculture and Fisheries, Mr Sarel Hayward, said in a statement issued in Cape Town.

The Rietrivier area was experiencing an exceptional drought and the



For 28/2/83 (A3)

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# 'Gifts'

# — Wits

# dean

# resigns

CAPE Times 5/3/83  
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Own Correspondent

**JOHANNESBURG.** — Professor Saul Zwi yesterday resigned as dean of the University of the Witwatersrand Medical School as a result of reports that he received gifts from a medical supply company.

The Sunday Express reported last week that Professor Zwi received several credit card payments from the Alumina group of medical supply companies in 1975 and 1976. Five payments, ranging from R45 to R115, were recorded.

A further amount of R386,20 was allegedly paid to Rennie's Travel for Professor Zwi.

Professor Zwi's resignation will come into immediate effect, the Wits vice-chancellor, Professor D J du Plessis, said yesterday. However, his position as professor of respiratory medicine would not be affected.

Professor Du Plessis stressed that Professor Zwi's resignation was voluntary and was motivated by a fear that "recent press statements might impair the image of the deanship".

Professor Du Plessis also disclosed yesterday that a committee consisting of "the most senior" members of the Medical School staff had been appointed to "formulate



Professor Zwi

guidelines as to what the relationship should be between staff and the pharmaceutical industry".

There was an "unusually close relationship between the pharmaceutical industry and the medical profession" which had led to "confusion among staff as to their exact attitude with the pharmaceutical industry", he said.

The university now realized there was a problem and Professor Zwi was a victim of the problem, said Professor Du Plessis.

Professor Zwi's deanship lasted scarcely two months — he took over from the former dean, Professor Philip Tobias, in January this year.

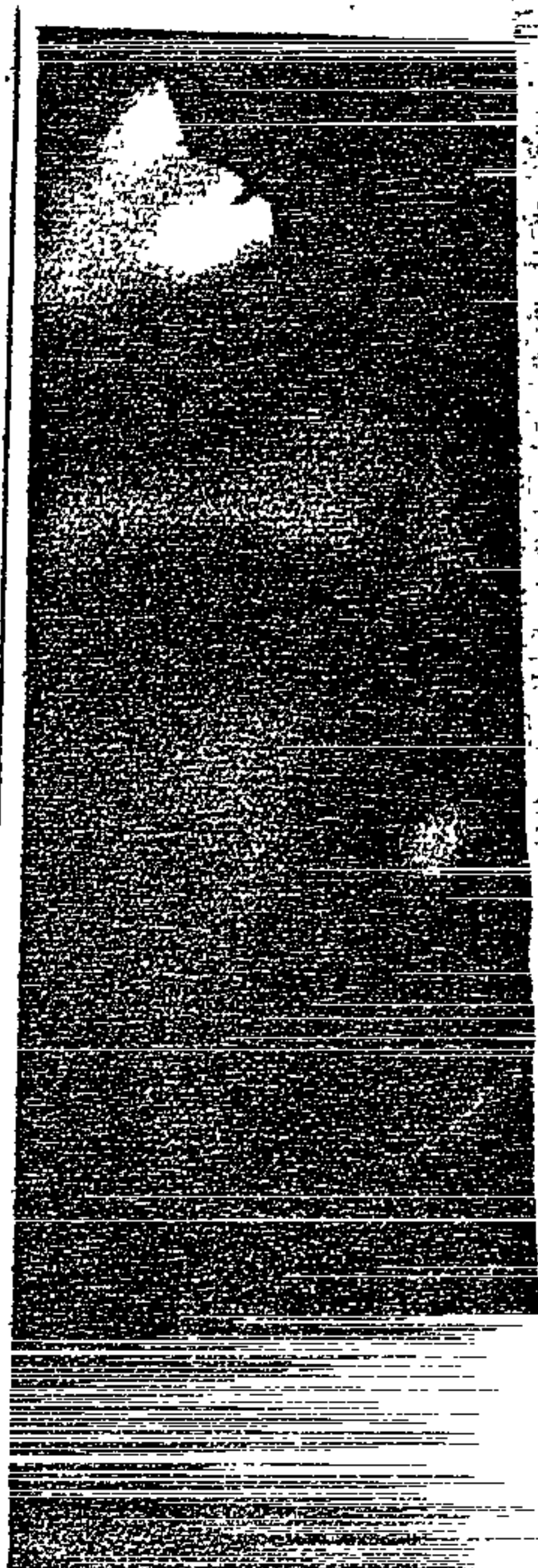
Commenting on Professor Zwi's resignation, Professor Du Plessis said: "The university is completely satisfied that he has at all times behaved in an honourable manner and has never allowed his medical judgement to be influenced by any non-professional consideration."

### 'Unfortunate'

"The university understands and admires Professor Zwi's concern that no aspersion should be cast on the deanship and has therefore with great reluctance accepted his resignation."

Professor Zwi declined to comment on his resignation and referred all queries to Professor Du Plessis.

The director of Hospital Services, Dr Hennie Grove, declined to comment.



All the terrors of tobogganing team from the University of the Witwatersrand, YMCA, launches...

● HOMEFINDER appears with today's Cape Times.  
● On Monday JOBFINDER will appear with the Cape Times

● Further easing of exchange control  
● Porter buys Motors W P for R1,5m

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CLASSIFIED ADVERTISEMENTS BEGIN ON PAGE 11 TODAY

### BUSINESS BRIEF

Gold (close) .. \$412,50  
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# The student who risked all by asking for a company sponsorship

A MEDICAL student recently appealed to medical supply companies for sponsorship to spend six weeks at an overseas hospital, promising to "promote and use" company products once he had qualified.

The 21-year-old student wrote: "Apart from the good will that would be generated, I would make a concerted effort to promote and use your products at every opportunity once I have qualified."

"As I intend to specialise, I believe this could be of much benefit to your company."

The student's letter was shown to the Sunday Express by a company executive who said: "They're learning young nowadays."

"He is probably not aware of the full significance of what he is suggesting, selling himself like this. This letter, if it was forwarded to his university, could destroy him."

The young man, who said he was studying at the University of Cape Town, attached a copy of a record of his school career and gave full details of his 'curriculum vitae' at the university.

He said all (medical) students were expected to "complete an elective training at any recognised hospital in the world"

"As I believe that it would prove immensely valuable to the enrichment of my career and the broadening of my experience, I would very much like to spend this period at a hospital in Europe or America."

"I inquire if your company would be prepared to sponsor me in covering travelling and accommodation expenses."

The company replied that it was unable to assist.

● The Sunday Express has agreed, at the request of the company executive, to withhold the student's name from publication to avoid ruining his career at its outset, but his identity is known. — Editor.



PROFESSOR Neil Goodwin, chief anaesthetist at Addington hospital and at the University of Natal, approached Labethica, a company in the SA Druggists group, to pay the costs of a trip to America in 1979.

The sponsorship was arranged by Prof Goodwin through Labethica's sales manager, Mr Gordon Shalvey.

Mr Shalvey told the Sunday Express that he had checked his records and found that the amount of R2 200 for Prof Goodwin's trip had been paid by the company to the University of Natal.

The accountant and also a director of Labethica at the time, Mr Louw de Villiers, said he remembered the incident because he had

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# Drug firm paid for prof's trip to USA

been asked to pay out the amount without any formal estimate of Prof Goodwin's expenses having been supplied. Prof Goodwin had also refused to supply the company with vouchers.

"Under normal circumstances I would have refused to pay the amount asked for without vouchers," Mr de Villiers said. "But we were having trouble in Natal with our intravenous fluids and Profes-

sor Goodwin had tremendous influence on what intravenous fluids were accepted. I was made to understand that we had no choice but to pay for his trip."

Professor Goodwin confirmed that he might have approached the company for assistance to attend congresses in America and Spain that year. "The amount would have been paid into our department's travel fund at the university and I

would have collected it from there," he said.

Asked why he did not supply the company with vouchers, he replied: "The university and the province I always give vouchers when I go on a trip paid for by them. But I have never given a pharmaceutical company receipts for a trip it has paid for."

Professor Goodwin said he had subsequently advised Labethica on its intra-venous fluids. He was also an adviser to the Natal administration on intra-venous fluids. But, he said, he had advised several companies on their products in the past in order to improve the quality of medical products.



# Solomon denies he took any gift

Sunday Express Reporter

THE former head of radiology at Baragwanath Hospital, Dr Albert Solomon, has denied absolutely that he ever received gifts or benefits from the Alumina group of medical supply companies.

The Sunday Express reported last week that Dr Solomon was one of five professors named in company documents as having received gifts.

Through his lawyers in Johannesburg, Professor Solomon this week disputed the information contained in the documents, saying that he had "never been given, or received, or accepted gifts or benefits as alleged".

Attempts to reach Prof Solomon before publication failed. It is understood he has taken up residence abroad.

This week, however, Prof Solomon's attorneys wrote to the Sunday Express:

"Our client has never been given, or received, or accepted gifts or benefits as alleged, and, in particular, did not visit Italy, whether in or about 1975. Nor were the expenses of any visit to Italy which our client may have made at any one other time, borne by anyone other than himself."

Reached by phone in Tel Aviv this week, Dr Solomon refused to discuss the matter and referred all questions to his attorneys.

# Kaye confirms: We gave gifts

Sun. Exp. 6/3/83

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MR ISAAC Kaye, managing director of the Alumina group of companies, reacted this week for the first time to allegations that his employees promoted company products by bestowing gifts on influential doctors and Government officials.

Mr Kaye's eight-page statement was released to the Sunday Express late this week after several attempts had been made in recent weeks to arrange a personal interview with him.

Contradicting claims by the managing director of South African Druggists, Mr Brian O'Donnell, that executives had continued to act under the influence of the Alumina directors for "some time" after the takeover of the group by SAD in September 1977, Mr Kaye denied responsibility for anything that happened subsequent to that date.

Although Mr Kaye remained a director of SAD until last year he claimed that from "about mid-1977" the management and control of the group was taken over by South African Druggists executives and "I had no line function".

His Alumina group had endeavoured to obtain the benefit of the best medical brains in South Africa, he

## BUT DOCTORS DIDN'T GET THE PRESENTS AS AN INDUCEMENT, SAYS ALUMINA BOSS

Mr Kaye said, and had called on people of the calibre of Professor Joe Muller and Prof A J

Brink and other eminent medical people for advice. Mr Kaye admitted that

Prof Muller, who was professor of radiology at the Carl Bremer and Tygerberg Hospitals, at the time had acted as an adviser to his group on quality control and other aspects of X-ray film. Prof Muller had visited Italy on his company's behalf and had also received a gift of chandeliers from the group's principals in that country.

Prof Muller was senior adviser to the Cape Provincial Administration and

South West Africa on the purchase of X-ray film at the time.

Mr Kaye also said: "In accordance with common practice prevailing in the drug industry throughout the world, gifts were given to some medical practitioners, not as an inducement, but in appreciation of their having prescribed drugs marketed by the Alumina group," the statement said.

Mr Kaye said his group at



Mr Isaac Kaye eight-page statement

no time offered gifts or favours in expectation that anyone would "forego his duty and favour us," the statement said.

The Sunday Express has again requested an interview with Mr Kaye to clarify several issues arising from statement. However, his public relations adviser, Mr Ben Tenkin, informed the Sunday Express that Mr Kaye was not prepared to be questioned "at this stage".

# Minister sticks to his guns on drugs inquiry

By BARRY STRECK

THE Government has again refused to appoint a commission of inquiry into allegations of corruption in the distribution of drugs.

The Minister of Health, Dr Nak van der Merwe, this week rejected a renewed call for a commission by the Opposition spokesman on health, Dr Marius Barnard. Dr Barnard said it was time something was done to stop practices that brought medicine into disrepute.

He said a commission was necessary because "these allegations, based on good reasons, must be investigated. We are paying too much for our pharmaceutical products," Dr Barnard said.

Dr van der Merwe replied that the cost of medicine and allegations of gifts to doctors should be separated.

He accused the Sunday Express of making every effort to involve certain departmental doctors in "one or other problem situation".

Dr van der Merwe said: "I can say with the greatest confidence that no doctor who is in the service of the Department of Health and Welfare is involved in the whole situation."

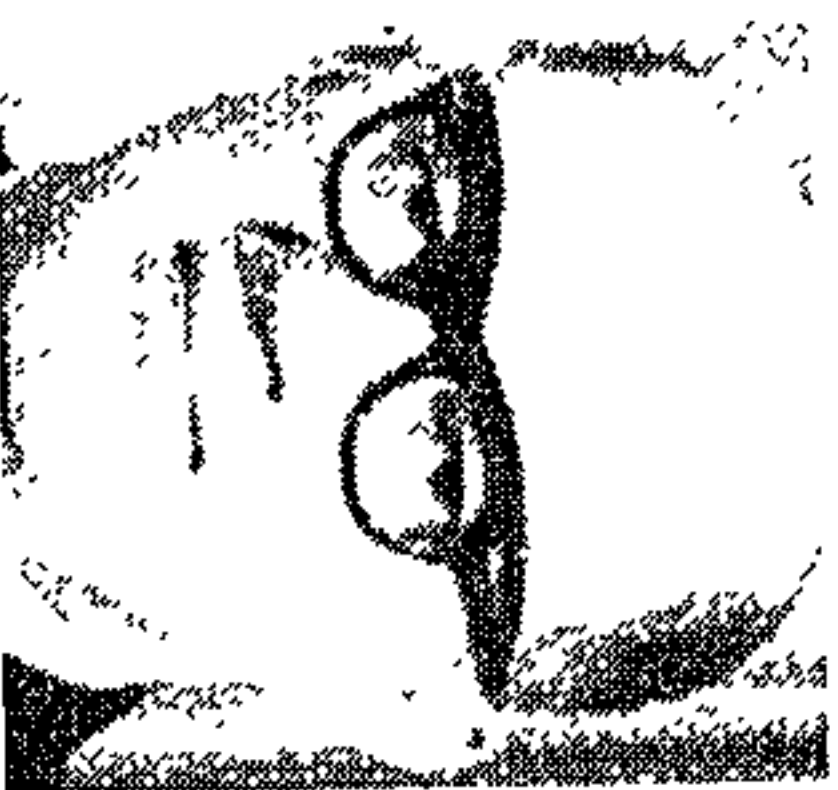
He regarded the allegations about Professor Andrew Brink, dean of the faculty of medicine at the University of Stellenbosch and a member of the SA Medical and Dental Council, in "a very, very serious light".

In Parliament Dr van der Merwe said Prof Brink had given him evidence that he had the permission of the university council and the Rector of Stellenbosch university for the work he had been doing.

"To therefore make allegations of this sort throughout the country, to make accusations against honourable people, only fills me with abhorrence," Dr Van der Merwe said.

He said substantive complaints should be taken to the Medical Council.

"My call to those people is to bring the facts forward and stop gossiping," he said. FOOTNOTE: The Sunday Express has r



Dr Nak van der Merwe "gossiping"

immediate family were paid out more than R30 000 in cash and SA Druggists shares for their interest in Alumina. The purchase price of the shares was then deducted.

The Sunday Express has also reported that Prof Brink received a company car in 1975, even before he was formally appointed a director of Labethica. The company paid for its licence and insured it at a cost of R200 a year. Prof Brink also received

Records as having held shares in the Alumina Development Corporation, which controlled the Labethica company of which he was a director.

The Labethica company produced and sold an intravenous fluid in defective bags which caused fungus to grow in some of them. Prof Brink has been described as its technical adviser.

Prof Brink did not immediately pay for his 4 000 Alumina shares which were held through the Alumina Development Trust and registered in the name of a private company, Jamap Beleggings (Pty) controlled by Prof Brink and his wife.

Four years after he received the shares he or his

R107.27 a month to a finance company for his Datsun CY39294 in 1976 and 1977 by Continental Ethicals — not the company of which Prof Brink was a director.

● Two dividend cheques for R203,77 each, paid to his company Jamap Beleggings in 1976.

● An item described as a 'gift for Prof Brink' from the company in February 1978, costing R442.

● Alumina paid R5135,00 to Peugeot Citroen SA for a car for Prof Brink and by mid-1978 Prof Brink was shown in the Alumina books as having a company Peugeot (TJ227195).

Professor Brink has refused to discuss these matters with the Sunday Express.



# HOW DOCTORS

**REVEALED!**

S. Express 6/2/83

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267

# BEG

Week Five of the amazing medical scandal expose

# FOR CASH

**See you at Wanderers!**

TAKE a Sunday Express with you to the Currie Cup match today and double your fun!

Transvaal stumble in — See Page 38

By **WILMAR UTTING** and **MARTIN WELZ**

**MEDICAL** supply companies this week produced files of letters to prove they are put under intense pressure by doctors, medical academics and even students to make gifts.

Among the examples given to the Sunday Express were:

- A request to medical equipment supply companies in January by Mr J W Bryer, a surgeon at Natal's Addington Hospital, for money to help him attend a series of medical congresses.

The congresses ranged from Cape Town to New Mexico, and included a "festival" surgi-

cal congress in Edinburgh scheduled to coincide with the Edinburgh Festival

- Professor Neil Goodwin, chief anaesthetist at Addington hospital and at the University of Natal asked Labethica, a subsidiary of SA Druggists, to pay the costs of a trip to America in 1979 (Full report — Page 5)

- A 21-year-old student at the University of Cape Town appealed to medical supply companies for sponsorship of his six-week training course overseas, promising to promote the company's products "once I have qualified". (Full report — Page 5)

Questioned about Mr Bryer's letter, the head of the Department of Surgery at the University of Natal, Professor L W Baker, said: "I do not approve of this practice. I do not believe it is common at this university. It will not happen again."

Mr Bryer said: "If the companies help us, good and well. If not, there are no hard feelings."

In his letter of January 23, Mr Bryer listed nine congresses which he and a colleague wished to attend during the course of this year.

He asked for an indication of the assistance he could expect so that "we can make

## Homefinder comes to Pretoria

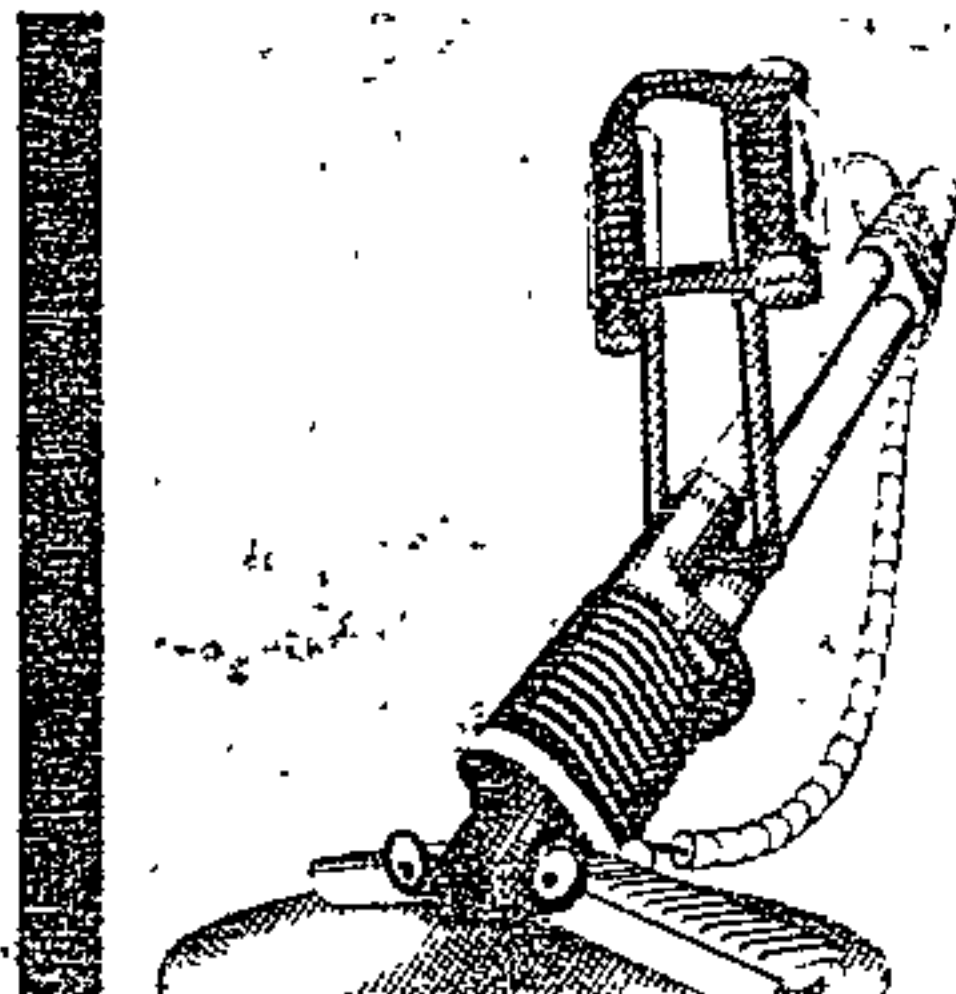
THE Sunday Express **HOMEFINDER**, South Africa's top property medium, comes to Pretoria next week. It will be called Pretoria Homefinder.

It will be packed with news on the Pre-

torian property front and has been welcomed by the city's estate agents and property developers.

The new Pretoria Homefinder. Next week — don't miss it!

To Page 2





# Doctors beg for company cash

From Page 1

arrangements as soon as possible to attend as many as possible".

His letter, under the letterhead of the University of Natal's Department of Surgery, reminds the company of "our co-operation and the use of your products".

One company executive said: "This sort of thing is bare-faced coercion".

Another said: "The soliciting of funds by doctors has reached horrendous proportions. It belittles the profession".

According to the executives who spoke to the Sunday Express this week, requests for money were seldom dropped if a donation was not sent after the first approach.

"Last year, when we did

not immediately agree to help sponsor a trip by Mr Bryer to Seattle, where he was to deliver a paper, he wrote to us again, stressing the extent to which our product was used in his hospital.

Eventually our sales representative told me that if we did not send a donation the use of our products could be adversely affected.

"So we sent Mr Bryer a cheque. What could we do? He had us over a barrel," the executive said.

Mr Bryer's letter, sent to at least two companies, said:

"Mr Rairdoo and I are the full time Consultant Surgeons at Addington Hospital. We run the entire general surgical disciplines Mr Rairdoo controls the Venous Clinic and is attached to the Head and Neck and Gastro-Intestinal Clinics. I run the Breast Cancer Clinic, the

Gastro Intestinal Clinic and Endoscopy Clinics with Dr Good and am attached to the Oesophageal Carcinoma Unit at King George V Hospital. We have recently established an Active and Viable Hyperalmentation Unit at Addington.

"We are desirous of attending some of the following Surgical Congresses in 1983, viz,

"In South Africa: the Surgeons' Refresher Course in Johannesburg, April 28-31, and Gastroenterology (SAGE) in Cape Town, July 4-5.

"Overseas: Australian Surgeons in Hong Kong, April 28-31, and S E Asia Surgeons in Taipei, March 27-30. "Gastroenterology in London, April 20-22.

"Breast Cancer in Amsterdam, April 27-30.

"Colon-Rectum Cancer in Boston, June 5-9.

"Surgical Festival in Edinburgh, August 31-September 2.

"Accident Surgery in Mexico City, September 27-30.

"Your local agents will no doubt better inform you of our co-operation and the use of your products.

"We therefore make a request of you to help us if at all possible. Perhaps you could indicate what assistance you can give us, if any, so that we can make arrangements as soon as possible to attend as many as possible."

Asked for his comments, Mr Bryer said he had at no time suggested that the use of a company's products depended on whether they sponsored his attendance at congresses.

"If they can help, good and well, if not there are no hard feelings," he said.

Since writing the letters asking for assistance to attend this year's congresses, he had been made aware of an 'edict' in the department that such appeals to companies were to stop, Mr Bryer said.

"Now I will not be in a position to go to any congress, except perhaps in Johannesburg. Cape Town is out. My funds have reached the bottom of the barrel.

"There simply are no funds for research or development and we in Government service get such miserly salaries."

Prof L. W. Baker, head of the Department of Surgery, said Mr Bryer had been a very loyal employee for many years but was not in a position to influence the awarding of provincial contracts to particular companies.

He, Prof Baker, had repeatedly reminded his staff that all donations to research and development of knowledge should be sent to the university itself, and not directly to staff members.

However, it was possible that Mr Bryer had not been aware of this.

Since the Sunday Express had approached him, he had seen Mr Bryer's letter and could not detect a suggestion of coercion. "It depends on how it is read," he said.

"Mr Bryer apparently misunderstood our policy which is that before seeking a grant for research doctors should apply directly to the Medical Research Council."

Prof Baker said doctors were forced to approach private industry for assistance because, in Natal at any rate, the province was not sympathetic to subscribing towards research and development.

## Hawke swoops to a sound victory

BY GRAHAM BARRETT  
MELBOURNE — The Australian Labour Party came to power yesterday with a decisive victory in the general election.

The Labour Party leader, Mr Bob Hawke, has been an MP for less than three years, and opposition leader for only a month.

The leader of the governing Liberal Party, Prime Minister Malcolm Fraser, conceded defeat late last night.

Labour will have a majority of at least 19 seats in the House of Representatives.

A calm, cool, and supremely confident Mr Hawke, 53, told Australians on national television that Labour "would give hope where previously there had been despair".

The Labour Party has been in opposition since the day in 1975 when the controversial Prime Minister, Mr Gough Whitlam, was unseated by Mr Fraser and the then governor general Sir John Kerr, in what is still described by bitter Labour supporters as a bloodless constitutional coup.

Mr Hawke was leader of the trade union movement for more than a decade. He

# Wits students plead with Prof over his resignation

By ARLENE GETZ

THE University of the Witwatersrand has been rocked by this week's resignation of Professor Saul Zwi as Dean of the Medical School following Sunday Express reports that he received gifts

from a medical supply company.

His resignation - barely two months after he took office - came into immediate effect, but he remains a professor of respiratory medicine.

Wits medical students planned a mass meeting to

ask Prof Zwi to reconsider his resignation, while the Vice-Chancellor, Prof D J du Plessis praised him for his "honourable" action.

"Prof Zwi is a genuine, delightful chap who enjoys enormous admiration and respect," Prof Du Plessis said yesterday.

"His belief that his posi-

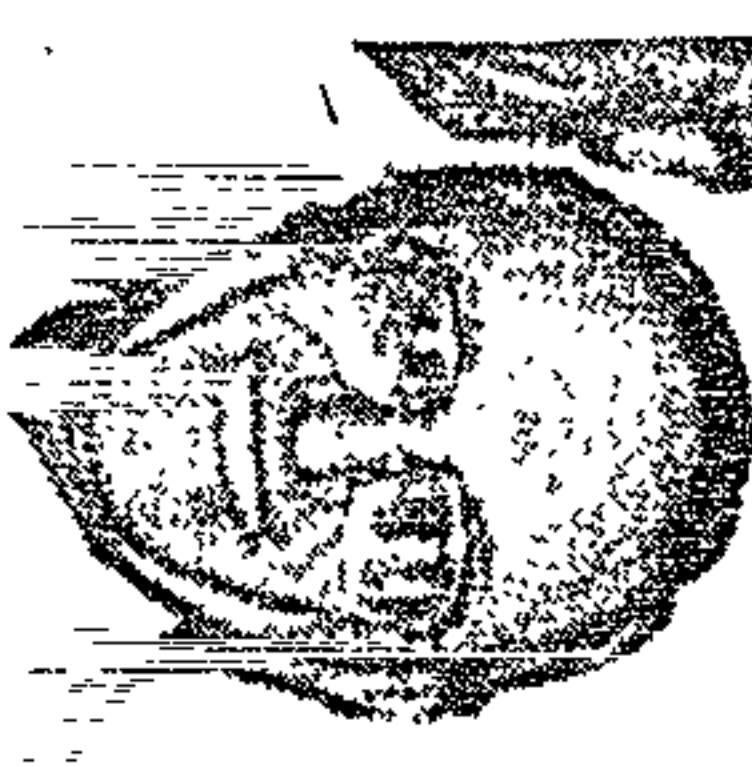
tion was more important than himself has shown a quality of character and a sensitivity which is pretty unique for South Africa.

"If he had been a thick-skinned person he would simply have made a statement and carried on in his position."

Describing Prof Zwi's ac-

lucantly accepted Prof Zwi's resignation because it "understands and admires Prof Zwi's concern that no aspersions should be cast on the deanship."

Prof du Plessis also announced that a committee of senior members of the Wits Medical School was trying to formulate guidelines about desirable relationships be-





# Mass meeting about professor

E. Post 1/31/83  
Post Correspondent

JOHANNESBURG — Witwatersrand University medical students are to hold a mass meeting shortly to ask Professor Saul Zwi, who resigned as Dean of the Medical Faculty of Wits last week, to reconsider his resignation.

Prof Zwi resigned as dean because of his alleged involvement in the medical pay-off controversy unmasked by a Sunday newspaper.

He and four other medical men alleg-

edly received gifts from pharmaceutical companies as goodwill gestures.

He said he would consider withdrawing his resignation if the university allowed it.

Prof Zwi will retain his post as professor of respiratory medicine. He voluntarily tendered his resignation — and Professor D J Du Plessis, Vice-Chancellor of Wits, said he had accepted the resignation with "great reluctance" and that although Prof Zwi had committed an indiscretion he was "not dishonest".

# Probe into alleged plea by <sup>93</sup>medics for <sup>7/3/83</sup>travel aid

## Mercury Reporter

AN OFFICIAL probe is to be conducted into allegations that some Addington Hospital staff members have been requesting medical-supply companies for assistance with travel expenses to get to medical congresses.

Natal's MEC in charge of hospitals, Dr Fred Clarke, yesterday described the disclosures as 'very perturbing'.

It had been claimed in a Sunday newspaper report that an Addington consulting surgeon sent letters to equipment-suppliers on January 23 in which he asked for money to help him and a colleague attend forthcoming congresses in, among other places, Hong Kong, London, Amsterdam and Mexico City—as well as a 'surgical festival' in Edinburgh.

## Declined

Addington's medical superintendent, Dr Margaret Barlow, declined to comment on the controversy yesterday, saying it was a matter to be investigated by Natal's Director of Hospital Services, Dr Johan Vorster.

Dr Vorster could not be contacted.

Dr Clarke, however, said he had read one of the letters as a copy had been sent to him anonymously last week. He regarded the tone of its contents had been 'anything but desirable'.

In the light of the apparent problems in this regard around the country it seemed a meeting was needed between representatives of the university medical colleges, provincial administrations and pharmaceutical industries — with the object of co-ordinating the financing of attendances at overseas congresses.

The present system could at best be described as unsatisfactory, Dr Clarke said, adding: 'And having been in practise myself, I know all about it'.



# Zwi's exit dismays students

By LIZ MCGREGOR  
Medical Reporter

WITS medical students yesterday expressed "deep disappointment" at the university's acceptance of Professor Saul Zwi's resignation as dean of the faculty.

Prof Zwi resigned last week — just two months after he took office — after a report in the Sunday Express that he had received several credit card payments from the Alumina group in 1975 and 1976.

Wits Medical Students' Council (MSC) chairman, Mr Jonathon Moch, said in a statement issued yesterday that "knowing Prof Zwi was a man of honour and integrity, we were not surprised that he resigned, but we are deeply disappointed by its acceptance by the university".

"As an educational institution, the medical school must research and debate the issues raised by this unfortunate state of affairs and formulate guidelines for the relationship between the medical profession and the pharmaceutical and drug industry," said Mr Moch.

Such guidelines would have to distinguish between legitimate sponsorship and advertising, on the one hand, and attempts to influence the professional judgement of the doctor on the other, he said.

"These guidelines must be supported not only by the medical school but also by the medical profession, as well as the suppliers of drugs and medical equipment."

Appropriate legislation should enforce the resulting code of ethics, he added.

"We ask the question: Should it not be an offence to try to bribe a medical doctor in the same way that it is an offence to try to bribe a judge or public servant?"

# We fear docs' <sup>S. Express</sup> anger, <sup>93</sup> firms <sup>1/2/83</sup> claim <sup>13/3/83</sup>

Reports by MARTIN WELZ  
and WILMAR UTTING

**MEDICAL** supply company executives spoke this week of their fear of angering the medical profession by turning down requests for money to enable doctors and medical academics to attend congresses and/or travel overseas.

None of the executives wished to be named, for fear this could lead to a boycott of their products by certain hospitals.

"Ours is a sensitive market," one company executive said. "And there is a very real fear that our businesses could be wiped out should influential doctors or officials decide not to use our products."

The Sunday Express was shown files of soliciting letters received by medical supply companies.

One executive said the number of appeals from doctors for financial help to attend overseas congresses had reached "horrendous proportions".

"There is little money granted in South Africa for research. We sympathise with genuine requests from doctors who believe it is necessary to keep in touch with the latest developments overseas. But the system is open to abuse," the executive said.

The companies were responding to Sunday Express reports that it was common practice for medical companies to give trips and other valuable incentives to doctors who promote the use of their products.

The letters shown to the Sunday Express contradict

public claims by doctors that they had no influence on hospital purchases of drugs and equipment. In their letters to pharmaceutical companies asking for financial assistance they frequently remind the companies of their "co-operation" and their use of a particular company's products.

Executives for the companies agreed that when they were pressed by doctors or medical academics for "financial assistance" they saw in the appeals an implicit threat to their products if they did not pay.

One executive said there were also increasing demands on companies to sponsor local congresses by buying exhibiting space. The companies were asked to pay R500/m<sup>2</sup> to exhibit at congresses which meant, in practice, donating R2 500 or R3 000 to the congress funds.

"What is badly needed is an association which would deal with such requests, and would be able to negotiate a more reasonable price. As it is, individual companies are approached and they often feel they could be victimised if they do not co-operate," the executive said.

He recalled that a prominent surgeon had approached his company to take exhibition space at a congress. When the company declined, the surgeon had then telephoned, warning the company its products could be "blackballed".

"Finally the surgeon threatened a company executive that if we did not pay up the executive could be physically assaulted," the executive said.



Q3 S-EXPRESS 13/3/83

# Wits students plead with Prof over his resignation

By ARLENE GETZ

THE University of the Witwatersrand has been rocked by this week's resignation of Professor Saul Zwi as Dean of the Medical School following Sunday Express reports that he received gifts

from a medical supply company.

His resignation — barely two months after he took office — came into immediate effect, but he remains a professor of respiratory medicine.

Wits medical students planned a mass meeting to ask Prof Zwi to reconsider his resignation, while the Vice-Chancellor, Prof D J du Plessis praised him for his "honourable" action.

"Prof Zwi is a genuine, delightful chap who enjoys enormous admiration and respect," Prof Du Plessis said yesterday. "His belief that his position was more important than himself has shown a quality of character and a sensitivity which is pretty unique for South Africa.

"If he had been a thick-skinned person he would simply have made a statement and carried on in his position."

Describing Prof Zwi's acceptance of gifts from the Alumina group of companies as the "foolish" action of a young man, Prof Du Plessis stressed the former dean had not behaved dishonestly.

He refused to respond to criticism of his acceptance of Prof Zwi's resignation, referring only to the acceptance by the British Prime Minister, Mrs Margaret Thatcher, of Lord Carrington's resignation as Foreign Minister over the Falklands war.

Earlier this week Prof Du Plessis told the Rand Daily Mail the university had re-

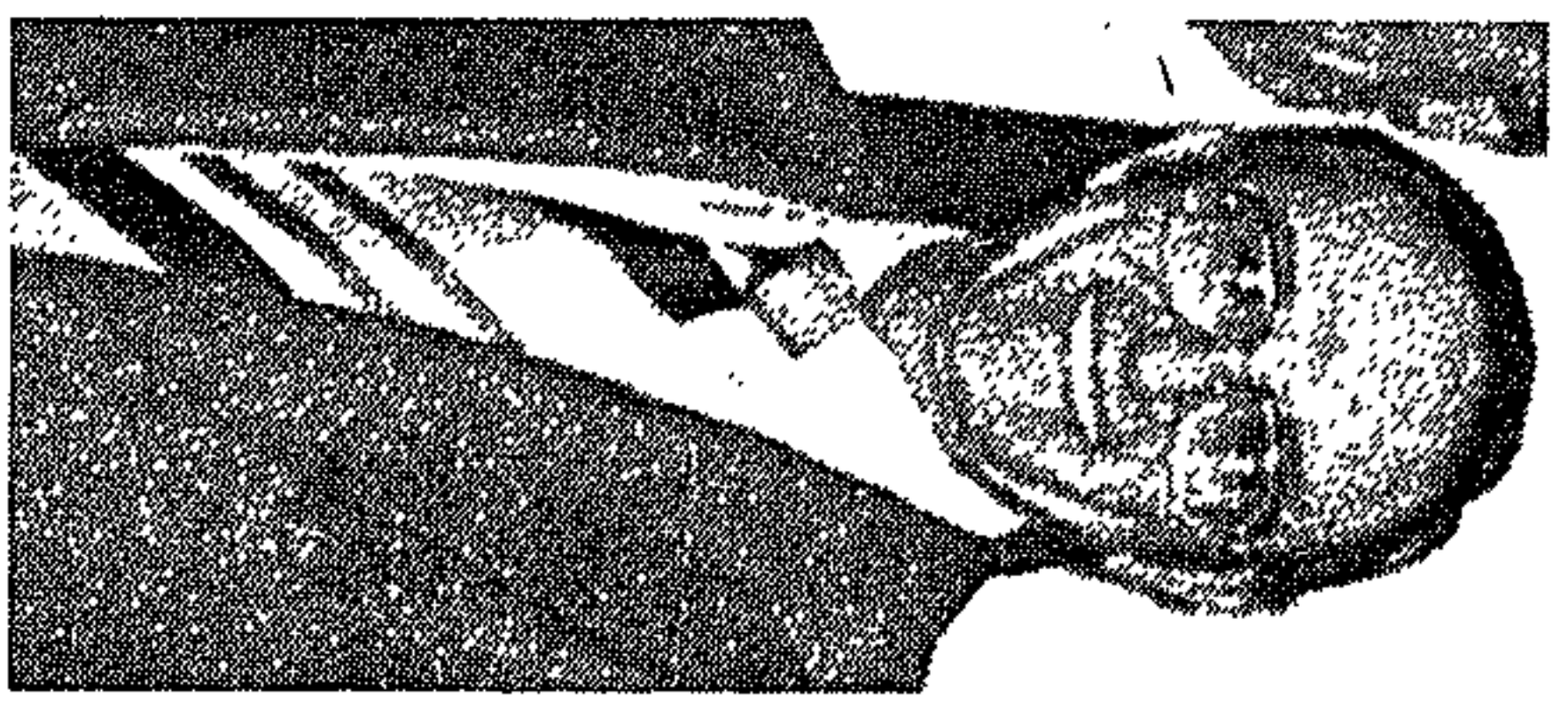
luctantly accepted Prof Zwi's resignation because it "understands and admires Prof Zwi's concern that no aspersions should be cast on the deanship."

Prof du Plessis also announced that a committee of senior members of the Wits Medical School was trying to formulate guidelines about desirable relationships between the staff and pharmaceutical companies.

This move was first suggested by Prof Zwi last month — before the Sunday Express revealed that he had received several credit card payments from the Alumina group in 1975 and 1976.

A further payment of R386,20 was made to Renies Travel for Prof Zwi.

Prof John Barlow, head of the Wits Medical School's department of cardiology, said he was "appalled" at the university's acceptance of Prof Zwi's resignation.



● Prof Saul Zwi ... Alumina payments



# There's just no such thing as medical ethics!

AAAH, the seduction starts young! It begins before medical students even get to the wards, while still in their first years as students.

It begins with gifts from medical supply companies and with requests from students to drug companies to sponsor everything from cocktail parties to conferences.

By the time the young doctors walk off, degree in hand, the incestuous relationship is consummated.

Seduced as much by the argument that "everybody does it" as by the gifts themselves, even the most idealistic medical student puts out his hand to receive the passing 'freebie', whether it be stethoscope, patella hammer, free subscriptions to journals or elaborate lunches in his final year.

And that's where the dilemma begins — for when does a freebie become a bribe and when does a token gift become a hidden persuader?

What is the real difference, one Wits medical student asked this week, between getting a bottle of whisky (acknowledged by many business people as the

## STUDENTS WORRY ABOUT PARKING, NOT PRESENTS

**A Wits medical student looks at an ethical dilemma and finds that future doctors don't care — so long as it's not published.**

BY JILL MCKERRACHER

supply companies, and not those who did it in the first place

The widely held view was that it was "sad" the unduly close relationship between drug company and many top doctors had been exposed — not that it is sad they set out to seduce each other.

The extreme of this view was postulated by one of the most popular candidates in this week's annual Medical Students' Council elections at Wits, fourth year medical student, David Seffel.

After flippantly declaring to a small group of students that "there is no such thing as ethics", he defended the right of doctors to accept gifts on the basis that "everybody does it" and "doctors

that Wits was being brave, not foolish, in taking the lead in working out guidelines for relationships between drug companies and doctors.

The failure of many students to see the relationship with commercial interests as one aspect of the many ethical issues they will face when they practice must be a cause for concern by all those in the profession who do wish to safeguard high ethical standards in medicine, and those on the receiving end of doctors' care, the patients.

Five years ago the Steenkamp Commission stated the practice of drug and medical supply companies seeking to influence doctors with presents, and the doctors accepting them. But this seems to have had little effect in reducing the aggressive lobbying of each other in the name of profit or academic ambition.

Drug companies and doctors are each the villain and the victim but the real loser must be the patient. It is he who risks his health when suspect products are intro-

duced to, or left on the market, or when doctors' objectivity may be compromised by their becoming too close to the drug companies.

It would be naive to suggest that doctors and drug companies should remain entirely separate but the delicate balance between what is a symbiotic relationship that lets each party maintain a healthy independence and a distorted "affaire", is easily upset.

It is up to the doctor to keep the balance in favour of the patient's welfare by maintaining a scepticism and not let it tip in favour of drug companies' profits at possible cost to his patients, no matter what gentle and seemingly innocent persuasion he is offered.

The issue of doctors accepting gifts is not a clear cut one of condemning those exposed of doing it. It should also entail soul-searching among every doctor and medical student and a prospective stand with guidelines for the future and not just a retrospective condemnation.

Suggestions that the universities set up special committees to control and monitor all gifts offered to their medical school staff and handle requests from them for funds for research and sponsorship, may be one way out of the dilemma.

This view was supported by Mr Jonathan Moch, the outgoing Medical Students' Council president, in a statement concerning Prof Zwi's resignation.

He said that the medical school must "research and debate the issues raised by the unfortunate state of affairs and formulate guidelines for the relationship between the medical profession and the pharmaceutical and medical supply industry."

Medical ethics is not part of the formal curriculum at South African medical schools. But the apathy shown in the Medical Students' Council elections to reports of doctors taking gifts or threatening companies indicates that such courses are long overdue. Along with ethical issues

such as abortion, euthanasia, confidentiality, genetic counselling and the treatment of detainees and prisoners, students need to confront the question of what they will do when people with a vested interest in one course of action seek to influence their patient care and how they run their medical school and hospitals.

If future doctors cannot identify the doctor-drug company mutual seduction as an ethical issue, how can patients be sure that they will, or even want to, identify other crucial aspects of doctor-patient relationships?

If medical students don't pause in their pursuit of high marks and the hard grind of ward rounds (and some deserved fun) to recognise that ethics is important, is there much chance they will suddenly see the light the evening their degree gets handed to them?

If the answer is no for even some of them, then patients — and that means all of us — have cause for concern.

S. Eksteen  
13/3/83  
93



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And that's where the dilemma begins — for when does a freebie become a bribe and when does a token gift become a hidden persuader?

What is the real difference, one Wits medical student asked this week, between getting a bottle of whisky (acknowledged by many business people as the acceptable token gift) and the TV set for a study that didn't even produce the results the drug company hoped for?

For many medical students and some doctors, there doesn't seem to be any real difference. Anyway, the ethics of taking gifts, whether they be trips overseas, cars, credit card payments or even personalised stationery, does not seem to concern many of South Africa's future doctors.

Following the lead of Government politicians in other issues, many students this week at Wits chose to blame the Press for exposing the relationship between doctors and drug and medical

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The extreme of this view was postulated by one of the most popular candidates in this week's annual Medical Students' Council elections at Wits, fourth year medical student, David Seftel.

After flippantly declaring to a small group of students that "there is no such thing as ethics", he defended the right of doctors to accept gifts on the basis that "everyone does it" and "doctors are so poorly paid anyway".

The day after saying during a noisy election meeting that "everyone does it", Mr Seftel topped the poll in the MSC elections. The medical students who voted (to give a high poll of nearly 70 %) based their choice more on such "hot" issues as who would get to park closest to medical schools.

Indeed, most medical students and some doctors seem oblivious to the damage that the practice of gift-giving, or acquiescence in it by silence, can do to the credibility and image of a medical profession still haunted by the ghost of Steve Biko.

Somewhere in the debates as to whether doctors should take gifts or beg for sponsorships from drug companies — few and far between as such debates are between students at Wits' new R75-million medical school — the man in the middle whom the doctor takes on oath to serve, has been forgotten.

Patients do not speak with one voice or have a powerful "Patients' Association of South Africa" to safeguard their interests, but what is best for them and the future of medicine in South Africa should remain as the pivot point of the argument.

Until the resignation of Wits' Dean of Medicine, Prof Saul Zwi, the dilemma of the relationship between doctor and drug company, and their seeking to influence one another with gifts and threats, was not an issue in the medical students' council elections.

Subsequently, none of the 12 candidates for the five places on the faculty council took the unpopular stand of supporting Prof Zwi in his resignation or applauded his courage in being one of the few people named so far who was prepared to make a personal sacrifice for the institution he served.

In a week during which Wits Medical School was inundated with election speeches and manifestos, no one dared to voice the view

that Wits was being brave, not foolish, in taking the lead in working out guidelines for relationships between drug companies and doctors.

The failure of many students to see the relationship with commercial interests as one aspect of the many ethical issues they will face when they practice must be a cause for concern by all those in the profession who do wish to safeguard high ethical standards in medicine, and those on the receiving end of doctors' care, the patients.

Five years ago the Steenkamp Commission slated the practice of drug and medical supply companies seeking to influence doctors with presents, and the doctors accepting them. But this seems to have had little effect in reducing the aggressive lobbying of each other in the name of profit or academic ambition.

Drug companies and doctors are each the villain and the victim but the real loser must be the patient. It is he who risks his health when suspect products are intro-

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# Inquiry into death of patient

D. D. Dispatch  
21/3/83  
93

QUEENSTOWN.— An official inquiry is to be held into claims that a dying patient at Frontier Hospital here was not attended by two doctors.

This was confirmed yesterday by the medical superintendent of the hospital, Dr Rudolf Schaffer.

Mr Sandy Greig, father of cricket stars Tony and Ian Greig, told a Sunday newspaper that a friend, Mr Eddie Strydom, was not attended by two doctors while he lay vomiting blood.

Mr Strydom later died at Frere Hospital in East London after an emergency operation for a bleeding ulcer.

Dr Schaffer said signed and sworn statements would be taken from all involved and that disciplinary measures would be taken "if they have to be taken" after an official inquiry.

"The story is certainly exaggerated," Dr Schaffer told the Daily Dispatch yesterday.

"The patient was admitted at midnight and the nursing sister involved phoned a certain doctor and the doctor tells me he was not told it was an emergency and gave telephone orders.

"The full-time medical doctor on duty at the time was busy with an accident victim and was not able to attend to the patient.

"The sister then, instead of phoning me,

phoned some other private doctors.

"Her instructions are very simple. In the event of any medical emergency, her duty is to phone the medical superintendent immediately.

"She never phoned me. I could have been there within 10 minutes and taken whatever action was necessary.

"Her next duty is to phone the principal matron. She did not phone her either."

Dr Schaffer said there could be "extenuating circumstances" in that the sister became anxious and excited and was "not entirely rational."

He said Mr Strydom had wanted to speak to Mr Greig and the sister made a telephone call to Mr Greig.

"There was a major breach of regulations. One can't run an organisation if a junior member of the staff disobeys orders".

Yesterday Mr Greig said: "At this stage I am still considering what action to take."

The president of the Border inland branch of the Medical Association of South Africa (Masa), Dr J. Koopowitz, said Masa could see what action to take only after there had been a full inquiry by the Provincial authorities, who were responsible for the hospital.

He said he could not comment further. —  
DDR.



93 ~~S.A.P.~~ S. Express  
27/3/83

# Biko: Now medical chiefs get a 10-day ultimatum

By LAUREN GOWER

THE South African Medical and Dental Council has been given a 10-day ultimatum to investigate the 'Biko doctors' or face a possible court action.

The ultimatum was given this week by a group of prominent doctors pushing for a probe into the conduct of the four doctors who treated black consciousness leader Mr Steve Biko, before his death in security police custody in 1977.

Doctors cited in the complaint are Port Elizabeth's principal and senior district surgeons, Dr Benjamin Tucker and Dr Ivor Lang, private physician Dr Colin Hersch and specialist neurologist Dr R J Keeley.

The group of five doctors who lodged a fresh complaint with the council in February last year claim the SAMDC has been dragging its feet over the affair and have now given it until April 6 to respond before taking considering court action.

The doctors who lodged the complaint are Professor Frances Ames, head of the department of neurology at Groote Schuur; Professor Phillip Tobias, dean of the Wits Medical School; Dr E M Barker, lecturer in the department of surgery at the University of Natal Medical School; Dr L I Robertson, a Durban general practitioner and Professor Trevor Jenkins, head of the department of human genetics at Wits and chairman of the Professional and Ethical Standards Committee.

Prof Ames said this week: "It's over a year since we lodged our complaint.

"I was told by one of the doctors named in the complaint they had been asked to submit reports to the medical council by January 18.

"But all our efforts to get official confirmation that the council is acting on our complaint have been useless. Our lawyer has repeatedly written to the council requesting them to keep us informed but they have never replied," she said.



● Prof Frances Ames ... may take court action

Prof F G Geldenhuys, SAMDC president, said this week the case was under consideration and was being "processed as quickly as is expedient".

He said the SAMDC refused to be pressured into deviating from its normal procedure. It was not the policy of the council to notify anybody until a decision had been reached.

He denied the council had deliberately delayed taking action on the complaint.

Prof Geldenhuys said there was "a strong possibility" the council would arrive at a decision at its April meeting.

The fresh complaint — drawn up from court records — was submitted to the council because the group of doctors felt there was prima facie evidence against the 'Biko doctors'.

SP (93) 193  
S. Express 27/3/83

# University investigating gift offers by drug firms Commission begins work

By LINZI HOWARD

THE medical faculty at the University of Natal is "looking hard at the whole relationship between the medical school and pharmaceutical companies".

Acting dean of the faculty, Professor Theodore Sarkin, said this week: "We're trying to analyse the relationship and establish one as ethical as possible without pressures of any kind."

He said a letter had been sent to heads of departments ordering that no further approaches be made to pharmaceutical companies until it was established what would or would not be considered unethical.

The letter, he said, was confidential. There were cases where small gifts were accepted and this, too, was "a grey area" that had to be looked into, he said.

However, Professor Sarkin did not think it was unethical for graduating

doctors to accept gifts of stethoscopes from pharmaceutical companies or for these companies to pay for graduation dinners.

The Sunday Express had been told this was happening.

Professor Sarkin said the medical school had strict guidelines for accepting money — no individual could accept money directly.

Such money had to be deposited in the faculty's fund and amounts could only be released with signatures by the vice-principal, the dean of the faculty and the person in charge of the research facility needing the money.

Pharmaceutical companies often invited the medical school's staff to large dinners to give lectures on new products Professor Sarkin said this was another instance where the ethical nature was not clear.

He said the medical faculty was looking to a relationship where staff and students would not be under pressure from pharmaceutical companies.

By ARLENE GETZ

THE first steps of a commission of inquiry into pharmaceutical firms' gifts and favours to senior Transvaal Hospitals Department officials will be taken in Pretoria tomorrow.

Mr L V de Kock, a former president of the Johannesburg Regional Court and chairman of the one-member commission, will hold an informal preliminary meeting with an official from the Department of Justice in the Transvaal Provincial Council building.

The unnamed official will help Mr de Kock prepare documentation and lead evidence.

The commission was appointed after a debate in the Provincial Council in which PFP provincial leader Douglas Gibson criticised gift-giving.

Mr de Kock is expected to decide tomorrow whether the commission's formal proceedings will be open to the public.



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# A SICK HEALTH

## POVERTY AND HEALTH SERVICES

Planning and providing health services for a country's people is supposedly a humane task. Yet if we relate the services that exist in South Africa to the patterns of poverty and relative affluence, we see that it is the Inverse Care Law which operates. Inequalities in the allocation of resources (income, food, housing, etc.) extend to inequalities in the allocation of health services.

### INVERSE CARE LAW

Those with the greatest health needs (both because of their socio-economic predicament and their greater population size) have fewer and inferior health services.

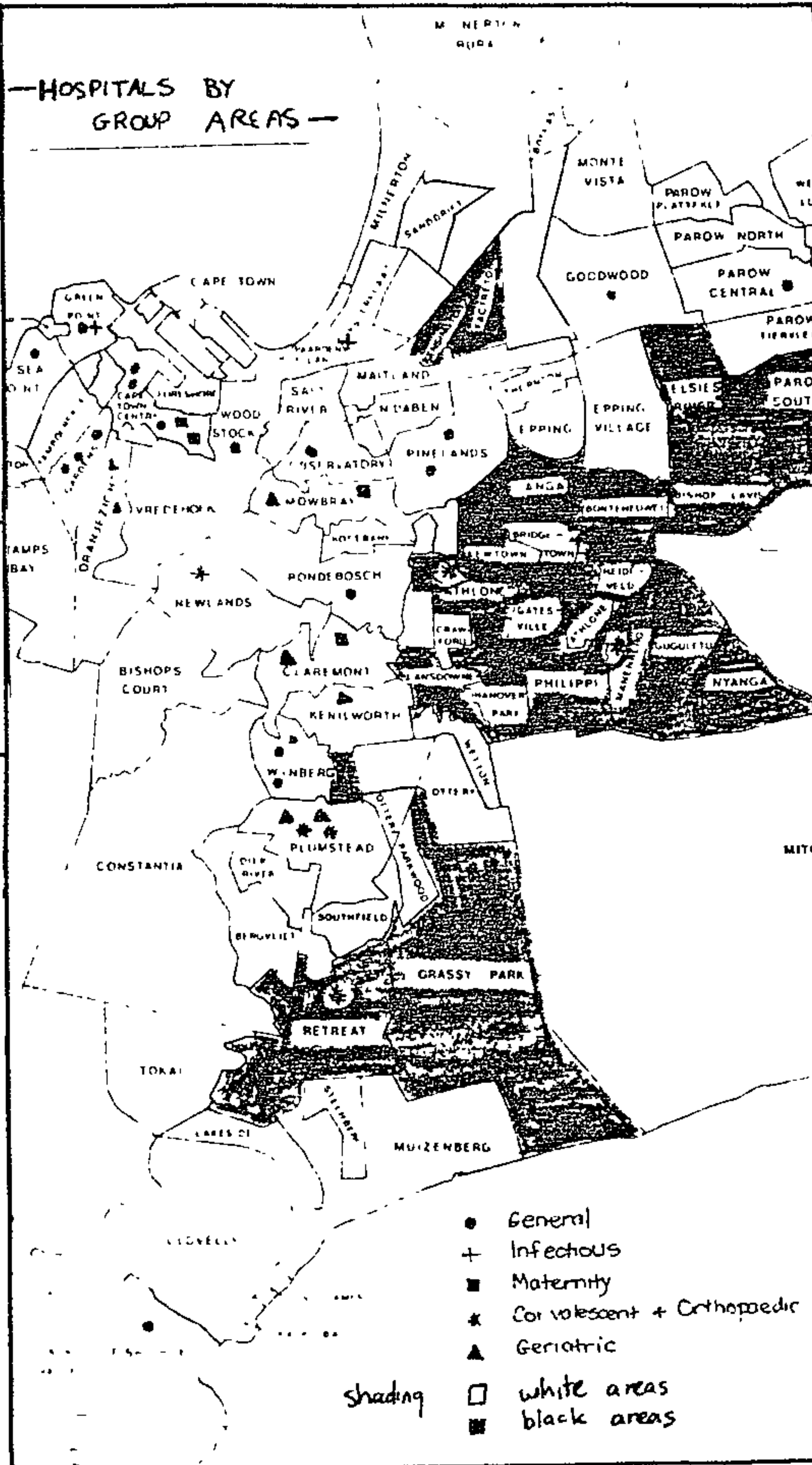
### HOW MUCH?

If one looks at *how much is spent* on health services in South Africa, without even looking at *how, and for whom*, the finance is allocated, it is clear that the health of its citizens is by no means a top priority for the state:

- The percentage of GNP spent on health declined from 4,2 percent to 3,4 percent last year - less than a third of the percentage spent in America, Germany and Sweden.

- While only 7 percent of government expenditure went to health services, 16,9 percent went to defence.

- Only 2,8 percent of the health budget is spent on preventive medicine. Thousands die unnecessarily and prematurely every year from infective and other preventable diseases.



### FOR WHO?

But a breakdown of *who benefits* from the health services provided reveals far more about the inequalities between groups. Firstly there are broad urban/rural differences:

- 53 percent of the white population of South Africa

live in areas where the ratio of doctors to population is 1:1 900 or better.

- One third of the total population live in the "homelands" (mainly blacks), where there is one doctor for every 49 200 people.

### WHERE?

Then, there are differences in *distribution of services* between social class and race groups. Let us look at the metropolitan area of Cape Town as an example, as this is the environment we live in. Cape Town has perhaps the best health services in the country, but the basic trends of the rest of the country still prevail.

In South Africa statistics are not kept according to social class, but on the whole, race categories correspond with class, with the majority of blacks being working class and living in African or Coloured Group Areas. It is thus possible to infer from a map showing location of hospitals in Cape Town, that those at the lower end of the Poverty/Affluence scale, are those who have no hospitals in their areas. All the hospitals, both private and provincial, with the exception of one convalescent and one orthopaedic hospital, are located within white Group Areas (see attached map).

This has important consequences for the nature of health care in Coloured and African areas since provincial hospitals provide the main source of treatment for:

1. Trauma (accidents, emergencies, casualty). The need for this type of facility is particularly great in these areas because of the high crime rate.

2. After-hours services for the working population. It is only really general practitioners and provincial hospitals which provide some form of medical care outside working



# SYSTEM

hours. Table One gives some idea of the areas of highest density of doctors. As one might expect (by now) the areas with few GP's coincide largely with areas where there are no provincial hospitals, creating problems of access to after-hours care.

## (5 minute) DAY HOSPITALS

The situation in Cape Town is generally better than most cities in South Africa, because of the *day hospital system*. The day hospitals are situated in areas of lower socio-economic status. Although the day hospitals do have doctors working in them, conditions are extremely crowded and doctors have on average 3 - 5 minutes to spend with each patient. Patient care cannot but be inferior compared to that by GP's in white and more affluent areas.

In Guguletu, for example, there is one small day hospital (about five doctors) servicing the whole of Guguletu (3 big sections), the whole of Nyanga (3 big sections), Crossroads, New Crossroads, the transit camp and Philippi. The hospital opens by 8.00 am and sometimes by 10.00 in the morning it has taken in as many patients as it can handle in a day. Then crowds of people are turned away and the hospital doors closed. There are no GP's in Guguletu. Certain areas, like Mitchell's Plain and Bonteheuwel have no day hospital at all. It is clear that the lower your position on the socio-economic ladder, the more second-rate the health care provided will be.

Preventive clinics (for things like TB, family planning, VD, etc, and run by the local authorities - City and Divisional Councils) are fairly well-distributed throughout Cape Town. Such services are particularly important for the working class, who usually live in poor and overcrowded conditions where things like TB and VD spread more easily. In fact, what is spent on preventative health is small, as figures in Table 2 show.

## ENTER THE PLANNERS

Despite mutterings from official quarters about primary health care, community health centres, and so on, there has been very little evidence of even the intention of putting these concepts into practice. Although there were mooted plans for community health centres nationwide, only about five have been built. Hospitals were also planned in Soweto and Atlantis, but it is the new Groote Schuur which is actually being built.

The Superintendent of Groote Schuur Dr H Reevesaunders, speculates: "In looking at possible trends for the future, it is possible that the urban general hospital will have to become even more highly technical - a larger institution rather than a number of smaller ones." (Handout on Hospitals to 4th year medical students, 1983.) The problems of poverty, the needs of the majority of people for affordable and accessible health care, are not being seriously planned for at all.

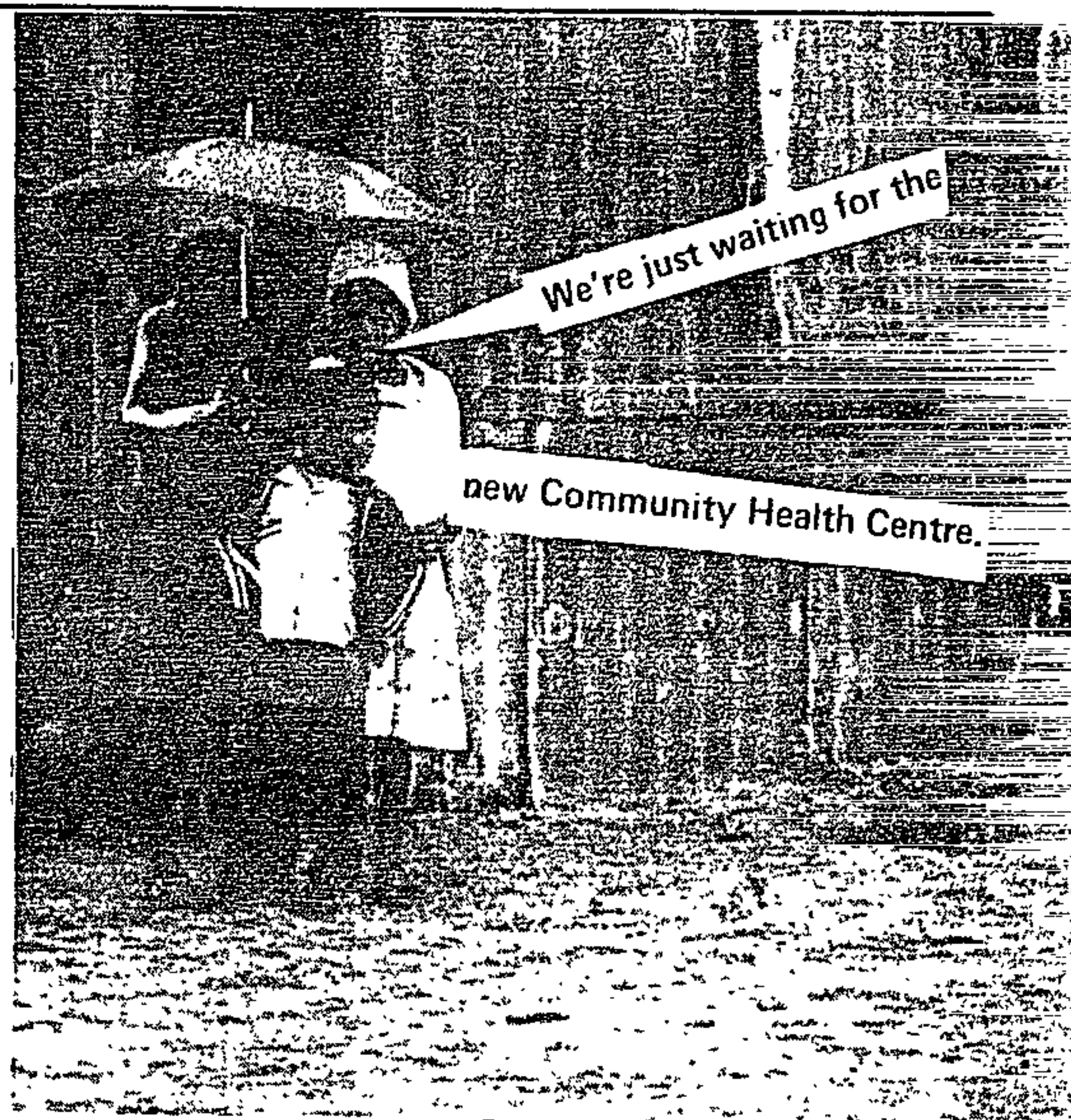


TABLE I: GENERAL PRACTITIONERS

Areas with most GP's

Belville	31	Claremont	35	Sea Point	36
City	52	Rondebosch	27	Wynberg	33

Areas with least GP's

Bishop Lavis	1	Langa	1	Heideveld	2
Bridgetown	1	Mitchell' Plain	1	Lavendar Hill	2
Factreton	1	Steenberg	2	Cravenby	2
Guguletu	0	Nyanga	2		

Claremont	1 doctor per	560 people
Newlands	1 doctor per	600 people
Hanover Park	1 doctor per	16 400 people
Langa	1 doctor per	19 000 people

TABLE II: AMOUNTS SPENT ON HEALTH - CAPE TOWN 1980

Curative	
General hospitals (14)	R166 472 773
Day hospitals	7 032 309
Preventive	
City Council clinics	8 232 306
Divisional Council clinics	2 535 666
Curative	94 percent
Preventive	6 percent



TPA probe  
 into gifts  
 for officials  
 is under way

S. Express 3/4/83  
 BY ARLENE GETZ

THE Transvaal Provincial Administration's commission of inquiry into gifts for senior provincial officials met for the first time in Pretoria on Monday, but does not expect to hear evidence for several weeks.

According to a statement by the Administrator of the Transvaal, Mr Willem Cruywagen, the hearings will take place in public unless a decision is taken to the contrary.

The one-member commission — chaired by retired regional magistrate Mr L V de Kock — was appointed after Sunday Express disclosures that several senior members of the Transvaal Department of Hospital Services received gifts and favours from pharmaceutical companies.

Among the issues to be examined are whether the Transvaal director of Hospital Services, Dr H A Grové, and his deputy, Dr G W Scheepers, received gifts from the Alumina Development Corporation or its branches.

The commission will also investigate whether the receipt of such gifts gave the corporation or an affiliate any advantage on tenders for the provision of medicines to the provincial administration.

Evidence will be led by Department of Justice public prosecutor, Mr F E Roets. The TPA public relations officer, Mr A Byrne, will act as secretary.

People who want to give evidence should telephone Mr Roets at (012) 280-2421 or Mr Byrne at (012) 280-3223.

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# Biko probe: reply soon

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Post  
9/4/83

By LAUREN GOWER

JOHANNESBURG — The South African Medical and Dental Council has finally given an undertaking to give an answer this month to the "Biko-doctor" complaint — lodged more than a year ago.

"I believe they have held a preliminary inquiry and the findings will have to be laid before the full council," one of the doctors who laid the complaint said this week.

"We can only hope they see the need to investigate the doctors and clear the name of the medical profession."

A group of five prominent doctors laid the complaint before the SAMDC in February last year.

They received their first official response from the council this week.

The response came in reply to a telegram from one of the doctors, Groote Schuur Neurology Professor Dr Frances Ames, in which she warned the SAMDC that it would face legal action unless it replied by April 8.

Professor Ames said this week the group had received an assurance that the matter would be dealt with at the next full council meeting of the SAMDC later this month.

The Medical Council's handling of the complaint has been shrouded in secrecy since last year, with spokesmen for the body refusing to say publicly what action they were taking.

Questionnaires were sent to the four doctors involved in the treatment of black

consciousness leader Mr Steve Biko, who died in detention in September, 1977.

The four doctors, District Surgeons Dr Ivor Lang and Dr Benjamin Tucker, physician Dr Colin Hersch and specialist neurologist Dr R J Keeley, were given until January 18 this year to reply to the questionnaires.

The fresh complaint — lodged by Prof Ames and four other doctors — called for a new inquiry into the conduct of the four doctors who treated Mr Biko before his death.

Professor Ames said she had set the deadline because she thought the "whole thing had gone on long enough".

"We said that if they did not reply by that date, we would proceed with our threat to take legal action against them.

"It just seemed that things had gone too far. We were never officially contacted, none of our letters was ever acknowledged and they had never even acknowledged our complaint," she said.

If the SAMDC decision went against an investigation into the Biko doctors, she and her colleagues would still "go to the Supreme Court".

"A lot of doctors have been hanging back, saying they don't want to 'crucify' their colleagues. That was never our intention either," Prof Ames said.

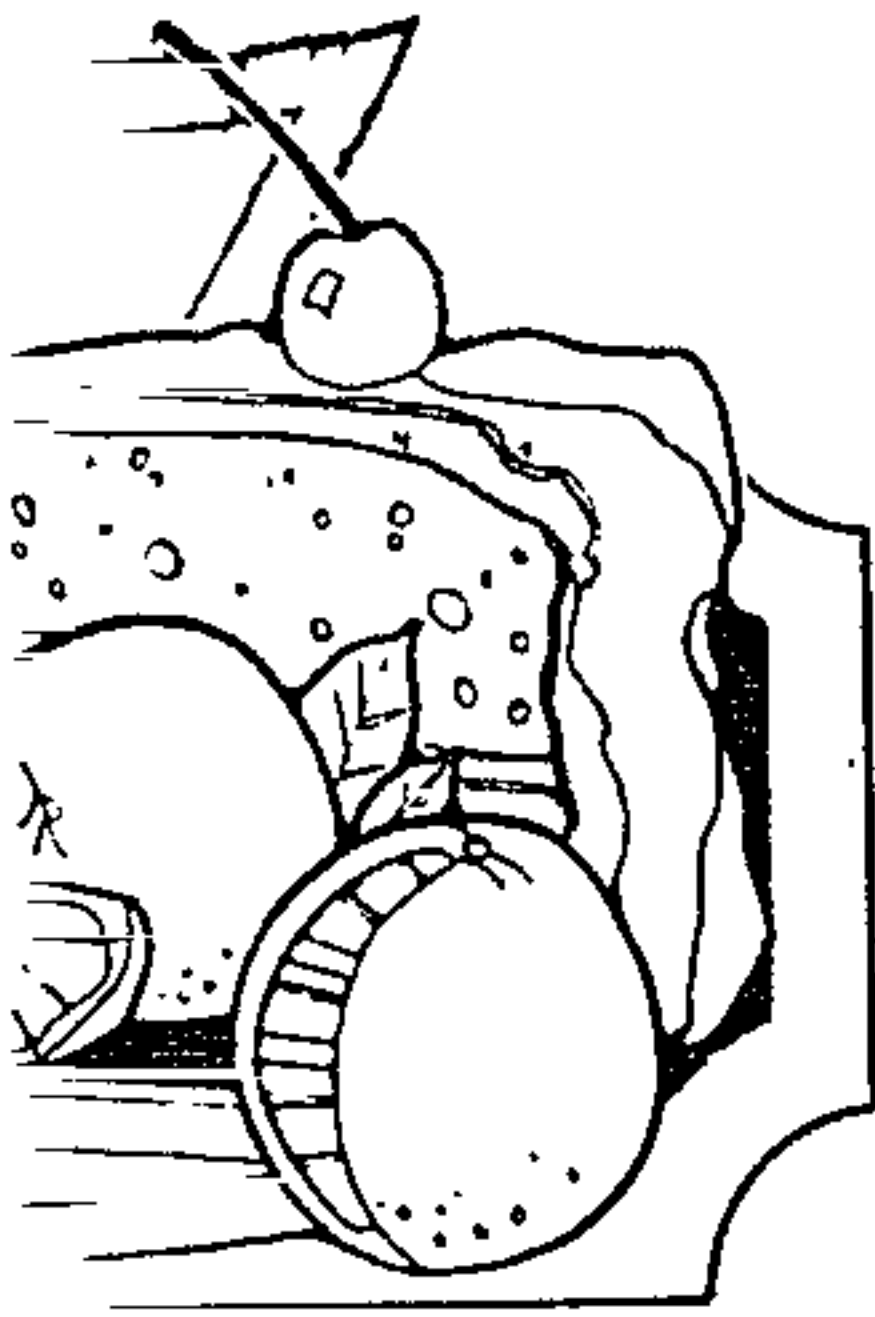
"We are not looking for scapegoats, but we do want the whole system to be scrutinised and we want doctors to be clear on the ethics of the situation."

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# 'Attractions of private practice pose threat to medical care in SA'

W/L ARGUS 9/4/83 93 94 95 96 97 98 99

Weekend Argus Reporter

SOUTH AFRICA faces a serious deterioration in standards of medical education and patient care, a top doctor warns in the latest edition of the SA Medical Journal.

"The Medical Association of South Africa and the South African Medical and Dental Council should take note that all is not well in the academic dovecote," writes Professor J W Downing, head of the department of anaesthetics at the University of Natal, in a letter to the journal.

He says provincial and State teaching hospitals and university departments of

anaesthetics are suffering from a chronic and critical shortage of anaesthetists "dedicated to public, as opposed to private, practice".

"The training of future doctors in the RSA rests in the hands of a few dedicated individuals whose patience with the notion that the private practitioner is worth two to three times the full-time consultant is fast running out.

"Recently-qualified specialists in many fields, but particularly in anaesthesia, with the potential to undertake a successful full-time or academic career, have taken note of this disparity, and many are going into

private practice, or emigrating.

"The final outcome will be a serious deterioration in standards of medical education and hence patient care in this country as we continue to lose many of our best and finest anaesthetists to greener financial pastures."

Professor Downing, recently returned from 13 months' sabbatical leave in the United States, says anaesthetic teaching departments there bill individual patients, raising considerable funds which are paid directly to the departments.

Further funds, running to millions of dollars, come

from research grants, "interaction" with the pharmaceutical industry and the state.

The money is used to subsidise salaries in the teaching departments, to buy equipment and for book and travel allowances.

Professor Downing suggests a similar system would be feasible in South Africa. The necessary funds could come from salaries paid by the provinces or the State, research funds, donations from pharmaceutical companies and service organisations and fees charged to medical aid and Workmen's Compensation Act patients.

## Patrols organised to stop 'queer bashing'

# Gay vigilantes

By DIRK VAN ZYL  
Weekend Argus Reporter

CAPE TOWN's only gay rights organisation, 6010, has called on members to form vigilante patrols to protect themselves from "queer-bashing".

Evidence of physical assault on homosexuals by men picked up as casual lovers has emerged recently in a number of court cases in the city.

In its latest newsletter, 6010, which has about 400 members, refers to the formation of the "Pink Panthers" vigilante group in San Francisco "in the early days of gay lib when they were at the

bashing' is an amusing pastime".

It asks: "Surely it is time for us to show these dreary men that brute force can be a two-way thing?"

The newsletter continues: "There are people at 6010 who would like to see our own vigilante force patrolling and our members trained in the art of self-defence so that next time some thug thinks he can practise for a world title fight on you, you can show him what the real meaning of Bella Bash is." (The term is gay slang for fighting.)

### Publicity

A 6010 founder member, Mr Richard Griffith,

licity the gay community gets, the more homophobic reaction there is, like with AIDS" (the immunodeficient condition which has spread in gay communities).

Mr Griffith, who has been assaulted three times, said the biggest problem facing gays was "lack of education and outdated, misconceived ideas in the 'normal' community, although to a degree there is now more tolerance, which, however, I find condescending".

According to Mr Griffith, "you get the situation where well-respected members of the community are not able to operate normally sexually and are beaten to death in their homes" be-

perately needs to relate to someone in physical terms."

Being beaten up was "a basic fact of life for gays".

Mr Griffith continued: "The law in South Africa is ridiculous. It is not illegal to be a homosexual, but just illegal to do something about it. You are virtually condemned to celibacy."

The "biggest battle" facing gays was "their own apathy, which is a form of fear".

According to Mr Barry Kantor, media spokesman for 6010, the organisation "discourages members from 'cruising' — we try to alert them to the dangers involved and to what they are legally entitled to do in case of difficulty".





# BIKO

## Medical group promises court action

By TONY SPENCER-SMITH

THE SA Medical and Dental Council will decide on April 25 whether to undertake a full disciplinary inquiry into the role of four doctors in the death in detention of Steve Biko. If the council does not investigate, five prominent doctors will ask the Supreme Court to force it.

10/4/83

Wits

(S)

(S)

One of the doctors, Professor Frances Ames, head of Groote Schuur Hospital's Neurology Department, said late this week that if the council did not institute the inquiry, the group would immediately apply for a Supreme Court interdict overruling the council's decision.

She said the group had sent a telegram to the council earlier this month threatening legal action if an inquiry was not instituted by Friday this week.

"This week the council responded by saying that a preliminary inquiry had been held, and the results would be considered at a full council meeting on April 25."

The other doctors in the group are Dr Ed Barker, senior lecturer in the Department of Surgery at Natal University; Dr Leslie Robertson, a Durban GP; Professor Phillip Tobias, former Dean of the Wits Medical School, and Professor Trefor Jenkins, head of the Department of Human Genetics at Wits.

In February last year, the group submitted a formal 60-page complaint to the council about the role of four doctors in Biko's death in security police detention.

The doctors cited were Dr Benjamin Tucker, principal district surgeon of Port Elizabeth; Dr Ivor Lang, senior district surgeon of Port Elizabeth; Dr Colin Hersch, a private physician, and Dr Roger Keeley, a neurosurgeon. According to Professor Ames, Dr Keeley was consulted on the telephone about Biko, but never examined him.

93 ~~10/4/83~~  
S. Express 10/4/83

# Long, long wait for Biko case action

By LAUREN GOWER

THE South African Medical and Dental Council has finally given an undertaking to answer this month to the 'Biko doctor' complaint — lodged more than a year ago.

One of the doctors who laid the complaint said this week: "I believe they have held a preliminary inquiry and that the findings will have to be laid before the full council.

"We can only hope they see the need to investigate the doctors and clear the name of the medical profession," he said.

A group of five prominent doctors laid the complaint before the South African Medical and Dental Council in February last year.

They received their first official reply from the council this week.

The response came in reply to a telegram from one of the doctors, Groote Schuur neurology professor Dr Frances Ames. She had warned the SAMDC that it would face legal action unless it replied by April 8.



93 S. Express 10/4/83

# Ethics concern prompts rebel doctors to form a new group

By LAUREN GOWER

A NEW doctors' association, Namda, has been launched because of dissatisfaction with the Medical Association of South Africa (Masa).

Based in Natal, where it has its highest membership and an office, the National Medical and Dental Association is a non-racial organisation committed to creating "the conditions for optimum health" in South Africa.

This, says a Namda spokesman, can only exist in a free and democratic

society.

Now moves are afoot to recruit members in the Transvaal.

Namda was launched partly in response to the reverberations within the medical profession over the death in detention of Mr Steve Biko.

Other ethical issues like the medical treatment of detainees contributed to the dissatisfaction with Masa.

In the Transvaal Namda has yet to be officially set up. There is, however, a Transvaal representative on the Namda executive.

The representative said Namda had attracted definite interest and support among medical people in the Transvaal and a recruitment drive is being organised.

Masa has up to now been the major organisation representing doctors in South Africa.

Masa secretary-general Dr C E M Viljoen, said he was certain Masa had done all it could over the Biko issue.

He did not see Namda as a threat to Masa, but regretted the formation of the new association.



...died because he was dying out. my children," Mr

# Foreign trained doctors fail SA medical exam

*Cape Herald*  
16/4/83  
03

ONLY nine out of 28 overseas-trained doctors — most of them Indian — who wrote the first of a two-part examination last week to gain recognition to practise in South Africa, have passed.

This was disclosed by a spokesman for the offices of the Registrar of the South African Medical and Dental Council, Mr F N Pretorius, in Pretoria this week.

to know more about the problem.

"We also want to look at the examinations which they have to write before being given recognition. I am surprised at the high failure rate," he said.

Sixty seven percent of the candidates failed and they will not be able to sit for the second part of the examination which covers a practical test later this month.

The high failure rate has also shocked the medical fraternity and many doctors were dumbfounded when told the results of the examination which was the first since a new deal for overseas trained doctors whose degrees are not recognised in South Africa came into effect in March

## UNSUCCESSFUL

The unsuccessful candidates will now have to try again in July and for most of them, it means no jobs in the meantime.

The spokesman for the council declined to give the names or the race of the doctors who passed.

Dr Farouk Meer, an executive member of the newly-formed National Medical Dental Association (NAMDA), said his organisation is going into the matter of overseas trained doctors whose degrees are not recognised in this country.

## CANDIDATES

"We do not recognise the candidates on grounds of nationality or race. To us they are people and we treat them as such," said the spokesman.

## EXAMINATIONS

"We are meeting later this week to discuss among other things the plight of overseas trained doctors who are not recognised here. We want

The nine successful candidates will now do a "practical examination" later this month and if they pass, they will be allowed to do their internships at local hospitals for at least two years before they can make further career moves.

Most of the affected doctors are Indians who were forced to go abroad to study medicine because there were not enough facilities for them to study in South Africa.

While most went to India, a few went to Egypt at great expense and sacrifice only to find they could not pursue their careers in this country because of non-recognition of their degrees.

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7/4/83  
S. Express  
Students debate medical ethics

Sunday Express Reporter

DISCLOSURES by the Sunday Express of the relationships between doctors and drug companies has inspired the theme of this year's Wits Medical Students conference.

'Medical Ethics' is the title of the conference which will be held on April 18, 19 and 20 at the Johannesburg Hospital auditorium adjoining the new medical school.

Publicity officer Jill McIlraith said: "The MSC conference is one of the major events on the medical school calendar and this year's conference promises to be lively and

controversial, as well as covering many issues relevant to future doctors and to all patients."

There will be discussion on abortion, euthanasia, care of terminally ill patients, care of prisoners and detainees, and organ transplants.

Of major interest will be a debate on 'The Doctor versus the Drug Company' between the students, the medical profession and the pharmaceutical society.

The MSC conference ball will be held on April 23 at the Transvaal Automobile Club.

Editorial and Information Officers 3  
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 Medical schools: first-year students  
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719. Dr. M. S. BARNARD asked the Minister of National Education:

How many applications by students in each race group for admission to the first-year course were (a) received and (b) accepted in 1982 at each medical school falling under his Department?

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The MINISTER OF NATIONAL EDUCATION:

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University		Whites	Blacks	Indians	Coloureds	Chinese
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	(b)	230	—	—	—	—
UW	(a)	686	175	285	47	15
	(b)	175	19	22	6	6
UOFS	(a)	485	—	—	—	—
	(b)	101	—	—	—	—
UCT	(a)	718	118	337	118	11
	(b)	148	—	5	8	1
UN	(a)	—	269	407	43	—
	(b)	—	30	42	7	—
US	(a)	757	—	—	72	—
	(b)	145	—	—	3	—

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NOTE: The number of applications include students who applied for admission to more than one university.



93 S. Post  
23/4/83

# Doctors to seek increase in fees

By DANIELA  
WYSZKOWSKI

JOHANNESBURG — The country's 15 000 doctors will next week make a bid to have their fees increased — a move which will hit the pocket of everyone.

But the proposed increase in fees — often criticised because of doctors so-called high earnings — will not add much to the pockets of the family doctor.

On Monday the South African Medical and Dental Council will hear proposals for the increase in fees from its tariffs committee.

The council's last recommendation of a 17,8% rise — R746,71 a month to the average general practitioner — was rejected in January by the Minister of Health and Welfare, Dr Nak van der Merwe.

A spokesman for the council was unable to say what the new recommendation would be.

Doctors are frequently criticised because of their book value earnings — which now stand at nearly R100 000 a year for the average GP — but an investigation this week showed that medical men are not as well-heeled as they are thought to be.

It was established that the average family doctor has a paper earning of about R97 680 a year, of which — if he's married with no children — he receives a maximum of about R33 270 after tax and the running costs of a practice.

The National General Practitioners Group, an association for GPs, carried out a survey some years ago showing that a doctor

saw on average four patients an hour, or 32 a day.

A spokesman said in recent years GPs had been forced to see more patients than this to ensure their economic survival.

Seeing 32 patients a day at the current tariff of R7,70 a consultation the doctor would earn R246,40 a day from Monday to Friday and R123,20 on Saturdays — a half day with 16 consultations.

This represents an earning of R5 420 a month (R1 355 a week) for consultations.

The doctor will earn a further R1 600 (R400 a week) for house calls at a rate of R25 a visit and another R1 120 for assisting at operations, according to Mr Charles Fridlender, an accountant for a computerised accounting service for doctors.

The total is a seemingly staggering monthly income of R8 140 or R97 680 a year.

But this is only a paper value earning and does not include the high costs of maintaining a practice, taxation in the super tax bracket, a drop in the number of patients during public holidays or payments to a locum (stand-in) when the doctor is on leave — at a rate of as much as R100 a day.

The costs of maintaining a practice can be as high as R3 945 a month.

Working on the basis of R3 945 for expenses, the GP should earn R4 195 a month.

His annual income then is R50 340 less tax of R17 070 (without perks or rebates), leaving R33 270 or R2 772 take home pay a month.

**COSTS PROBED ON EVE OF APPLICATION FOR FEE INCREASE**

IF YOU think South Africa's 15 000 doctors earn a fortune — forget it.

While the average family General Practitioner, according to official figures, nets a 'paper earning' of R97 680 a year, his actual income — after tax, and if he is married with no children — is whittled down to R33 270.

Doctors are taxed on the sum of their book value not on profits, and out of his R33 000, he still has to cover the costs of running his practice.

And most doctors see up to 32 patients a day.

These figures, which emerged this week during a Sunday Express investigation, are the background to the formal request to be made this week by doctors for an increase in tariffs.

Even so, doctors say the proposed increase — to be made by the tariffs committee of the Medical and Dental Council — will not add much to the pockets of the family doctor.

The council's last recommendation of a 17,8% hike — R746,71 a month to the average GP — was rejected in January by the Minister of Health and Welfare, Dr Nak van der Merwe. It is not known what the new increase, if it is granted, is likely to be.

According to a survey by the National General Practitioners Group, an association for GPs, most doctors

**Doctors say those massive earnings are just a myth**

93 S. Express 24/4/83

By DANIELA WYSZKOWSKI

see on average four patients an hour, or 32 a day.

Seeing 32 patients a day at the current tariff of R7,70 a consultation the doctor would earn R246,40 a day from Monday to Friday and R123,20 on Saturdays — a half day with 16 consultations.

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The total is a seemingly staggering monthly income of R8 140 or R97 680.

But this is only a paper value earning and does not include the high costs of maintaining a practice, taxation in the super tax bracket,

a drop in the number of patients during public holidays or payments to a locum (stand-in) when the general practitioner is on leave — at a rate of as much as R100 a day.

The figure of R8 140 is also flexible and a GP could earn substantially more — or less — depending on how many patients were treated a day or whether the practice is based in a city, urban or rural area.

The costs of maintaining a practice can be as high as R3 945 a month according to Mr Fridlender.

This includes

- A receptionist at a salary of R700.
- Leasing a typewriter for R45.
- Leasing of a photocopying machine for R110.
- Payment for accounting at R150 (this is based on an average expense ranging from nothing, in the case of a

GP's wife doing his books, to a part-time bookkeeper, a full time bookkeeper, up to computerised accounting systems)

● Purchase of medical stocks at R500 (A GP initially lays out R700 to R800 a month but receives a certain amount back for medicines which are charged to the patient. Doctors do not usually charge their patients for items such as needles, swabs, bandages and plasters).

● Telephone rental at R50

● Travelling expenses for house calls and hospital visits at R250.

● A nursing sister at the practise at a salary of R550.

● Payment of a salary to a cleaner — in some cases also employed to make tea and carry out odd jobs — of R250.

● Purchase of stationery and receipt books for R60.

● Fees to medical associations and purchase of medi-

cal journals at R200

- Rental on rooms at as much as R1 000
- Petty cash of R80.

Mr Fridlender stressed that expense figures calculated by his company were conservative, as did a spokesman for the National General Practitioners Group.

The spokesman said there were additional expenses. He said some of his own were

- An insurance policy for the practice at R21,40
- Car lease at R238,44

- Air conditioning at R121,09
- Odd purchases from chemists apart from the R500 for medical stock.

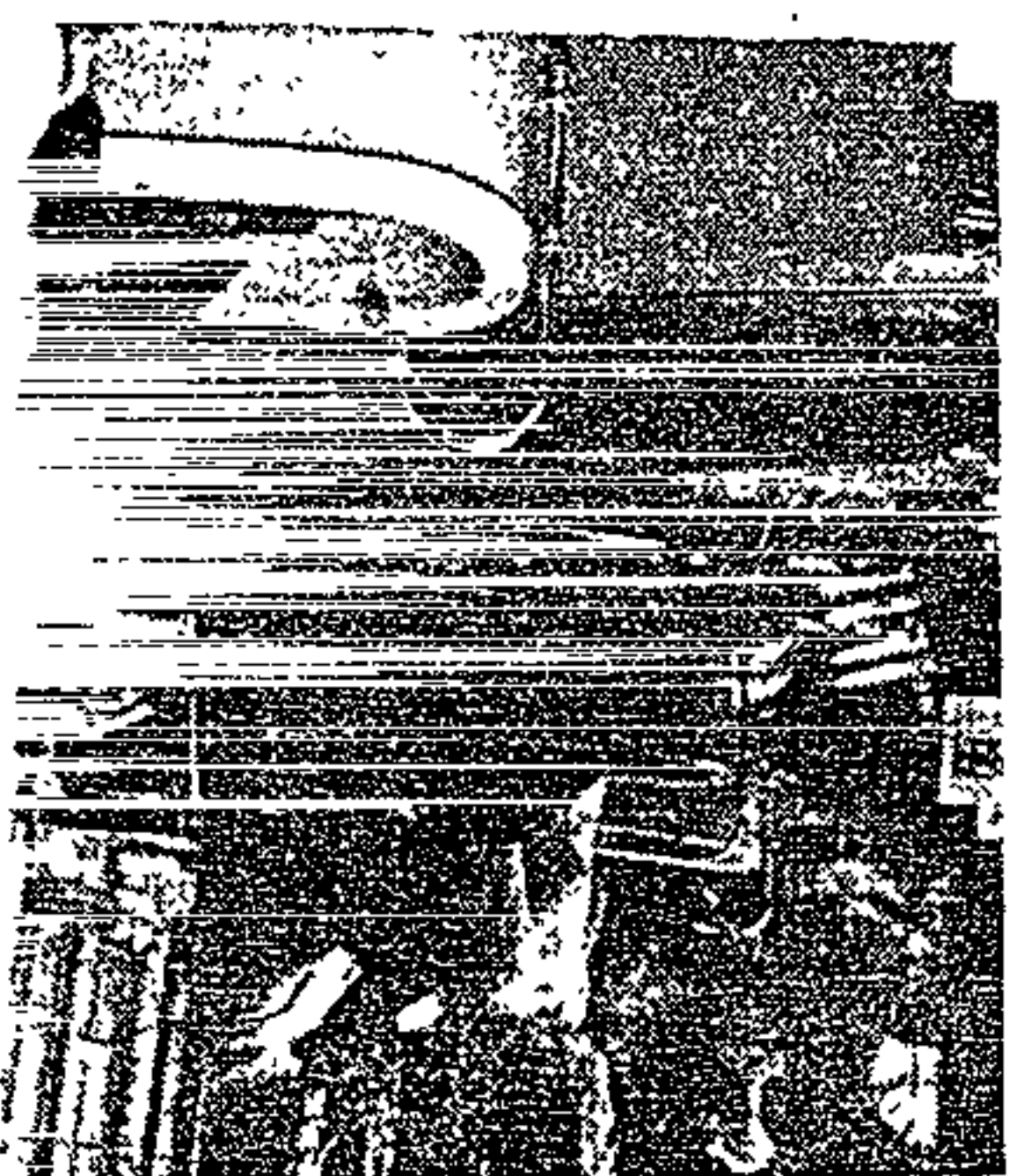
- Radio paging service at R51,55
- Debt collecting at R12

- Paying others doctors' assistance fees at R83,40.
- The printing of patients' records at R79,17.

Working on the basis of R3 945 for expenses, the GP should earn R4 195 a month.

His annual income is R50 340 less tax of R17 070 (without perks or rebates) leaving R33 270 or R2 772 take-home pay a month.

Doctors are also faced with a cash flow problem. A large percentage of their income sometimes only reached them after 120 days, said Mr Fridlender, since medical aid societies were not always able to pay the doctor immediately.



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# 'Security police took my patient'

93 Pretoria Correspondent

2851 Ad V 1983 126 APR 1983

The action of Security Police coming between doctor and patient, a detainee, was disclosed today at a meeting of the South African Medical and Dental Council (SAMDC).

A Durban psychiatrist had written to the SAMDC to complain that a detainee he was treating was removed from his care by the Security Police who did not inform him, consult him or ensure that his patient continued to take the psychiatric drugs prescribed for him.

The SAMDC agreed to refer the matter to the Director-General of the Department of Health and Welfare and ask him to bring the incident to the attention of the relevant authorities. The council found the behaviour of the Security Police unacceptable.

This matter was dealt with by the council as it prepared to debate the issue of the Biko doctors.

The Durban psychiatrist, who cannot be named for professional reasons, wrote to the Medical Officer of Health in Durban, Doctor P Buchan, in April 7 last year. His letter said: "I learnt officially today that my patient, Mr Sam Kikane, detained under section 6 (of the Terrorism Act) has been removed from my care.

"This action was taken without consulting me or giving me

an opportunity to discuss the continuation of psychiatric treatment. It is my opinion he may suffer a relapse if he is placed in an unsuitable environment or if his antipsychotic medication is discontinued."

He said it was a cause of concern not only because it could be dangerous to his patient, but also because it was most unethical.

The doctor asked that his protest be forwarded in the strongest terms to the authorities involved with Mr Kikane. He also informed the SAMDC and the Medical Association of South Africa.

On July 25 last year he wrote another letter to the SAMDC with further details of his patient. "Mr Kikane responded well to treatment and was eventually receiving treatment on an outpatient basis. However, without my consent or without even consulting me the Security Police removed him from my care on April 5 last year," he wrote.

The doctor appealed to the SAMDC to advise him regarding his own conduct as a doctor in "these rather delicate circumstances". Mr Kikane was later released on bail but the doctor had no further contact with him, the district surgeons or the Security Police regarding the incident.

● See Page 2 Metro section.

# Call for inquiry on Biko refused

PRETORIA — No disciplinary action will be taken against the four Port Elizabeth doctors who treated the black consciousness leader, Mr Steve Biko, before his death in detention in September 1977, the SA Medical and Dental Council decided yesterday.

At a special meeting held here behind closed doors, the council rejected fresh demands for a public inquiry into the doctors' handling of Mr Biko, on the grounds that there was no new evidence.

A spokesman for the council told newsmen afterwards that as far as the council was concerned, "the matter is now closed".

He said the council had accepted the explanations submitted by the four doctors involved. Dr Ivor Lang and Dr Benjamin Tucker — both district surgeons — a physician, Dr Colin Hersch; and a neurological surgeon, Dr RJ Keeley.

Although the council had decided on three occasions in the past not to prefer charges against the four doctors, fresh complaints about their handling of Mr Biko were



Mr Steve Biko

lodged with the council in February last year.

The complainants, five prominent medical doctors — Professor Frances Ames, Professor Trevor Jenkins, Professor Phillip Tobias, Dr LI Robertson and Dr EM Barker — demanded that a public inquiry be held into the conduct of the doctors who treated Mr Biko.

Last October, they threatened to take legal action if the council failed to respond to their complaints.

A preliminary committee was subsequently appointed to investigate the complaints and its report was tabled yesterday.

The committee report

recommended that no further action be taken against the four doctors who treated Mr Biko.

Professor Guy de Klerk, chairman of the Medical Association of South Africa (Masa) which has been criticized in the past for not adopting a stronger stand on the issue, described the outcome of the meeting as a "very unhappy situation".

"I can say categorically that Masa is very concerned about the situation. But, unfortunately, we cannot review or rescind the decision."

Professor De Klerk, a member of the council, said he felt an inquiry should have been held into the doctors' conduct.

"In my opinion, the original decision (not to institute an inquiry) was a wrong one," he said.

## Professor Ames

● Professor Ames, Professor of Neurology at the University of Cape Town, said last night that the Masa decision was "not entirely unexpected".

"I don't think we have any option but to ask the Supreme Court to review the proceedings. Masa have not done their statutory duty to protect the public from medical malpractice. They are not above the law."

Professor Ames added that taking the matter to the Supreme Court involved a "terrible financial responsibility" which, she said, "I am convinced we are morally obliged to take".

● In Port Elizabeth, Dr Tucker and Dr Hersch would not comment last night on the findings.

Dr Lang said the council had "made the right decision", and Dr Keeley said that as far as he was concerned the matter was still *sub judice*. — Staff Reporter and Sapa



# Biko doctors: Ames wants court review

ARGUS 27/3/83 (93) ~~27/3/83~~

Staff Reporter

THE Supreme Court is to be asked to review the proceedings that led to the South African Medical and Dental Council's decision not to take disciplinary action against four doctors who treated black consciousness leader, Mr Steve Biko, before his death in detention in 1977.

The SAMDC's refusal to hold an inquiry was labelled a "clear case of misconduct" by Professor Frances Ames, Professor of Neurology at the University of Cape Town.

The refusal "clarified who the real culprits were", she said.

The council had acted

in "bad faith" and had not applied their minds to their statutory duty to protect the public from medical malpractice.

"We are morally obliged to request the Supreme Court to review the proceedings. Hopefully the Supreme Court will compel them to hold a full, open inquiry," Professor Ames said.

She and other concerned doctors were not trying to "crucify" the four Port Elizabeth doctors involved — Dr Ivor Lang and Dr Benjamin Tucker, both district surgeons, Dr Colin Hersch, a physician, and Dr R J Keeley, a neurologist.

"We want the whole nature of medical management for detainees scrutinised fully," said Professor Ames.

## Other doctors

The other doctors associated with Professor Ames are Professor Trevor Jenkins, head of the department of human genetics at the University of the Witwatersrand, Professor Phillip Tobias, professor of anatomy at Wits, Dr L R Robertson, a Durban physician and Dr E M Barker, a lecturer in surgery at the University of Natal Medical School.

Asked to comment on whether he would join Professor Ames in taking court action, Dr Barker said he would first have to discuss the council's decision with his colleagues.

"However, their decision is at variance with standard ethical behaviour. The fact that they have not even issued a statement defending their position is to me unbelievable.

"The fact is that these doctors took certain actions and failed to take other actions. At the very least, the council should have said whether or not the doctors should have acted differently or that under the circumstances they could not have done anything else," he said.

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# Doctors may go to court over Biko

27 APR 1983

By Sheryl Raine,  
Pretoria Bureau

STAR

Five doctors who asked the South African Medical and Dental Council for a full public inquiry into the conduct of four practitioners who treated Steve Biko before he died in detention in 1977 will now seek Supreme Court intervention in the case.

The SAMDC yesterday refused to reopen the case against the doctors who treated Steve Biko on the grounds that there was no substantial new evidence.

But at the same time some council members — perhaps as many as seven — continued to believe there was prima facie evidence of improper or

disgraceful conduct on the part of at least three of the Biko doctors

"It is unbelievable that a body which has the most important duty of looking after the ethical conduct of doctors can refuse to hold an inquiry into something which calls out for investigation," said Professor Frances Ames, head of the department of neurology at Groote Schuur Hospital.

Professors Ames, Phillip Tobias and Trevor Jenkins and Dr L I Robertson and Dr E M Barker complained to the SAMDC about the conduct of Port Elizabeth district surgeons Dr Benjamin Tucker and Dr Ivor Lang, private physician Dr Colin Hersch, and specialist neurologist Dr R J Keeley.

Their complaint took more than a year to come before the SAMDC for a decision.

"The SAMDC had an opportunity for redemption which they have turned down, and we will now seek Supreme Court intervention," said Professor Ames.

"We will ask the court to review the proceedings. It states in the regulations (of the council) that if a complaint is lodged with the council and the complainant does not get any satisfaction, an appeal must be lodged with the Supreme Court within two months.

## Detainees' doctors get Govt assurances

By Sheryl Raine,  
Pretoria Bureau

Doctors, who had difficulty in treating or examining detainees, now had set procedures to assist them, the Deputy Director General of Health said in Pretoria.

Dr J Gilliland said that after the South African Medical and Dental Council was told a detainee, Mr Sam Kikane, had been removed from the care of a Durban psychiatrist by Security Police last April.

The psychiatrist said the police took Mr Kikane to Pretoria without consulting him or arranging for the continuation of psychiatric drugs.

Mr Kikane was suffering from reactive psychosis at the time and could have suffered a relapse.

"New procedures for ensuring health care for detainees has been implemented," Dr Gilliland said.

A "tacit agreement now existed between the various departments concerned with detainees to observe the procedures".

No complaints or incidents such as that involving Mr Kikane had been reported since the new procedures came into effect.

Dr Gilliland would not say whether the Security Police had given their assurance that they would not prevent doctors from treating detainees.

"The doctors' recourse if he has any problem in the treatment or examination of a detained patient is to go to the head of his institution," he said.

"If the head gets no satisfaction the matter is referred to the Department of Health's regional director.

"If they cannot get any satisfaction then the matter is referred to the Director General of Health.

"At that level the matter will be taken up with the Commissioner of Police or Prisons, as the case may be."

In most cases, detainees were examined by senior doctors or district surgeons.

Complete medical records of all examinations of detainees also had to be kept.

### UNHAPPY

Professor Guy De Klerk, head of the Medical Association of South Africa and a member of the SAMDC, was also dissatisfied with yesterday's decision.

"This is a very unhappy situation," he said "The original decision of the medical council in 1980 not to investigate the Biko doctors was the wrong decision. Some way should have been found to reopen the case. Unfortunately the council cannot go back on a previous council decision."

Professor Frans Geldenhuys, president of the SAMDC, said that as far as the council was concerned the matter of the Biko doctors was "closed — irrevocably closed".



SP took my patient, says psychiatrist

A DURBAN psychiatrist has written to the South African Medical and Dental Council complaining that a detainee he was treating was removed from his care by the Security Police.

They did not inform him, consult him or ensure his patient continued to take the psychiatric drugs prescribed, he said.

The SAMDC, at its meeting

in Pretoria yesterday, agreed to refer the matter to the Director-General of the Department of Health and Welfare and ask him to bring the incident to the attention of the relevant authorities

The SAMDC found this behaviour by the Security Police unacceptable

Dr Colin Levisohn, a Durban psychiatrist, wrote to the Medical Officer of Health in Durban, Dr P Buchan, on

April 7 last year.

In the letter he said: "I learnt officially today my patient, Mr Sam Kikine, detained under Section 6 (of the Terrorism Act), has been removed from my care ..."

"Mr Kikine was suffering from a reactive psychosis," the letter said "It is my opinion he may suffer a relapse ..."

Mr Kikine was later released on bail. — Sapa.

93/88 NOM 27/9/83

Cape Times 28/4/83

# NMDA slates refusal on Biko inquiry

**Own Correspondent**  
DURBAN. — The National Medical and Dental Association (NMDA) — the non-statutory "alternative body" to the SA Medical and Dental Council — has criticized the decision not to reopen investigations into doctors' treatment of Mr Steve Biko before he died.

A spokesman for the organization, which concerns itself with the broader spectrum of health problems, including social, political and economic perspectives, said the decision gave rise to serious concern.

Prime reasons for the association's disquiet were the following unanswered questions:

● Was Dr Ivor Lang's report on Mr Biko careless or intended to mislead?

● Why was Mr Biko not kept under observation when it was felt he might have suffered brain damage?

● Why had Dr Lang incorrectly filled in Mr Biko's bed-letter?

● Why had Dr Benjamin Tucker allowed Mr Biko to be transferred from Port Elizabeth to Pretoria?

● If the doctors had not been able to persuade the Security

Branch Mr Biko needed hospital treatment, why did they not refuse to treat him under the conditions imposed?

The association spokesman said it was scandalous that such action or lack of it could be allowed to reflect detrimentally on the medical profession.

● The five doctors who called for the "Biko affair" to be brought into the open through a public inquiry — refused by the SA Medical and Dental Council — are considering Supreme Court action.

Professor Frances Ames, Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker complained to the council about the conduct of Port Elizabeth district surgeons, Dr Benjamin Tucker and Dr Ivor Lang, and of physician Dr Colin Hersch and neurologist Dr R J Keeley.

The head of the Medical Association of SA, Professor Guy de Klerk, also said he was dissatisfied that the case was not being reopened.

● The British Medical Association yesterday expressed concern that there would be no further action.

● Biko: Is this the last word? — page 14



# Doctors<sup>93</sup> ask for<sup>93</sup> 16,8 pc increase

Argus 28/4/83

Argus Correspondent

JOHANNESBURG. — Doctors have asked the Government for a 16,8 percent increase in fees. Their demand comes hot on the heels of a request by dentists for 30 percent more.

At a meeting of the South African Medical and Dental Council (AMDC) in Pretoria yesterday Mr W M C Davidson, chairman of the Medical Tariffs Committee, said a 16,8 percent increase in doctors' fees would be "fair".

He said it was necessary to propose the same increase as the council requested in October last year but which was refused by the Minister of Health.

The cost of living, the consumer price index and the cost of running a medical practice had all increased, Mr Davidson said.

## LETTERS

The SAMDC reported that it had received 39 letters from doctors in all the major centres of the country in which they had given details of increases in practice costs over the past year.

Rentals and salaries met by doctors had increased substantially.

The council pointed out to the Minister of Health that to avoid an abnormal increase in doctors fees, as was the case in 1979, the SAMDC had decided to make annual fee adjustments.

# Now doctors want 16,8 pc boost in fees

SMR

28 APR 1983

93

## Pretoria Bureau

Doctors have asked the Government for a 16,8 percent increase in fees.

Their demand for a fee rise comes hot on the heels of a request this week by dentists that the Government increase dentists' fees by 30 percent.

At a meeting of the South African Medical and Dental Council in Pretoria yesterday Mr WMC Davidson, chairman of the Medical Tariffs Committee, said the 16,8 percent increase in doctors fees was "fair".

The cost of living, the consumer price index and the cost of running a medical practice had all increased, Mr Davidson said. Rentals and salaries which had to be met by doctors had increased substantially.

The council pointed out to the Minister of Health that to avoid an abnormal increase in doctors fees, as was the case in 1979, the SAMDC had decided to make annual fee adjustments. In keeping with this decision the council was now asking for a 16,8 percent increase

to obviate the need for a sudden jump in doctors fees at a later date.

Meanwhile, the Minister of Health and Welfare, Dr CV van der Merwe, has said the medical profession was acquiring a materialistic image which was totally alien to its nature and existence.

This image had probably originated through the periodic public squabbling over fees, Dr van der Merwe said that during his speech at the opening of the new SAMDC building in Pretoria last night.

He had already held discussions with interested parties regarding the present unsatisfactory system of determining tariffs of fees, Dr van der Merwe said, and he would try to bring about a change at the earliest possible opportunity.

The time it took to conclude a disciplinary inquiry was also a matter of concern, the Minister said.

"I am of the opinion that steps should be taken to expedite such enquiries and it could be considered by the Council to utilise the South African

Medical Association in such enquiries to a greater extent," he said.

The magnitude of the council's disciplinary function could be appreciated only when it was realised the council kept a register of 37 disciplines, he said.

"The standard of training of doctors in South Africa compares favourably with the best in the world and we can all be proud of our medical tradition that has developed through the years," Dr van der Merwe said.

"The South African Medical and Dental Council has played a great role in this and I would like to express my thanks and appreciation to the council for what it has done in this regard."

Detainees they have  
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Neil

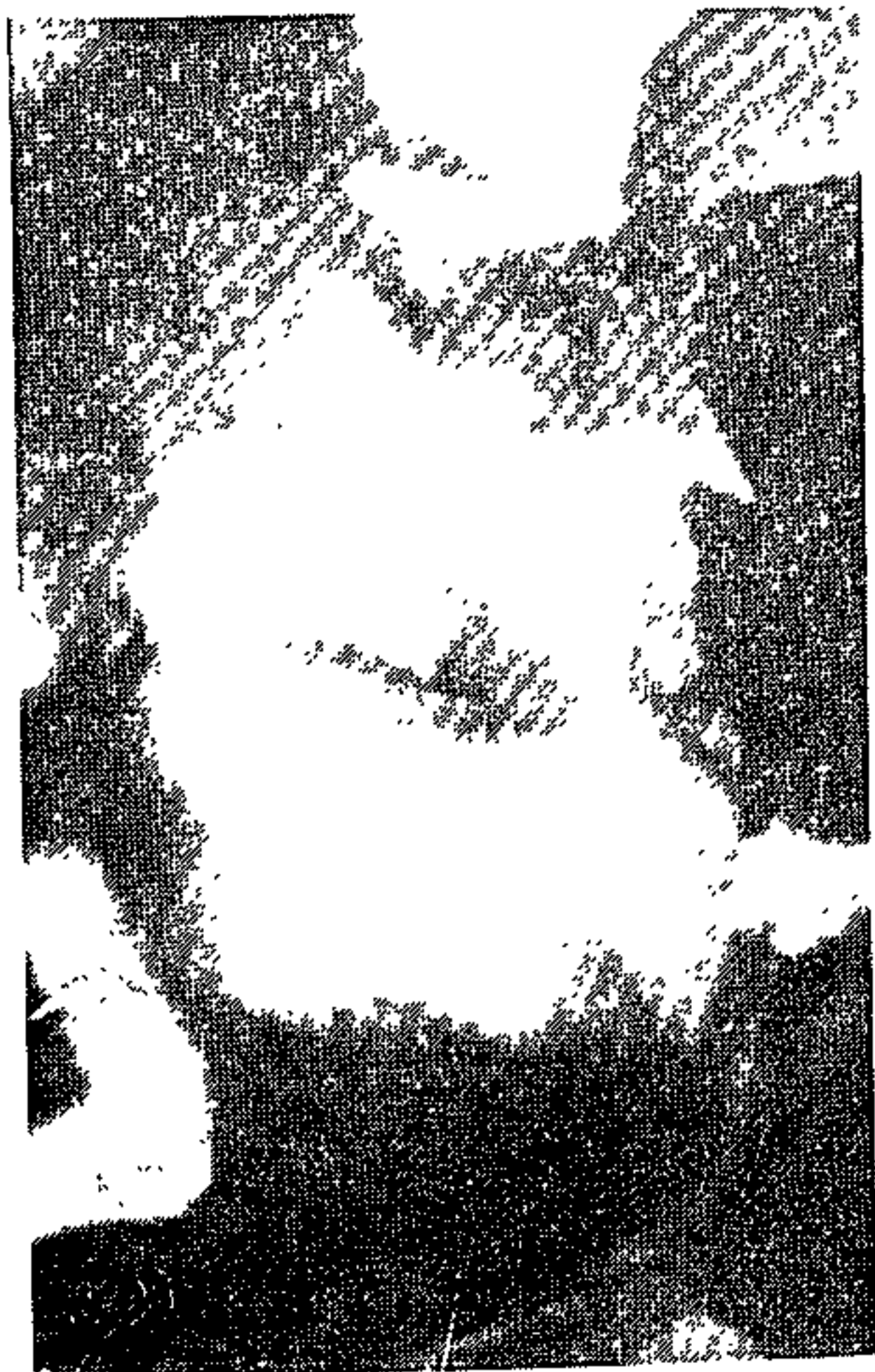
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ago, Neil Aggett died in detention. He cell in Johannesburg's central security square. Today we mourn his death, and



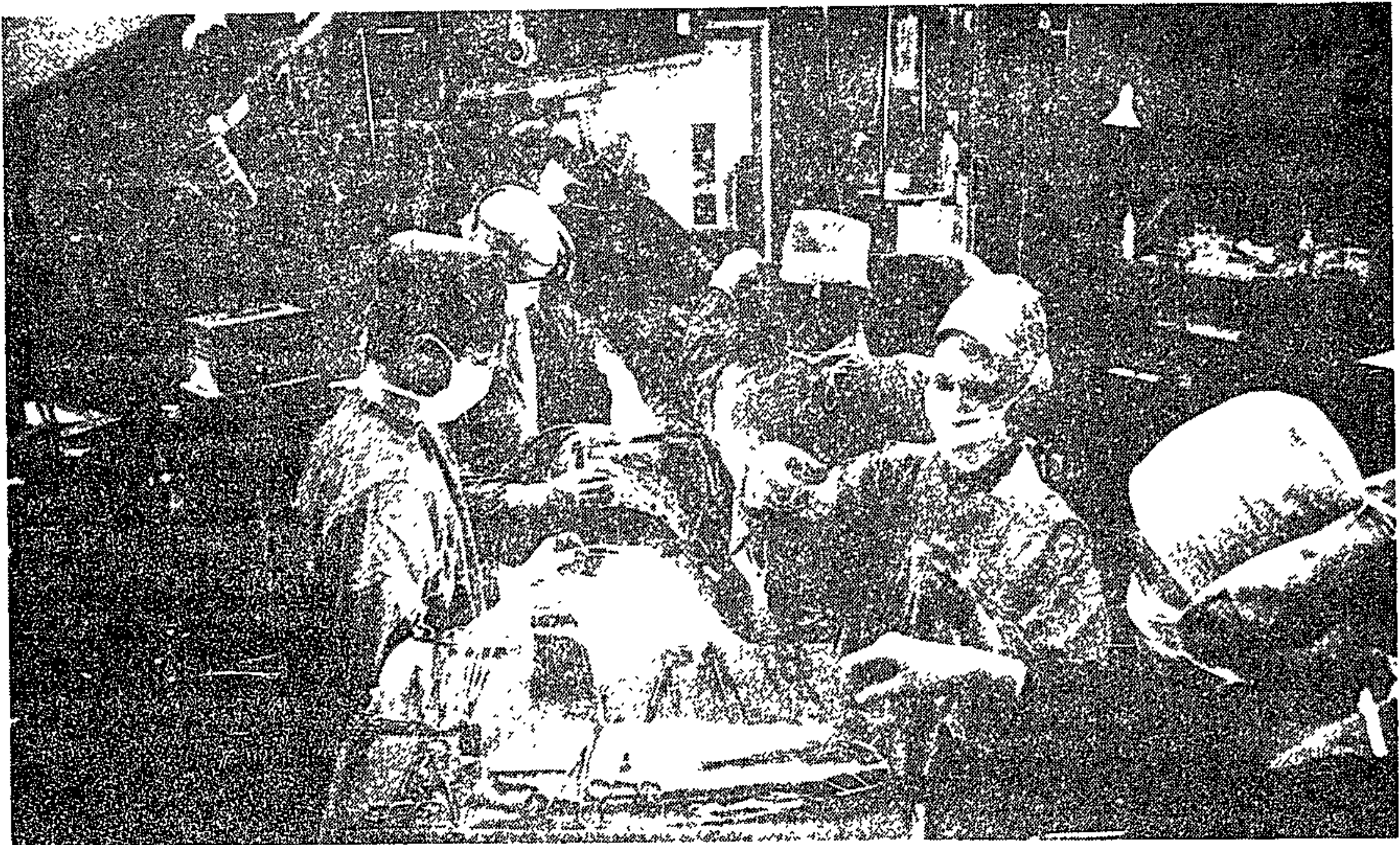
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# Doctors forced by law to break Hippocratic Oath

93 Star 23/4/83

By Pamela Kleinot  
Medical Reporter

Doctors are expected to breach the Hippocratic Oath by disclosing confidential information when ordered to do so by a court of law.

The law also conflicts with the ethic of the Geneva Declaration which states: "I will respect the secrets which are confided in me."

These points emerged at last week's Medical Students' Council's annual meeting in Johannesburg when the health care of detainees was put under the spotlight.

During the discussion, it was pointed out that only lawyers had professional secrecy in terms of the law. Neither doctors nor priests were protected.

Dr Selma Browde, of the University of the Witwatersrand, said medical ethics clearly conflicted with the law.

"The time has come for the medical profession to take a stand and face the consequences of not divulging confidential information. We are living in a dangerous society which is reducing us into non-ethical behaviour because of fear," she said.

Professor Max Feldman, head of the department of psychiatry at the Johannesburg Hospital and Wits, said he informed all detainees who were admitted to the hospital that "confidentiality between patients and doctors was not protected".

A doctor's professional secrecy is not protected by the law. He is expected to breach the Hippocratic Oath by disclosing confidential information when ordered to do so by a court of law. Dr Selma Browde, of the University of the Witwatersrand, said the time has come for the medical profession to take a stand and face the consequences of not divulging confidential information.

"If ordered to disclose confidences — in a court of law — I must either agree or be held in contempt of court," he said.

Mr Paul Browde and Miss Kathy Kahn, both fifth year medical students, told the conference that two district surgeons were refused permission by the Department of Health to attend the debate.

In their paper, the two students, who are members of the Detainees' Parents Support Group health sub-committee, said it was clear that a District Surgeon was forced to break his fundamental codes of practice which regard medical confidentiality as the human right of each and every patient.

They said there was overwhelming evidence given under oath in legal proceedings that detainees were tortured in South Africa.

The students pointed out that affidavits made to the DPSC brought out other defects in the health care of detainees. These included:

- The presence of the Security Police when the detainee visited a District Surgeon.



Dr Selma Browde . . . medical ethics conflict with the law.

- Detainees were intimidated by threats of assault and torture.
- Detainees were questioned by Security Police after their visits to the District Surgeon about what transpired between them.

During the debate, Dr Anthony Zwi, of the department of community medicine at Wits, said district surgeons should not tell the authorities when detainees say they have been assaulted or tortured as it was not in the "patient's interests".

"Doctors should take an ethical stand not to betray confidentiality. When asked to do so they should say it is not in the patient's interests," he said.

Professor Trefor Jenkins, head of the department of genetics at Wits, pointed out that breaching the confidentiality of patients also extended into industry where doctors gave employers reports on employees.

In an interview, Professor SA Strauss, of the law department of the University of South Africa, said: "A doctor is duty bound to maintain the confidentiality of a patient. However, in a court of law, he must disclose under protest confidential information of a patient, otherwise he held in contempt of court."

Professor Strauss added that a doctor was entitled to disclose information if it was in the interests of the patient or the public.

"It may be in the interests of a detainee, for example, for a doctor to disclose information to the authorities regarding the mental or physical condition of the detainee.

"A doctor must assess each case on its own merits," said the professor.



# No further action against doctors

# Steve Biko file shut for good

93  
RDM  
27/4/83

By GERALD REILLY

THE South African Medical and Dental Council yesterday effectively confirmed an earlier decision that no further action be taken against the doctors who attended black consciousness leader Mr Steve Biko before his death in detention in 1977.

## Dad gases self, kids

**Pretoria Bureau**  
A WITBANK man and his three children were found gassed in a car at the Rondebosch Dam between Middelburg and Belfast early yesterday morning.

Mr Michael Conrad Jordaan, of 13 Watermeyer Steet, Witbank, and his children — Michelle, 10, Chantal, 6, and two-year-old Shaun — were found by a fisherman at 8am, the Divisional CID chief

in the Eastern Transvaal, Brigadier Jurgen Smit, confirmed yesterday.

The fisherman, Mr F J Steenkamp of Middelburg, noticed the vehicle and had investigated when he saw a hosepipe leading from the exhaust pipe into the car. He found the four bodies and notified the police.

Mr Jordaan's wife, who collapsed after hearing of the tragedy, was treated for

shock at the Witbank Hospital yesterday.

Brig Smit said she had been discharged from the hospital and had identified the four bodies.

Captain N J Jancke, police public relations officer in Middelburg, said Mr Jordaan, 32, was in the process of divorcing his wife. Proceedings had not yet been finalised, he said.

Police are investigating.

## Fanie cleared of 'improper conduct'

**BY JOHN BATTERSBY**  
Political Correspondent  
**HOUSE OF ASSEMBLY.** — Parliament yesterday cleared the Leader of the Assembly, Mr Fanie Botha, of any "improper conduct" in a marathon four-hour debate marked by acrimony and dissent.

He was cleared by 74 National Party votes against 35 from the combined opposition parties.

The Government rejected opposition calls for a select committee to investigate Mr Botha's conduct.

It also rejected a call by the Progressive Federal Party, backed by the New Republic Party, for the appointment of a commission headed by a judge to investigate allegations that Mr Botha had failed to declare his interest in the writing off of a State debt.

Mr Brian Bamford, the Official Opposition's chief whip, argued that a select committee

cause of the danger that party politics surrounding the forthcoming by-elections would cause public distrust of a National Party-dominated inquiry.

Mr Jerry Schwarz (PFP Yeoville), said there was a parliamentary convention that MPs should declare their financial interests and there was a moral obligation on members to do so.

Mr Schwarz called for a code of conduct for Members of Parliament in respect of the declaration of their interests.

Mr F W de Klerk, Minister of Internal Affairs, rejected the Conservative Party call for a select committee, dismissing it as a political ploy to keep Mr Botha under a cloud of suspicion until after the by-elections on May 10.

A CP motion by Mr Frank le Roux, MP for Brakpan, calling for the appointment of a select committee to investigate, among other

interest in the writing off of a R1 100 000 debt, was defeated by a combined National Party, New Republic Party majority with the PFP abstaining.

A PFP motion calling for the appointment of a commission headed by a judge to investigate Mr Botha's interest in the writing-off of the debt, was defeated by 74 votes to 35, the NRP and the CP voting with the PFP.

The Government motion adopted by Parliament, after a heated debate, called on Parliament to accept that there was no "omission, improper conduct or improper involvement on the part of Mr Botha in regard to his interest and actions in relation to the Njelele Irrigation Board and a hydro-electric installation on the farm Hyoma".

At the start of the debate the man at the centre of the row, Mr Fanie Botha, also

The doctors were I R Lang, B Tucker, C Hersch, and R J Keeley.

The vote which effectively closed the issue was 22 — 7 against a motion that allegations against Dr Keeley be referred back to the committee of preliminary inquiry to establish whether he had acted as a consultant or had merely given advice.

A motion tabled by Professor Hillel Shapiro that would have resulted in a reopening of the Biko inquiry by the SAMDC was withdrawn when Dr Shapiro agreed with the president of the council, Dr Frans Geldenhuys, that there was no substantial new evidence.

In his motion Dr Shapiro called on the council not to confirm a resolution of the committee not to hold an inquiry into the conduct of Drs Lang, Tucker and Keeley.

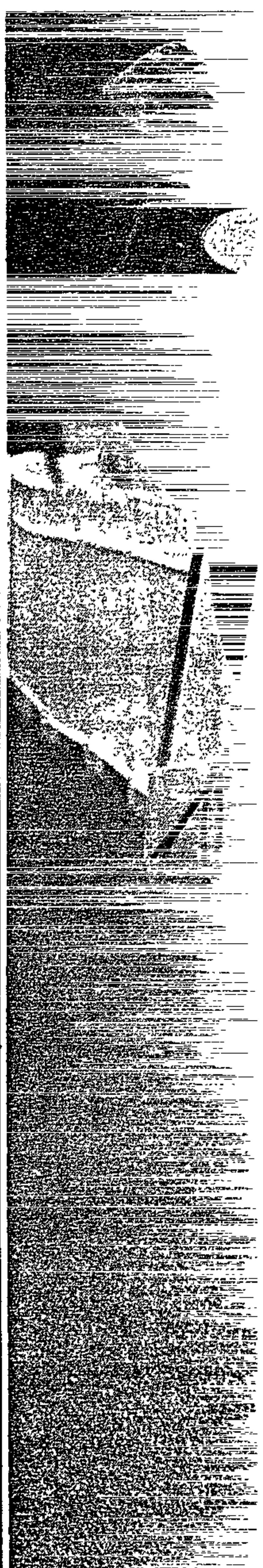
There was prima facie evidence, Prof Shapiro claimed in his motion, of improper or disgraceful conduct, or conduct which when regard was had to their profession, was improper or disgraceful, and that an inquiry into such conduct should be held.

After the meeting the chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk — a member of the SAMDC — said:

"The Medical Association is very much concerned about the present situation, but unfortunately there is nothing the council can do to alter the situation as it stands now."

Prof De Klerk said he believed there should have been an inquiry.

"But there is no way it can be brought up again. It is a



It's high fashion and high fashion scene at the Hotel. win an exciting prize. S

# Govt de over Im

**Political Staff**  
CAPE TOWN. — The Minister of Law and Order, Mr Louis le Grange, yesterday denied that the Government



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At the start of the debate the man at the centre of the row, Mr Fanie Botha, also Minister of Manpower, recused himself.

A CP motion by Mr Frank le Roux, MP for Brakpan, calling for the appointment of a select committee to investigate, among other things, the failure of Mr Botha to declare his financial

# Billie-Jean sues Marilyn for R60m

LOS ANGELES. — Tennis star Billie-Jean King has filed a R60-million breach of contract suit against her former lover, claiming the woman violated agreements involving a Malibu Beach house and private letters.

Mrs King's life". Instead, the suit says, Miss Barnett filed a "galimony" suit against the tennis star and her husband, sports promoter Larry King, asking for the house and lifetime support.

The Superior Court suit filed on Monday alleges that Marilyn Barnett and her attorneys violated verbal agreements reached when the women ended their relationship in 1980.

The suit was later dismissed. The house was lost in last winter's storms that toppled several beach homes into the sea.

Under those agreements, Mrs King claims, Miss Barnett was to be paid R135 000 in exchange for vacating the beach house, returning the letters and getting "out of

Mrs King's suit claims Miss Barnett refused to vacate the house, refused to return the letters and demanded more money. The suit seeks R27-million compensatory damages and R33-million punitive damages. — UPI.

# Soldier lost in border area

Mail Reporter

MYSTERY cloaks the disappearance of South African Defence Force soldier, Corporal Andries Strauss, 21.

On November 7 last year, he was dropped in the Oper-

ational Area between Rundu and Buffalo and told to walk back to his camp as a punishment.

He never arrived. The Mail has reconstructed his disappearance.

● See Page 11

Lang, B Tucker, C Hersch, and R J Keeley.

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In his motion Dr Shapiro called on the council not to confirm a resolution of the committee not to hold an inquiry into the conduct of Drs Lang, Tucker and Keeley.

There was prima facie evidence, Prof Shapiro claimed in his motion, of improper or disgraceful conduct, or conduct which when regard was had to their profession, was improper or disgraceful, and that an inquiry into such conduct should be held.

After the meeting the chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk — a member of the SAMDC — said:

"The Medical Association is very much concerned about the present situation, but unfortunately there is nothing the council can do to alter the situation as it stands now."

Prof De Klerk said he believed there should have been an inquiry.

"But there is no way it can be brought up again. It is a very unhappy situation."

The council's decision could not be reviewed or rescinded.

The president of the council, Dr Geldenhuys, confirmed this view when he said no further action on the issue was contemplated.

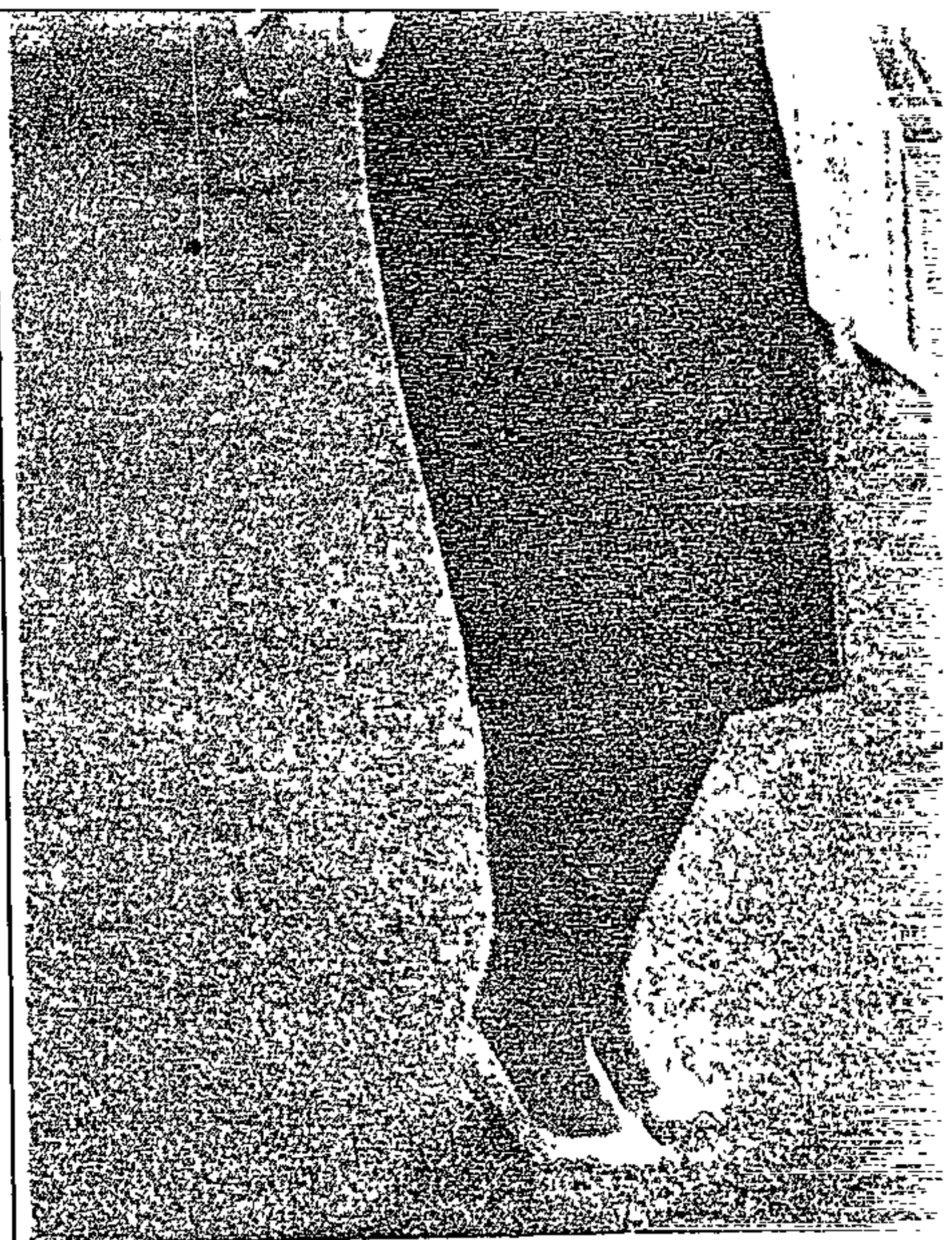
At a preliminary inquiry last October — initiated by a complaint from Professor Francis Ames, head of the Department of Neurology at the University of Cape Town, and several other prominent doctors — it was found that as far as Drs Lang, Tucker and Hersch were concerned no further action should be taken.

In the case of Dr Keeley it was resolved his explanation be noted and that no further action be taken.

The PFP's spokesman on medical affairs, Dr Marius Barnard, said last night the council's decision would do South Africa and the medical profession no good.

"There is no doubt suspicion will remain and the Medical Council was the only body that could have cleared the air."

Other sources pointed out that the magistrate at the Biko inquest, sitting with two medical assessors, had stated there was prima facie evidence of misconduct. He referred the matter to the SAMDC.



It's high fashion and high stakes for Hermie Nicolaides fashion scene at the Holiday Inns Handicap at Turffontein win an exciting prize. See Page 3.

# Govt denies CP cl over Immorality

Political Staff

CAPE TOWN. — The Minister of Law and Order, Mr Louis le Grange, yesterday denied that the Government wanted to abolish the Mixed Marriages and Immorality Acts or that they were no longer being applied.

Mr Le Grange issued a strong official statement following allegations about the two sex-across-the-colour-line measures made during the Soutpansberg by-election by the Conservative Party candidate, Mr Tom Langley.

Mr Le Grange stressed the number of recent prosecutions under the Immorality Act and the fact that the Prime Minister, Mr P W Botha, had told Parliament last week that a Christian state had a duty to make im-

moral acts punishable. "The Prime Minister has also never bound himself and the Government to abolishing the Mixed Marriages Act," Mr Le Grange said.

Mr Langley allegedly said in Tzaneen last week the Government wanted the two Acts repealed and had not applied them for the past two years, during which there had been no prosecutions.

He also claimed police had instructions to refer all complaints under the Immorality Act to the Minister of Law and Order.

"What Mr Langley says is untrue," Mr Le Grange said yesterday.

Mr Le Grange quoted some of the remarks made by Mr Botha last week, without re-

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## Breakfast Quip



"I see the Sandton super spy has been rumbled."

## The latest Inns betting

HERE is the betting for the Holiday Inns as supplied by boomaker Trevor Moritz:

- 13-2 Hawkins, Secret Service, Count Du Barry
- 8-1 Carlsbad
- 9-1 Sweet Wonder
- 11-1 Captive Prince
- 14-1 Wayward Son, Larne
- 16-1 Smugglers Den, Lawn
- 25-1 North Island, Saturado
- 40-1 So Proud, Salvage
- 66-1 Others



'EVE' Inside

# DAILY

THURSDAY, APRIL 28, 1983

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## Police killed 22 people

THE ASSEMBLY. — A total of 76 people were shot by the South African Police in March 1983, of which 22 were killed and the rest wounded, the Minister of Law and Order, Mr Louis le Grange, said in Parliament yesterday.

The Minister also revealed that 3 958 police vehicles were involved in accidents in 1982.

Asked to provide details about seven policemen killed while on duty in February and March, Mr Le Grange said three were killed in motor accidents, one was shot by a burglar and another stabbed by a burglar.

The sixth was struck on the head by a stone hurled at him, and the seventh was shot after his service pistol was taken from him. — Sapa



RAND DAILY MAIL, Thursday, April 28, 1983

# Outcry grows over Biko decision

Mail Correspondent

DURBAN. — The National Medical and Dental Association — the non-statutory "alternative body" to the SA Medical and Dental Council — has slammed the decision not to reopen the investigation into doctors' treatment of Steve Biko before his death.

The association said the following questions relating to the Biko case had still not been answered:

- Was Dr Ivor Lang's report on Mr Biko careless or intended to mislead?
- Why was Mr Biko not kept under observation when it was felt he might have suffered brain damage?
- Why had Dr Lang incorrectly filled in Mr Biko's bed letter?
- Why had Dr Benjamin Tucker allowed Mr Biko to be transferred from Port Elizabeth to Pretoria?
- Why had no action been taken when an abnormal plantar reflex (a physical condition) had been elicited in Mr Biko?
- If the doctors had not been able to persuade the Security Police that Mr Biko needed hospital treatment why did they not refuse to treat him under the conditions imposed on him?

A spokesman for the association said it was scandalous that such a lack of action could be allowed to detrimentally reflect on the medical profession.

Meanwhile, the five doctors who called for the "Biko

affair" to be brought into the open through a public inquiry — and whose call was refused by the SA Medical and Dental Council — are considering Supreme Court intervention in the matter.

They and several others believe there is *prima facie* evidence of improper or disgraceful conduct on the part of at least three doctors who treated Mr Biko during his detention in 1977.

Prof Frances Ames, Prof Phillip Tobias, Prof Trevor Jenkins, Dr L I Robertson and Dr E M Barker together complained to the council about the conduct of Port Elizabeth district surgeons Dr Benjamin Tucker and Dr Ivor Lang, as well as of physician Dr Colin Hersch and neurologist Dr R J Keeley.

And the head of the Medical Association of SA, Prof Guy de Klerk, says he is also dissatisfied with the decision that the case should not be reopened.

In London, the British Medical Association yesterday expressed concern that medical bodies in South Africa seemed not to have the "ethical machinery capable of dealing with this kind of problem", reports IAN HOBBS

The BMA is to seek full details on the SAMDC decision.

At a meeting of the World Medical Association Council in Monaco next month and a full meeting in Venice in October, the BMA will propose a new voting system, which could count against South Africa's continued membership of the world body.

## 'Buck Rogers' has flown, say police

Mail Reporter

ALTHOUGH there was a good public response to the screening of the profile of Rory Garret Tracy, better known as the notorious robber, "Buck Rogers", on SABC TV on Tuesday, the West Rand police believe he has left the country.

Police say Tracy, due to appear in Roodepoort Re-

eties. He had to report to Krugersdorp police station twice a day.

The investigating officer, Detective Warrant-Officer Charles Miller, said: "We had a big response. Some people saw him in Pretoria on Monday when he last reported to the police station but nobody had information after that."

He said Tracy had prob-

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By BRUC Lon

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93 RDM 29/4/83

## Yes, some docs are greedy, says MASA

Pretoria Bureau

THE Medical Association of South Africa admitted yesterday that a small number of doctors were materialistically inclined.

MASA was reacting to an accusation by the Minister of Health, Dr Nak van der Merwe, that the profession's image was becoming tarnished

"It is acquiring an image of materialism which is alien to it, and which exists because of the periodic public bickering over money," he said.

And yesterday the secretary-general of MASA, Dr C E Marais Viljoen, said that, as in other professions, a small number of doctors were, in fact, materialistically inclined.

This frequently resulted in unacceptable practices

which, unfortunately, affected the image of the profession

"For this reason MASA has established a peer review committee which will look into any abnormal pattern of practice — for instance, over-servicing — reported to it".

Like the Minister, the association believed the medical profession was in the best position to discipline its members.

At present increases were invariably only granted after many months of negotiations.

Unfortunately the manner in which the association's requests for tariff increases were reported in the media often gave rise to the impression that the profession as a whole was materialistically orientated.

"This is not so."



Party opposition in the council agree that Ellis Park must be prevented from reverting to the control of the bondholder, Volkskas.

So the council has asked

"If the council can raise R30m for the TRFU, it can do the same to fix roads, stormwater drains and our many other needs.  
"I think they were mad to

views on what constituted a union"

City Treasurer Mr Manie Venter said this week it was not yet known whether the council would seek the loan.  
"The Local Government Ordinance will have to be changed before we can do so. At the moment, we are doing nothing about it, but if the ordinance is changed, we'll enter into further negotiations."

He also denied that ratepayers would pay back the loan: "The idea is to buy money at a cheaper rate and seek repayment from the TRFU. It won't cost the ratepayers anything because we intend asking the State Treasury to put up the guarantees."

guarantee a R6-million loan from Nedbank to bridge the gap in the financing of the stadium while the TRFU raised the extra money from the sale of properties.

## Biko: Court hearing mooted

**BY LAUREN GOWER**  
"NEW evidence" was contained in the Biko complaints which the SA Medical and Dental Council threw out this week — and doctors who complained to the council are now seeking Supreme Court intervention.  
Dr Errol Holland, president of the Transvaal Health Workers' Association, said members had scheduled a meeting with attorneys next week with a view to Supreme Court action against the SAMDC "to compel it to

we intend to challenge the council."

## Victory a nod for mixed amenities — PFP

**By MIKE CADMAN**

THE Progressive Federal Party in Randburg believes that its victory in this week's municipal by-election is a vote of confidence in its decision to open public amenities to all races.

The PFP candidate, Mr Frank Baleta, with 625 votes, won the Windsor East (Ward 3) election by a majority of 130 votes in a 40,3% poll.

significant". He said that the victory was evidence of a small but definite swing in favour of the PFP.

But the leader of the NP on the council, Mr Olaus van Zyl, said yesterday he did not think that the election victory was any sort of mandate for the PFP's policies.

His National Party opponent, Mr Phylis Sutherland, got 495 votes. One of the key issues in the election was the opening of amenities by the PFP-controlled management committee.  
The chairman of the PFP in the Southern Transvaal, Mr Douglas Gibson, said that in the light of the management council's decision the victory was "quite significant".  
Report by Michael Cadman, 171 Main Street, Johannesburg.

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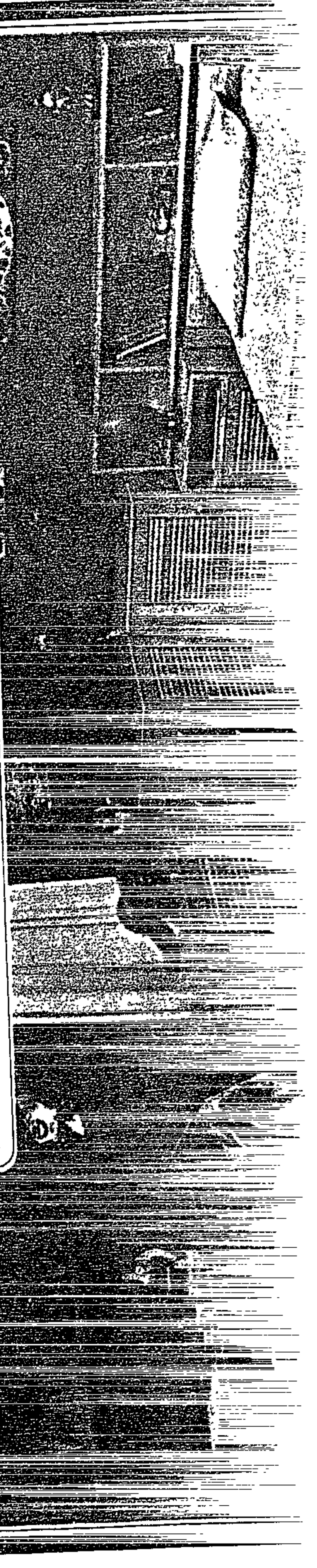
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OR: 3-PIECE BED SUITE ONLY 145,95 (bed, headboard & pedestal)





# Medical aid 'could be a luxury'

By Eugene Saldanha

If subscription rates kept rising, medical cover could soon become a luxury that only the privileged few could afford.

The president of the Representative Association of Medical Schemes (RAMS), Mr J Ernstzen, sounded this warning at the annual congress of the South African Pharmaceutical Society in Johannesburg yesterday.

## Pharmacists are bound to the dispensary counter

Pharmacists could not function effectively as primary health care agents because there were too many legal restraints on them, the president of the South African Pharmacy Board, Mr G Clark, said yesterday.

He was addressing the annual congress of the South African Pharmaceutical Society in Johannesburg.

Mr Clark said there was a need to give pharmacists greater freedom within the confines of their pharmacies so their roles as primary health care advisers could be enhanced.

"At present the pharmacist is bound to the dispensary counter by invisible chains, partly of legal enactments, partly of his own inclination and train-

ing. His potential as a primary health care adviser would be greatly enhanced if he were free to leave the pouring, counting and measuring to an assistant with strictly circumscribed functions.

"There is nothing particularly radical about this idea. It has been done for years in Europe. The pharmacy board has been studying the question of technical assistance in the dispensary for some years and has almost reached the point where it can decide on some changes," Mr Clark said.

Mr Clark said statutory provision should be made to allow hospital pharmacists to communicate with patients and give them the benefit of their extensive knowledge of medicines.

Mr Ernstzen said that while medical aid schemes were locked into the present system of benefits, there was little the movement could do about rises in subscriptions. But medical aid schemes should pay more attention to achieving better financial results without unnecessarily resorting to tariff increases, he said.

Mr Ernstzen said the method of determining tariffs by appointing committees to make recommendations to the South African Medical and Dental Council (SAMDC) was unsatisfactory. This was because the Minister of Health had the "unenviable responsibility" of setting tariffs when the RAMS objected to the tariff committees' recommendations.

The method of determining tariffs for private hospitals also had disadvantages.

Mr Ernstzen proposed that the suppliers of medical services be allowed to determine their own tariffs, subject only to their ethical rules.

"The medical schemes, with the possible final approval of the Central Council for Medical Schemes, should also be allowed to determine tariffs on which benefits may be based. These tariffs could be reviewed on an annual or some other suitable time basis," Mr Ernstzen said.

Year	Membership			
	African	Asian	Coloured	White
1980				31
1979				32
1978				37
1977				38
1976				40
1975				43
1974				48
1973				55
1972				..
1971				..
1970				..
				Total



Only about one fifth of the population can afford dental services and most of those need help from medical schemes, Dr A M Ferreira, president of the South African Dental Association, said today at the annual meeting of the Pharmaceutical Society.

# One in five can afford dental care

May 1983

Dr Ferreira said that in South Africa although the affluent, largely white, section of the population received sophisticated dental care there was a section of the population that received virtually no treatment at all.

The 38th annual meeting of the Pharmaceutical Society of South Africa began in Johannesburg today with a symposium on future trends and opportunities for the health profession. The symposium, chaired by Professor S A Strauss, of the University of South Africa, is expected to bring new ideas for co-operation between public and private sectors to meet the growing needs for the provision of health in the future. Reports by Zenaide Vendeiro and Eugene Saldanha.

where it was about 30 years ago," said Dr Ferreira, "when the patient did not think of primary and secondary prevention but only of the relief of pain.

"Sacrifices may have to be made to help the State provide a comprehensive form of dental care for the entire population," he said.

greater turnover, reduced cost of dentistry and more time devoted to advanced procedures," he explained.

contributions to dental costs for the next 20 to 30 years. The consumer would also find it increasingly difficult to afford increased costs.

"The cost of dentistry is high and it is possible that consumer pressure may, as has happened in other countries, force some changes in the delivery of dental care.

This might see the greater use of dental auxiliaries in private practice.

It was estimated that, in present economic conditions, the State would not be able to increase its

"This might put the dental profession back to

"Being mindful of the force of such actions we should seek to keep dentistry within reasonable costs without reducing standards of treatment or causing an erosion of the profession's income," Dr Ferreira said.

## Professor wants wider role for nurses in future

## Private sector can do more

A multi-disciplinary health team was necessary to provide a comprehensive health care service, said the president of the South African Nursing Association, Professor Margaretha van Huyssteen.

ric and community nursing and midwifery in one programme. "The nurses of the future will therefore be even better prepared to meet the health needs of the community."

No individual professional worker, regardless of training, had sufficient skills to render a complete service to individuals, family or community.

The scene was set for the expansion of a comprehensive State health service.

Professor van Huyssteen said modern health care necessitated a deepening and widening of the traditional nursing role.

"Unfortunately this is not the case in the private sector, where certain restrictions prevent a nursing service developing to full potential," she said.

She quoted the previous Director-General of the Department of Health, Dr J de Beer, as saying the nurse "will inevitably have to accept the greatest burden of the responsibility for primary health care".

It should be possible, she believed, for a nurse under certain circumstances to examine a patient, make a diagnosis and in consultation with the pharmacist prescribe and administer certain medicines without referring to a medical practitioner.

Present nursing programmes, she said, would be gradually phased out and replaced by a comprehensive programme integrating general, psychiat-

A further limitation on an adequate nursing service in the private sector was the lack of provision for nursing care under medical schemes, Professor van Huyssteen said.

If the private sector did not play a greater role in health services, South Africa's critical shortage of health resources would get worse, the Director-General of Health, Dr K Retief, said today.

## Doctors should train for Third World conditions

At the Pharmaceutical Society of South Africa's annual conference, which began this morning in Johannesburg, Dr Retief said private enterprise had always had an important role in the country's health, but it was time it played a greater role in providing primary health services.

Medical students should be more aware of the health problems of the Third World and better trained in family and general medicine for these communities.

geared mainly to a Western society.

larities for State-employed doctors.

This was said today by Professor JN de Klerk, chairman of the Medical Association of South Africa.

"Obviously more attention must be paid to training the young doctor to accept his community obligations and involvement.

"If an overall medical scheme system is worked out to cover the major portion of the population it will take a large burden off the shoulders of the State and place it within the confines of the private sector," he told the congress.

"Primary health care represents the point of entry into a comprehensive health care system - the first contact with the professional. These services should be extended until we have adequate facilities to cater for the daily personal health needs of all our peoples. At present the provincial and State health services carry the bulk of the burden, but it goes without saying that these agencies cannot continue carrying the full responsibility," Dr Retief said.

On recent reports of ir-



be more aware of the health problems of the Third World and better trained in family and general medicine for these communities.

This was said today by Professor JN de Klerk, chairman of the Medical Association of South Africa (Masa).

At the annual congress of the Pharmaceutical Society of South Africa Professor de Klerk said much of South Africa's population lived under Third World conditions, but medical training was

ern society.

"Obviously more attention must be paid to training the young doctor to accept his community obligations and involvement.

"The practitioner must also be involved in ongoing medical education programmes under the control of medical schools and in association with Masa."

Dr de Klerk appealed to the Government to consider a new fee structure for private practitioners and higher sa-

doctors.

"If an overall medical scheme system is worked out to cover the major portion of the population it will take a large burden off the shoulders of the State and place it within the confines of the private sector," he told the congress.

Dr de Klerk said doctors in the public sector had not received increases in salaries during the past two years, and warned that this would lead to a serious drain of doctors from the public health services.

health needs of all our peoples. At present the provincial and State health services carry the bulk of the burden, but it goes without saying that these agencies cannot continue carrying the full responsibility," Dr Retief said.

On recent reports of irregularities among the medical and pharmaceutical fraternities, Dr Retief said: "I have great faith in both professions and with dialogue and good faith we will be able to sweep the skeletons from our cupboards."

## Better planning needed as cities grow

The growth of urban areas will entail more effective planning and co-operation among all facets of health facilities and services, said Mr Don Sutherland, president of the South African Pharmaceutical Society.

Smaller health care centres were already envisaged by the State, he said. "However the society envisages them being financed and run by the private sector and incorporating all the necessary services such as medical practitioners, dentists, nurses, physiotherapists, health educationists and nutritionists and dispensing practices."

Industrial health care centres, serving several industries, had great potential, he said.

"These centres would encourage the provision of an organised health service to industrial workers and educate them into accepting private sector-based medical aid, for which they will have to assume some economic responsibility."

On the matter of health services in the rural areas, Mr Sutherland suggested the use of mobile dispensaries. The setting up of rural clinic dispensaries was also overdue, he said.

Mr Sutherland also appealed for the introduction of a two-tier tariff system. "Our present tariff caters for the economically affluent population and does not meet the needs of socio-sub-economic groups."

# MASA is independent

From Professor J N DE KLERK, Chairman of the Federal Council MASA, and Dr N C LEE, Assistant Editor, SA Medical Journal:

IN your editorial (Cape Times, April 28) you describe the SA Medical and Dental Council as "the official representatives of the profession" which gives the impression that the SAMDC is organized by the medical profession. It is not. It certainly deals with

medical matters but it is a statutory body in which elected doctors are in a minority. You also quoted Professor

ability to its members as an independent professional association, it certainly does not have a statutory duty to the public.

These two bodies are quite distinct, and we would suggest that in future, before the trigger is pulled, prospective snipers should first identify the correct target.

## letters

PO Box 11  
Cape Town  
8000

Frances Ames in your issue of April 27 (page 2) as saying "the MASA decision was "not entirely unexpected" and "MASA have not done their statutory duty to protect the public from medical malpractice."

I can only assume that she was misquoted and was referring to the SAMDC as although MASA (the Medical Association of South Africa) has a responsi-

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Witness: Firm's interests came first

# Grove action

# On tainted drug

# tardy — claim

By Sheryl Raine, Pretoria Bureau

Dr. Henrie Grove took six weeks to suspend contaminated medical supplies for use at provincial hospitals because he was afraid of offending the drug's suppliers, it was alleged here yesterday.

Clay

5 Avenue

Telephone: (011) 542 644

inally part of the Consultative

## Probe into TPA officials

• From Page 1

Dr. Grove had said he preferred to have those contacts himself.

He had objected to his staff having lunch with company representatives and had disapproved of close relationships between provincial officials and supply companies.

Invoices were shown to the commission to illustrate Dr Grove's relationship with Alumina.

The commission was told that Dr Grove admitted buying a discount television through Mr Isaac Kaye, a former Alumina head.

One invoice showed he had received a washing machine from from Alumina and a cancelled R353,60 cheque for the machine made out to Dr Grove by Alumina was produced.

Evidence was led that Dr Grove's relationship was so close to Alumina that he asked a subsidy director for financial advice and later invested in Alumina shares.

It is clear that the Transvaal Provincial Administration (TPA) had a relationship with a major pharmaceutical company which ranged from the personal to the financial," said Mr Welz.

According to Alumina employees, Dr Schepers was a "very influential man". He was a hospital

services tender committee member and occasionally acted as its chairman.

Three examples of suspected irregularities in tender procedures were given to the commission by Mr Diamond.

He said that on June 7, 1976 Continental Ethicals (CE), a subsidiary of Alumina, had told him it successfully obtained a provincial tender.

The tender was officially awarded only on June 24, 1976. Before the tender was awarded, three different circulars with conflicting instructions were circulated.

Mr Diamond suspected that the allocation of parts of the tender to various companies were being switched.

When the tender was announced, CE had gained all the contracts for supplying X-ray film, processing it at hospitals and training institutions in the Witwatersrand.

Another company had been granted contracts to rural hospitals.

In another case, Mr Diamond said CE had tendered exactly 10 percent higher than a competitor on every item.

Mr Diamond asked how two competing companies could tender so accurately without inside information.

The hearing is continuing. Mr Lourens de Kock is hearing evidence and Mr F E Roets is leading the evidence.

Dr. Grove, director of hospital services in the Transvaal, is being investigated in connection with allegations that he accepted gifts from the Alumina Development Corporation.

At a commission of inquiry in Pretoria, an investigative reporter described how contaminated intravenous drips were discovered in provincial hospitals in 1979.

"The drips were not packed properly and were growing mould," said Mr Martin Welz.

"In the course of investigations I found that the company which supplied the drips, a subsidiary of Alumina, allegedly used its influence to get storemen to remove the drips before discovery."

It took months for the matter to reach the Medicines Control Council, which suspended the product in July 1979.

It took Dr Grove six weeks to inform the company.

"His instruction came after six weeks, during which the safety and care of Transvaal patients were set aside for fear of offending the company," said Mr Welz.

When asked why he had delayed the suspension of the drips, Dr Grove told Mr Welz the supplies were expensive. He was afraid the suspension might be a mistake and that the supply company would sue the province.

"He was more concerned about his relationship with the drug company than the health of his patients," Mr Welz claimed. The hearing continues.



## Waratah wreck found — claim

EAST LONDON — Mr Tony Ashworth, the director of a Cape Town publishing house which backed the hunt for the wreck of the Waratah, yesterday said he had found the wreck — and that of the South African Airways aircraft, the Rietbok, which disappeared off East London in 1967.

Mr Ashworth said detection equipment on his chartered ship, Kunene, had discovered a metal wreck of about 100 tons where the Rietbok is believed to have crashed.

The Rietbok was on its final approach to East London Airport when it went down in bad weather.

### RETURN

Mr Ashworth said the Kunene would return to the site tomorrow to investigate further.

Of the search for the Waratah Mr Ashworth said a diver found a "colossal mound of sand, 15 m high, covering a metal structure" in 40 m of water.

The expedition has found nothing positive to identify the mound as the Waratah but Mr Ashworth said there was too much evidence for it not to be the ship.

He said he was calling the search off. It would be too much of

By Sheryl Raine, Pretoria Bureau  
The corrupting influence of an ambitious drug company percolated up through the ranks of the Civil Service and not even Cabinet Ministers were left untouched, a commission of inquiry heard here yesterday.

The commission is investigating whether the Transvaal Director of Hospital Services, Dr H A Grove, and one of his deputy directors, Dr G W Schepers, took gifts from the Alumina Development Corporation which influenced the awarding of tenders.

On the first day of evidence, allegations of corruption across four provinces, Namibia and neighbouring states indicated that the reference terms of the commission may not be wide enough to establish the serious-

## Inquiry told TPA official got 'discount'

ness of the situation.

Two investigative reporters from the Sunday Express, Mr Martin Welz and Mrs Wilmar Utting, the leader of the Opposition in the Provincial Council, Mr Douglas Gibson and Mr Ken Diamond, a competitor of Alumina gave evidence.

Even Cabinet Ministers were allegedly influenced by Alumina which, within two years of establishing itself, had become so powerful that it was taken over by an established drug company, SA

Druggists, so that the latter could survive.

According to Mr Welz, Alumina helped Dr Lappa Munnik in his first election campaign. He later became Minister of Health.

The company persuaded the Minister of Industries to provide interest-free loans or loans at low interest to establish a local pharmaceutical manufacturing concern.

Alumina also persuaded the Government to impose customs duties on their competitors' prod-

ucts and claimed the privileges of a local manufacturer.

Mr Welz did not suggest that Cabinet Ministers accepted bribes, only that they had been influenced to some extent.

The witnesses painted a dazzling picture of lavish entertainment, gifts and overseas trips paid for by Alumina.

Mr Welz highlighted the company's sales figures which were dominated by medical supplies to the four provincial administrations, in particular the Transvaal.

Specific allegations were made against Dr Grove and Dr Schepers.

In an interview with Dr Grove this year, Mr Welz said the doctor had said he had frowned on his staff fraternising with company representa-

● To Page 2, Col 1

## Mr Miller had up for his little lamb

Own Correspondent

CAPE TOWN — Everywhere that Neville went, the lamb was sure to go .... And that's the reason Mr Neville Miller of Tijgerhof was fined R25 in the Cape Town traffic court this week.

Mr Miller broke a municipal by-law prohibiting the keeping of livestock in a municipal area. It has nearly broken his heart.

A law-abiding citizen, Mr Miller never intended breaking the law in the first place. As a former farmer he had slaughtered many sheep in his time and had no special affection for them. Until Spooky arrived on the scene.

He was found when a week-old, pitifully lost at the side of the road 15 months ago and given to Mr Miller, who has now become so attached to his lamb that he would not dream of harming or giving him away.

Mr Miller's problems began when a municipal official knocked on his door. Get rid of Spooky or face the consequences, he was told.

"I could not leave him to die. He is now back at the farm," Mr Miller told the magistrate.

In spite of it all, Mr Miller is going to make a special plea to the authorities. "Perhaps they will be



Mr Neville Miller and his little lamb Spooky, who fol-



ed writer  
5/5/83  
By his long jail sentence The court no doubt acted accord- ing to law in sentencing Mr

Bad fog prevents

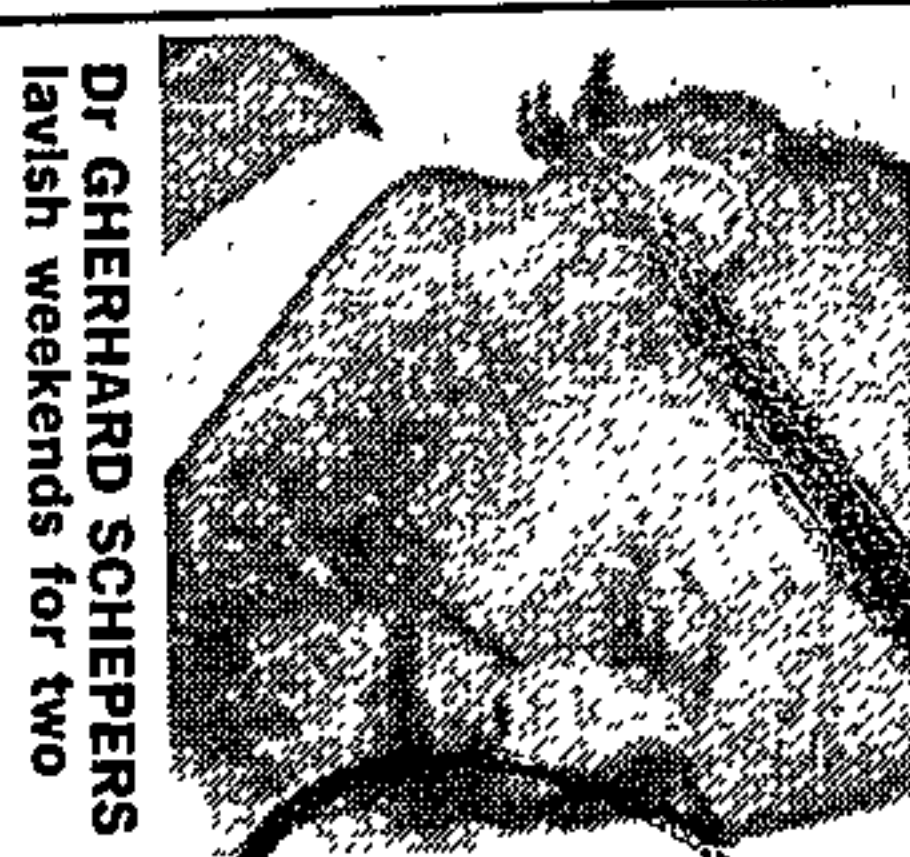
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# Payola probe may seek wider powers



Dr HENRIE GROVE got a R353 cheque



Dr GHERHARD SCHEPERS lavish weekends for two

By GEOFFREY ALLEN  
IT WAS champagne oysters, and overseas trips for men and women at the top of the Transvaal Provincial Hospital Services, according to all allegations made at the De Kock Commission of Inquiry in Pretoria yesterday.

The commission was appointed by the Administrator to examine the conduct of Dr Henrie Grove, director of hospital services and Dr Gherhard Schepers, deputy director.

The commission opened yesterday and almost immediately the chairman, Mr L de Kock, said that he might have to apply for wider investigative powers because of the extent of the allegations of corruption being made to him.

There were frequent appeals in evidence yesterday for the commission to assume wider powers to examine allegations published in the Sunday Express. It was these published allegations

which gave rise to the commission.

The central allegation is that a group of medical companies under the umbrella of the Alumina Development Corporation (now taken over by SA-Drugists and formerly headed by Mr Isaac Kaye) had operated a countrywide favours-for-friends scheme to win provincial and national orders for the supply of drugs and medical equipment.

"This province is being sold patriotism for profit and it is more expensive than any of us have yet established," said Martin Welz, political correspondent of the Sunday

Express newspaper whose stories (investigated together with Wilma Utting, a reporter on the paper) gave rise to the commission.

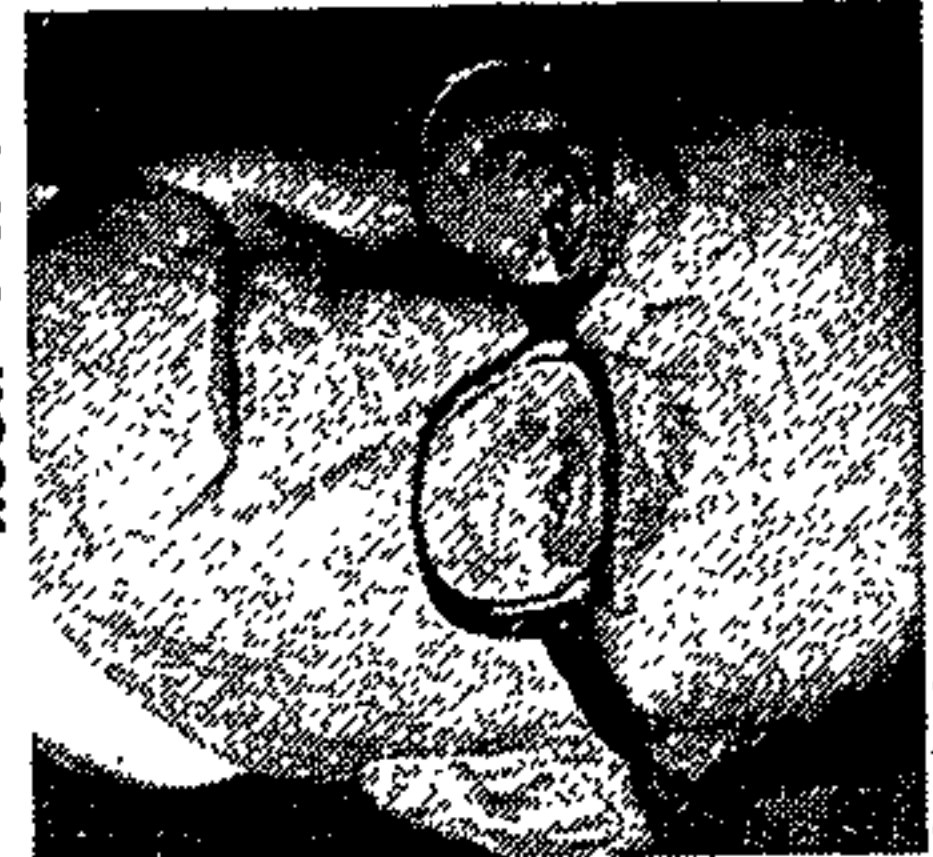
Welz said that two years after breaking into the pharmaceutical business Alumina was applying such great pressures in the industry through corruption that it was almost impossible for a company in the same business not to get involved in unethical practices.

"In two years they went from a company with a capital of R2-million to one worth R10-million when they were taken over by SA Drugists," he said.

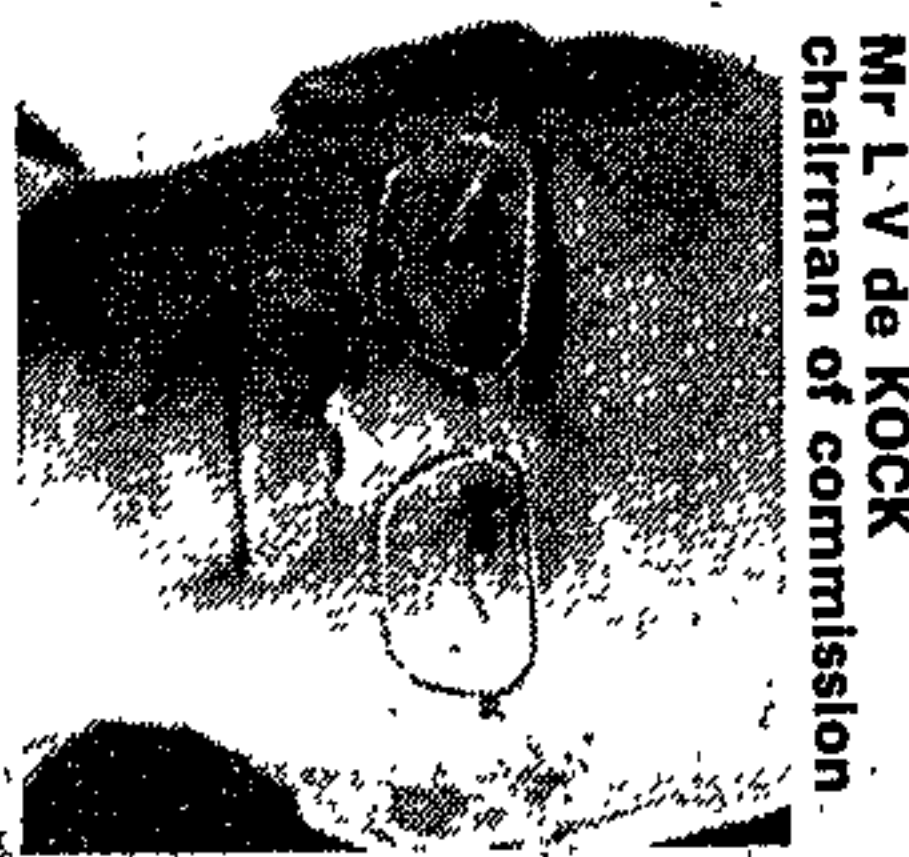
After hearing evidence from Mr Douglas Gibson, leader of the PRP in the provincial council, Mr De Kock said that he was so alarmed by parts of the evidence that he might have to ask the Administrator for wider powers to investigate alleged corruption.

He said that he was particularly disturbed by Mr Gibson's allegations that provincial officials had opened and altered tenders before they were submitted to the tender board.

Mr Gibson also alleged



Mr L. V. de KOCK chairman of commission



Mr DOUGLAS GIBSON only scratching the surface

Dr Grove said that he accepted the cheque after returning an unsatisfactory washing machine purchased on a buying order from an Alumina subsidiary. Also in evidence Mr Kenneth Diamond, who runs a company which extracts silver from used X-ray plates, said his lawyer had advised him he was being black-mailed after a meeting at which Dr Grove had told both of them he would get no further TPA contracts if he continued to "rock the boat".

Under oath Dr Schepers said he bought the car from the woman with whom he had gone on frequent trips into the country. These trips were not part of his business activities but were undertaken because they were "friends".

Mr Welz said that he had information - which he could not himself substantiate - that Dr Schepers had been seen regularly in the company of a certain female representative of a pharmaceutical company at restaurants in Pretoria and had eventually been given her car.

Mr Welz said that all of these, and even payments in cash deposited overseas for various parties, were "sweeteners," intended to buy influence at the top of the hospital services.

that the Alumina group had operated a racket for getting money out of the country by over-invoicing products bought in the United Kingdom

Probe may seek wider powers

From Page 1

To Page 2



CAPE Times 6/5/83

# Company 'bought' doctors

98

## Own Correspondent

JOHANNESBURG. — A former pharmaceutical company chief, Mr Peter Goldberg, yesterday gave evidence of wholesale "influence-buying" of private doctors throughout the country.

He said his Alumina group of companies had spent huge sums of money to buy influence and friends.

Mr Goldberg was giving evidence to the De Kock Commission of Inquiry into the conduct of the Director of Hospital Services in the Transvaal, Dr Hennie Grove, and his deputy, Dr Gerhard Scheepers.

The commission's brief is to investigate whether the director and his deputy were influenced in favour of Alumina products because of the gifts they are said to have been given, and whether this had influenced the awarding of tenders to the group.

The commissioner, Dr L V de Kock, announced in the afternoon that he had received instructions from the executive committee of the Provincial Council to widen his brief to include all matters to do with the issuing of tenders by the Hospital Services.

## 'Sweeteners'

Mr Goldberg said that in the private sector it was common practice in selling products to offer doctors sponsored trips to conferences and to give them "sweeteners".

Mr Goldberg said he was not involved in any of these activities, but had made out the cheques for them.

One of Mr Goldberg's former managing direc-

tors, Mr Bill Kennedy, told the commission that he had used his R4 000-a-year company expense account to entertain privately Dr Scheepers, who was his friend.

Mr Kennedy and Mr Goldberg were senior employees of Mr Isaac Kaye's pharmaceutical empire, which was taken over by SA Druggists.

## 'Nothing wrong'

Mr Kennedy told the commission that he saw nothing wrong with giving nominal gifts to people with whom his company, Lambethica, did business.

"This was no different from any other business in the world," he said.

It was imperative, he said, to have the co-operation of "smaller people" in an organization, such as secretaries and telephonists, who could clear the way for appointments with their bosses.

He said he could not remember an item on one of his expense accounts handed in to the commission.

In it he claimed for having have taken a female secretary from the TPA's tender section to lunch at the Sunnyside Park Hotel in Johannesburg and then dinner with her at the Top of the Carlton Hotel the same night.

## 'Time to think'

"I would like time to think about that," he said.

At one point during Mr Goldberg's evidence, Mr De Kock, threatened to throw Mr Goldberg's lawyer, Mr Tony Leon, "out of the door" unless he stopped whispering to his client while questions were being put to him.

According to evidence, Mr Goldberg — who admitted that he was known as an arrogant man — had once written to Dr Grove telling him that he was "perturbed" by the award of an informal tender to another company.

The letter ended: "We trust you will go into this matter and prevent a repetition."

## 'Bombastic'

Mr De Kock said he found the letter bombastic.

Mr Goldberg confirmed in evidence that he had organized for a television set to be bought for Dr Scheepers, who had then paid it off with post-dated cheques.

He had also paid for an extensive overseas tour for Dr Scheepers.

Handwritten notes: "Sweeteners" with a large checkmark and a scribble.



CAPL Trinks 6/5/83

# Company 'bought' <sup>93</sup> doctors

Own Correspondent

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*Handwritten notes:*  
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By GEOFFREY ALLEN  
SOUTH AFRICA'S former super-chemist, Mr Peter Goldberg, yesterday gave evidence of wholesale "influence buying" of private doctors throughout the country and said his Alumina group of companies spent huge sums to purchase influence and win friends.

The man who was formerly in executive control of a massive pharmaceutical empire, whose stock-in-trade was allegedly "influence buying", was giving evidence at the De Kock Commission of Inquiry into the conduct of the director of Hospital Services in the Transvaal, Dr Henne Grove, and his deputy, Dr Gerhard Schepers.

Mr Goldberg said in the private sector it was common practice to offer doctors sponsored trips to conferences and to give them

"sweeteners" to sell products

Mr Goldberg said he had not been involved in any of these activities but had made out the cheques to pay for them

One of his former managing directors, Mr Bill Kennedy, said he had used his company expense account to privately entertain his friend, Dr Schepers

He said he believed he had company authorisation to spend his R4 000-a-year ex-

pense account on friends — even relatives

Both men were senior employees of Mr Isaac Kaye's former pharmaceutical empire which was taken over by SA Druggists.

Mr Kennedy said life at the top of Labethuca (the company which he ran in the group) had become so frantic with the scale of business that it had got out of hand.

"It became impossible. You couldn't keep your finger on anything," he said.

Mr Kennedy told the commissioner he saw nothing wrong with giving nominal gifts to people with whom his company did business

"This was no different from any other business in the world ... there is nowhere in the world where you don't give sweeteners," he said

It was imperative, he said, to have the co-operation of "smaller people" in an organisation, such as secretaries and telephonists who

could clear the way for appointments with their bosses.

According to evidence Mr Goldberg, who admitted he was known as an arrogant man, had once written to Dr Grove telling him he was "perturbed" by the award of an informal tender to another company and ending, "We trust you will go into this matter and prevent a repetition."

The commissioner, Mr L V de Kock, said he found the letter bombastic.

# Company 'spent huge sums' to buy friends


~~187~~ 93 ~~267~~ PMSM  
6/5/83



CAPL Times 7/5/83

# Witness refuses to answer

93



**Own Correspondent**  
**JOHANNESBURG.** — The De Kock Commission of Inquiry into allegations of corruption in the Transvaal Provincial Administration was halted temporarily yesterday when a key witness refused to be cross-examined by a journalist and a retired company director.

Mr Peter Goldberg, former financial controller of a major group of drug companies whose activities form the focus of the Commission, said through his lawyer he would go to the Supreme Court for an order preventing Mr Martin Welz, political correspondent of the Sunday Express and Mr Ken Diamond, a former company director, cross-examining him because they had no *locus standi*.

Mr Goldberg was prepared to answer questions by the Commission or by the Director of Hospital Services in the Transvaal, Dr Gerhard Scheepers, and his Deputy, Dr Hennie Grove, whose activities the Commission is investigating.

### Overruled

After the Commissioner, Mr L V de Kock, had overruled an application to this effect by Mr Goldberg's attorney, Ms Miranda Barker, she gave notice that her client intended going to the Supreme Court for a ruling. This would take about six weeks.

In his evidence in chief, Mr Goldberg said he was aware of the practice of paying "sweeteners" (bribes) to doctors in private practice. He had only signed cheques or requisitions and was not personally involved in the nationwide activity, he said.

Mr Jimmy de Villiers, a former senior employee of Continental Ethical, a company in Mr Isaac Kaye's Alumina pharmaceutical empire, said he had become aware in 1962 of a "ring" of three firms producing X-ray film.

"They set prices and divided the market between them," he said.

Because his company

had had difficulty breaking into the "ring" he and Mr Isaac Kaye had built a plant near Rustenburg in virtual secrecy.

Mr De Villiers said his plant was in a position to supply the whole South African market and had been "able to get a duty imposed on imported film. Because of this the opposition couldn't compete".

Mr De Villiers explained how it was possible to sell three months' supply of film to hospitals even after his company had lost a Provincial tender.

### Stockpile

The authorities were persuaded that each hospital must carry a three-month stockpile. A notice of this was published by the Province.

As soon as a tender was awarded, even to the opposition, Mr De Villiers would send his salesmen out and they would say the hospital had to stock up from Continental Ethical Supplies as the existing suppliers, because the new tenderer was not yet geared up to take over.

The company which won the tender would be unable to sell its products for three months.

Mr De Villiers said it had also been company practice to alter the expiry dates on boxes of X-ray films so that they could be sold after the official expiry date.

### Changed dates

"The film was in good condition because we kept it at low temperatures so we changed the date on the boxes."

Mr De Villiers said tenders were not simply awarded to the firm offering the lowest price. Quality, availability of service and the preference of hospital staffs were also important.

Therefore it was essential to be "in with the top people" and not get into their bad books.

The inquiry was adjourned until May 16.

(93)

# Company had informers on Tender Board

By Sheryl Raine, Pretoria Bureau

The multi-million rand drug company which allegedly bought its contracts from the Transvaal Hospital Services with gifts to top officials also had informers on the State Tender Board, it has been alleged.

This allegation was made at a commission of inquiry investigating whether two high-ranking officials in Transvaal Hospital Services, Dr H A Grove and Dr G W Schepers, accepted gifts from the Alumina group of companies which influenced tenders awards.

Mr Jimmy de Villiers, formerly a director of an X-ray film company in the Alumina group, yesterday described the company's extensive influence within the country's tender awarding machines.

At Provincial level, Mr de Villiers said the relationship between Dr Schepers, Deputy Director of Hospital Services, and Mr Isaac Kaye, who controlled Alumina, was extremely close.

Dr Schepers would give Alumina early tip-offs when the company had been awarded a tender so that it could start selling its products to hospitals

immediately. Mr de Villiers was aware of two occasions when, after an early tip-off, Mr Kaye was not satisfied with the allocation of tender items made to his company.

After negotiating with either Dr Schepers or Dr Grove, Director of Hospital Services, Mr Kaye had managed to get the tender allocations switched to suit him.

Even on the State Tender Board it appears that Alumina had informers.

"I remember a Mr Liebenburg and a Mr Boshoff, both radiographers," said Mr De Villiers. The first was a representative to the Pneumonocosis Bureau and the latter was a representative to the Cape Provincial Administration. Both men sat on the State Tender Board.

"Both gave us information about our competitors' prices on State tenders," said Mr de Villiers.

He also knew of at least four professors employed by Provincial administrations at the Baragwanath, Groote-Schuur, H F Verwoerd and Garankuwa hospitals who had received gifts of various sizes from Alumina.

The professors were influential because they tested medical supplies and made recommendations to the provinces as to which medical supplies were to be bought for use.

"A Professor Solon, head of radiography at Baragwanath Hospital, was given a trip to Italy for himself and his wife in 1975. The Alumina Group paid for it," said Mr de Villiers.

A bill for the trip, from World Travel Agency addressed to the Alumina Group, was handed in as an exhibit.

"We had to make friends everywhere," added Mr de Villiers in describing the Alumina company's massive "sweetening" campaign.

Total	
100	Ø
100	Ø
100	Ø
128	×
..	
128	×
149	×
149	×

Presumed defunct.

"Hospital radiographers were given cakes and chocolates, and even hospital storemen were cultivated."

Sweeteners even included "scholarships" for the education of Provincial officials' children.

The Commission adjourned until May 16.



# Drama

at

~~1983~~ 93  
'payola'

WJ M  
inquiry

7/5/83  
By GEOFFREY ALLEN

PROCEEDINGS at the De Kock Commission of Inquiry into allegations of corruption in the Transvaal Provincial Administration were temporarily halted yesterday when a key witness refused to be cross-examined by a journalist and a retired company director.

Mr Peter Goldberg, former financial controller of a major group of drug companies whose activities form the focus of the Commission, said through his lawyer that he would go to the Supreme Court to get an order preventing Mr Martin Weiz, political correspondent of the Sunday Express, and Mr Ken Diamond, a former company director, cross-examining him because they had no *locus standi*.

The application by his lawyer, Miss Miranda Barker, was first overruled out of hand by the Commissioner Mr L V de Kock.

Mr Goldberg indicated that he was perfectly prepared to answer questions put to him by the Commission or by the Director of Hospital Services in the Transvaal, Dr Hennie Grove, and his Deputy Dr Gherhard Schepers, into whose activities the Commission has been briefed to investigate.

After taking further instructions, Miss Barker gave notice that her client intended to proceed to the Supreme Court for a ruling. This would take about six weeks.

In his evidence in chief Mr Goldberg said he was aware of the practice of paying "sweeteners" (bribes) to doctors in private practice and said that he had only signed the cheques or requisitions and was not personally involved in the nationwide activity.

The inquiry was postponed to May 16.



# Medical 'payola' probe told how the influence racket operated

A FORMER director of a giant pharmaceutical company testified this week that his managing director was in a position to influence the adjustment of valuable provincial contracts for the benefit of his company.

The ex-director, Mr Jimmy de Villiers was in charge of the X-ray division of Continental Ethicals, a subsidiary of the Alumina group headed by Mr Isaac Kaye.

Mr de Villiers gave evidence in Pretoria at a commission of inquiry headed by Mr L V de Kock into allegations that Dr Henmie Grove, Director of Transvaal Hospital Services and his deputy, Dr G W Schepers, received gifts from the company in return for favouring them in the awarding of tenders.

In lengthy testimony, Mr de Villiers described in detail the procedure of awarding tenders.

Under close questioning by Mr de Kock, Mr de Villiers stressed he could speak only of the period he spent working for Mr Kaye, managing director of the Alumina group of companies — between 1964 and 1978.

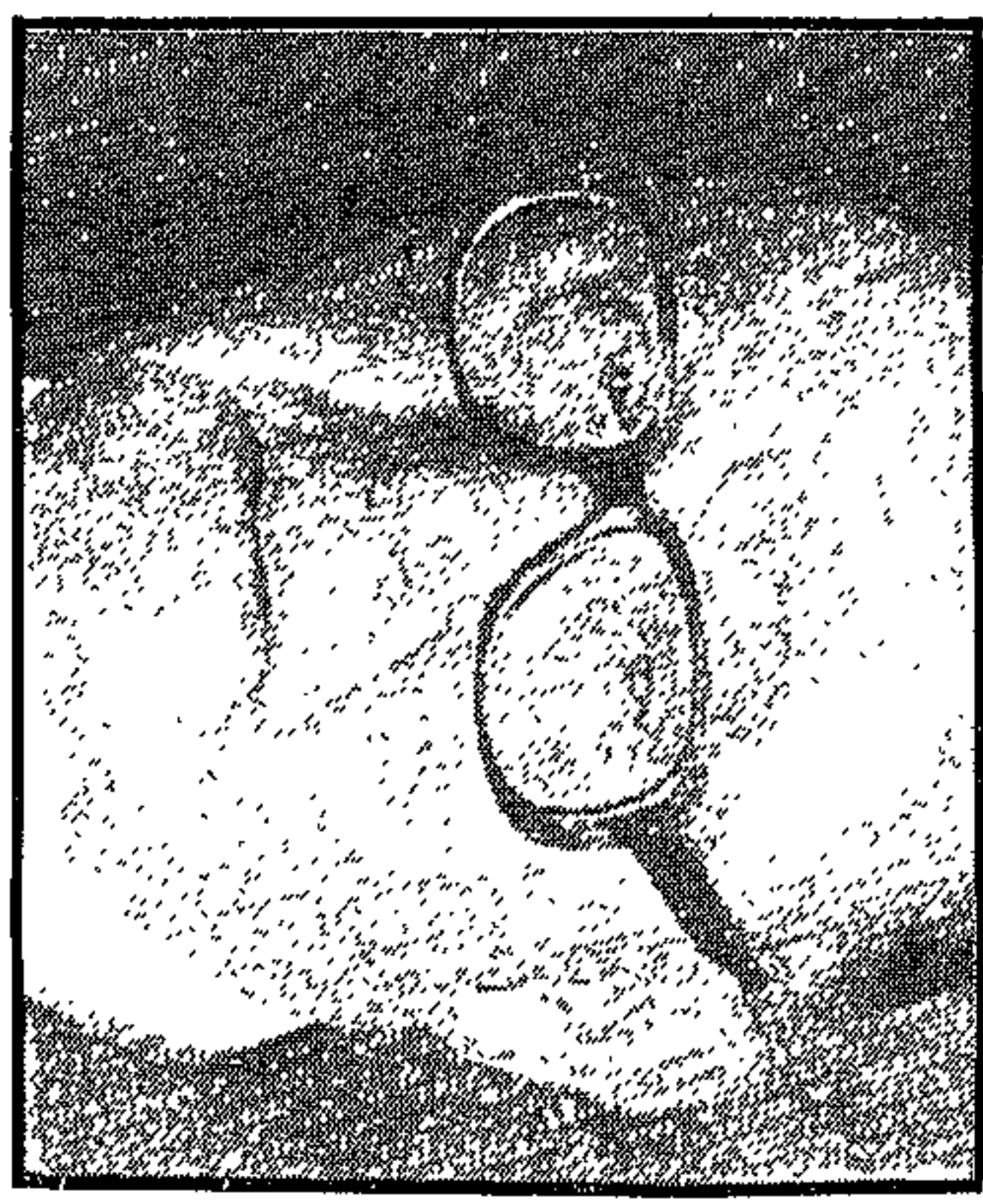
Mr de Villiers said the opening of the tenders was strictly controlled and once they were submitted there was no way in which prices could be tampered with.

However, once a tender had been awarded, giving for example 50% of the contract to Mr Kaye's company and 50% to another company, Mr Kaye was in a position to point out through Dr Schepers any "unevenness in the allocation of the tender which would be adjusted."

Once the company realised that 50% of the number of hospitals represented only 30% of the sales, Mr de Villiers said Mr Kaye would point this out to the Transvaal Provincial Administration saying: "Sorry chaps, you must correct this."

Mr de Villiers also told the commission: "He had been instructed by

**'SWEETENERS' INCLUDED SPURGES AT RUGBY TESTS, GIFTS AND MONEY FOR INFORMATION**



Mr Lourens de Kock — he is heading the commission of inquiry in Pretoria.

## Reports by LAUREN GOWER

Mr Kaye to help Dr Grove buy goods wholesale from Makro which sold only to companies with a trading licence. He himself had taken Dr Grove and "his good lady" to the stores to buy what they needed at special discount rates against a company buying card.

Dr Grove paid cash for the goods he bought, Mr de Villiers said.

Officials of the JPA — although probably not Dr Schepers, who was not a rugby

man" — were entertained by the company at rugby Test matches. He recalled Dr Grove and Mr Malan du Preez — an official on Dr Grove's staff — being among the guests.

The company had paid informants on the State Tender Advisory Board who could leak information about tenders to the company, but it had not been necessary to make such an arrangement with the JPA because Mr Kaye had handled this. All these "sweeteners" had

been directed at keeping a friendly relationship with provincial officials. The X-ray contract for the Transvaal alone was between R1 000 000 and R1 500 000 a year and "we dared not fall foul of them", Mr de Villiers said.

Mr Bill Kennedy, a former director of Surgicare, another company in the group, admitted after lengthy questioning, and overnight consideration that he had entertained Dr Schepers on numerous occasions at company

expense. The entertainment took the form of lavish meals, overnight stays in Johannesburg hotels, and on at least one occasion, a gift of wine for the doctor's birthday.

However, Mr Kennedy insisted that his relationship with Dr Schepers was a personal one and he had never used this relationship to influence the awarding of provincial contracts.

But, my company accounts When Mr de Kock, Mr Goldberg admitted the

nurse accountants had the cost of the entertainment charged to the company leaving it could lead to goodwill.

Mr Kennedy also admitted his company had paid at least R15 000 over a period of about 18 months in "unofficial commissions" to private hospital buyers.

He said: "If you want to call these sweeteners I think I can safely say these will be found in private and public sectors, in the hospital business or the hotel business."

In a surprise development on Friday, Mr Max Peter Goldberg, who described himself as financial director of the Alumina group, switched legal advisers.

On Thursday the lawyer who sat next to Mr Goldberg during his evidence was twice warned by the commissioner to refrain from discussing testimony with his client from behind a hand held to his mouth.

On Friday morning, Mr Goldberg was accompanied by Mrs Miranda Barker, who objected in advance to Mr Goldberg answering any questions put by two witnesses, Mr Martin Weiz, a senior Sunday Express journalist, and Mr Kenneth Diamond.

Overruled this objection, Mrs Barker said she would seek a Supreme Court ruling. Her client, she said, was however quite prepared to answer questions put by the commissioner, the prosecutor and anyone else who had "lawful interest in the commission".

In earlier evidence, Mr Goldberg was emphatic that he would not allow executives to charge private entertainment to the company.

He agreed that he had on one occasion challenged the actions of a company employee in Natal who, had spent R40 on meat for a braai/vleis for officials of South African Airways.

Mr de Kock questioned Mr Goldberg on a "bomastic" letter he had written to the Director of Transvaal Hospital Services, complaining that Mr Goldberg's company had not been awarded certain tenders.

"The paragraph I find most disturbing is the last one," Mr de Kock said. The paragraph asked that the director "look into the matter and make sure there was no repetition."

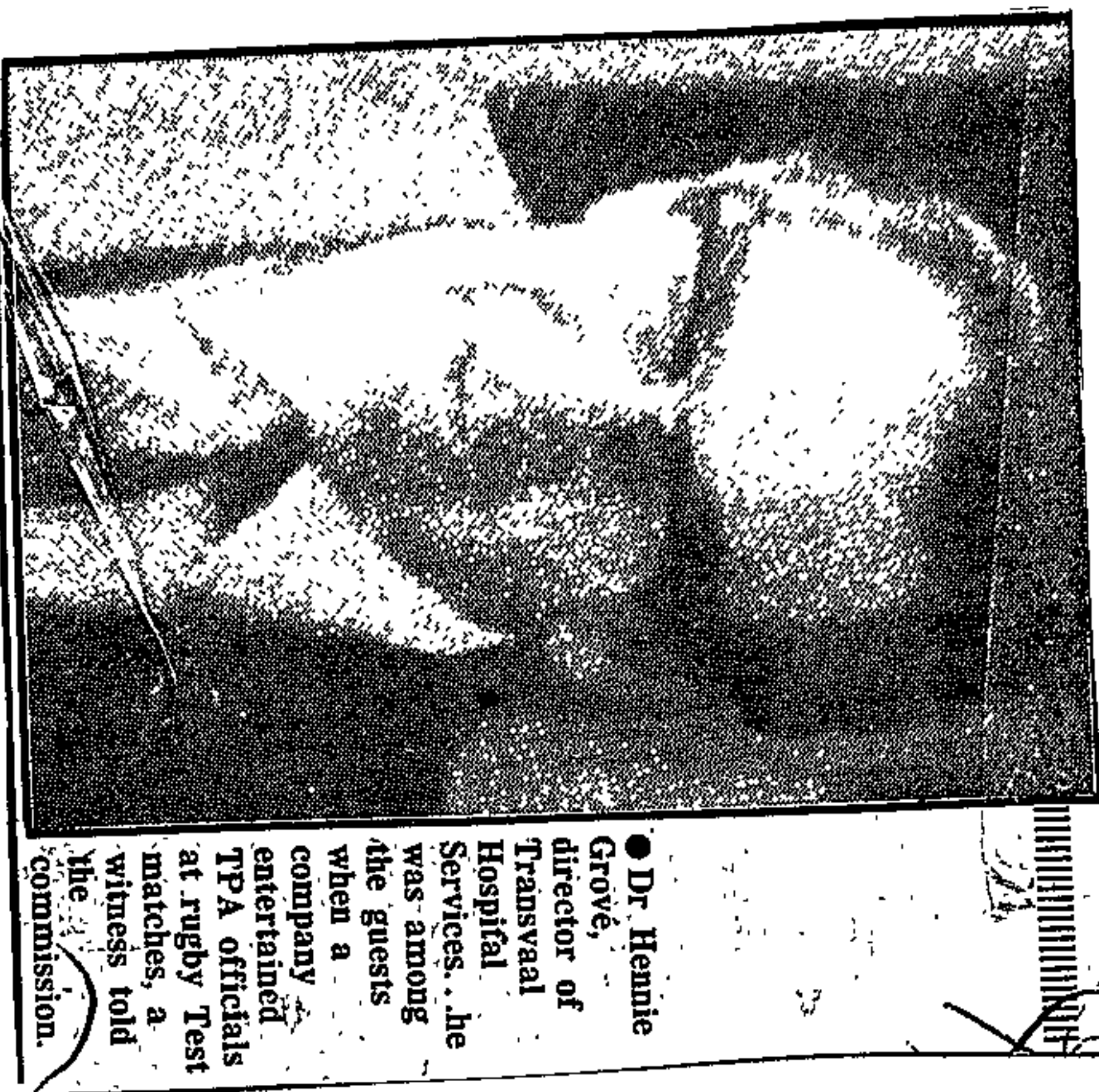
Mr de Kock said there was a tone of command in the letter. Mr Goldberg admitted the

letter might have been arrogant, but, he said: "If I feel unjustly treated I will talk up accordingly."

Mr Goldberg emphasised he knew nothing of bribes. On Wednesday, shortly after the commission began,

Dr Schepers was invited to explain how he had acquired a car from a pharmaceutical company.

Dr Schepers said he had purchased the car from a female company representative who was also a friend.



Dr Henmie Grove, director of Transvaal Hospital Services, he was among the guests when a company entertained JPA officials at rugby Test matches, a witness told the commission.



● Dr Gerrit Schepers, deputy director of Transvaal Hospital Services, said he purchased a car from a female company representative who was also a friend and whom he met regularly at a Pretoria restaurant. She had accompanied him on company trips as a driver when he had suffered an attack of gout, he told the commission. A former director of a pharmaceutical firm said he entertained Dr Schepers at company expense.





# 'Extensive web of corruption covers SA and several neighbouring states'

THE commission opened with testimony prepared by Mr Welz and Mrs Wilmar Utting, also a senior Sunday Express journalist.

They said: "The commission's terms of reference were 'shockingly limited' in view of the evidence they had uncovered. A Sunday Express investigation had shown the need for an inquiry on a national scale.

● The links and connections in a network of corruption covered the entire country, involving every province, State and private hospitals, the administration of South West and neighbouring states.

● The public was entitled to know more than matters contained in the commission's brief. There was also the question of the public's right to recover monies which may have been lost.

The testimony, referring to a recent Sunday Express investigation, contin-

ued: "It was our function to produce a case of interest to our readers. It was not our function as reporters and a newspaper to conduct a full investigation into bribery, corruption, undue influence and irregular practice in the pharmaceutical or any industry."

The Sunday Express reports had simply stated the facts in a fashion it believed truly reflected the evidence we found."

"We also found, regrettably, hints to suggest that the relationship between the authorities and the pharmaceutical industry might have become so close and comfortable that they might have become less vigilant and possibly even reluctant to find out or see what was going on.

"That, at best, they had become insensitive or, possibly unwittingly, had been seduced.

"So often we were told 'everybody does it'. We do not know whether every-

body does it, but it is obviously vital for the right investigating authority to find out."

The commission was told that by systematic inducements, the Alumina group of companies had grown from a company with a capital of R2 000 000 to one with a R10-million profit — within a period of two years.

Officials named as recipients of the company's generosity were:

● Dr Grové, who accepted the company's assistance to buy domestic goods wholesale, including a TV set.

● Dr Schepers, who also accepted cheaper buying facilities and who was given an overseas trip for his wife and himself.

● Dr Neville Howes, superintendent of the Johannesburg Hospital who was on several occasions entertained — with his wife — by Mr Kennedy.

● Dr Charles Esterhuizen, superintendent of Batagwanath Hospital, who

also accepted Mr Kennedy's hospitality in Johannesburg restaurants.

● Ms A Gieling, a clerk in the Transvaal department of Hospital Services, was given champagne, beer, wine, chocolates and expensive perfume.

● Mr Dudley Honey, chief consultant of the South West Africa Hospital Services, received "tens of thousands if not hundreds of thousands of rands" in commission for items recommended to SWA hospitals.

● The chairman of the Transvaal Provincial Council and MPC for Sunnyside, Mr B D T Boshoff, who was employed by the company to liaise between provincial officials and the company. He was given a car, a credit card and irregular payments, one exceeding R5 000.

● Dr Connie Mulder, then Minister of Information, who became a shareholder, along with Dr Grové, in an Alumina subsidiary.

The hearing will resume on May 16.



<sup>ARGUS</sup>  
Biko: 11/5/83

Ames <sup>93</sup>

## 'will sell house'

Medical Reporter

PROFESSOR Frances Ames is prepared to sell her house and all her possessions to pay the costs of a Supreme Court action to force the South African Medical and Dental Council to review its decision not to take disciplinary action against the doctors who treated Steve Biko.

Professor Ames, Associate Professor of Neurology at the University of Cape Town Medical School, said: "I'm prepared to go the whole hog — even if it means working for the rest of my life to pay the legal costs.

"It's the only way I can keep my self-esteem. I'm in the happy position of not having the anguish of choice — I know I'm doing the right thing."

### PRELIMINARY

Preliminary legal costs incurred by Professor Ames and four of her medical colleagues in the matter have already amounted to R8 000

Meeting behind closed doors, the council rejected demands for an inquiry into the medical treatment of the black consciousness leader on the grounds that there was no fresh evidence.

One of Professor Ames's co-complainants, Professor T Jenkins, said: "I don't think it will be necessary for Professor Ames to bankrupt herself."

Professor Jenkins, head of the Department of Human Genetics at the School of Pathology of the South African Institute for Medical Research and the University of the Witwatersrand, added: "Already a number of doctors have indicated dissatisfaction with the way the Medical and Dental Council conducted this affair and have promised financial support for Supreme Court action.

### MORE CLOUT

"We would like to get the support of hundreds, perhaps even thousands of South African doctors in this matter.

"I believe the more doctors who align themselves with this request for a review, the more moral clout we will have."

Another co-complainant, Dr E M Barker, a lecturer in surgery at the University of Natal Medical School, said: "We're not on a witch-hunt. We want to establish that the standards of ethical practice in South Africa are the same as those applying elsewhere in the Western world."



The question of the treatment of detainees has long been a vexed one, and Masa, accepting the need for a change both in the treatment of detainees and legislation pertaining to their care and detention, set up a committee to look into the matter.

Pretoria Correspondent

The Medical Association of South Africa (Masa) has made recommendations to the Government on the care and treatment of detainees which include possible changes in legislation.

There was a great need for change in the pattern of treatment of detainees and legislation pertaining to their care and detention, Professor Guy de Klerk, chairman of the Federal Council of Masa, said yesterday.

He said Masa "sincerely" hoped the Government would take a look at what an ad-hoc committee, which had been appointed to investigate the question of detainees, had suggested.

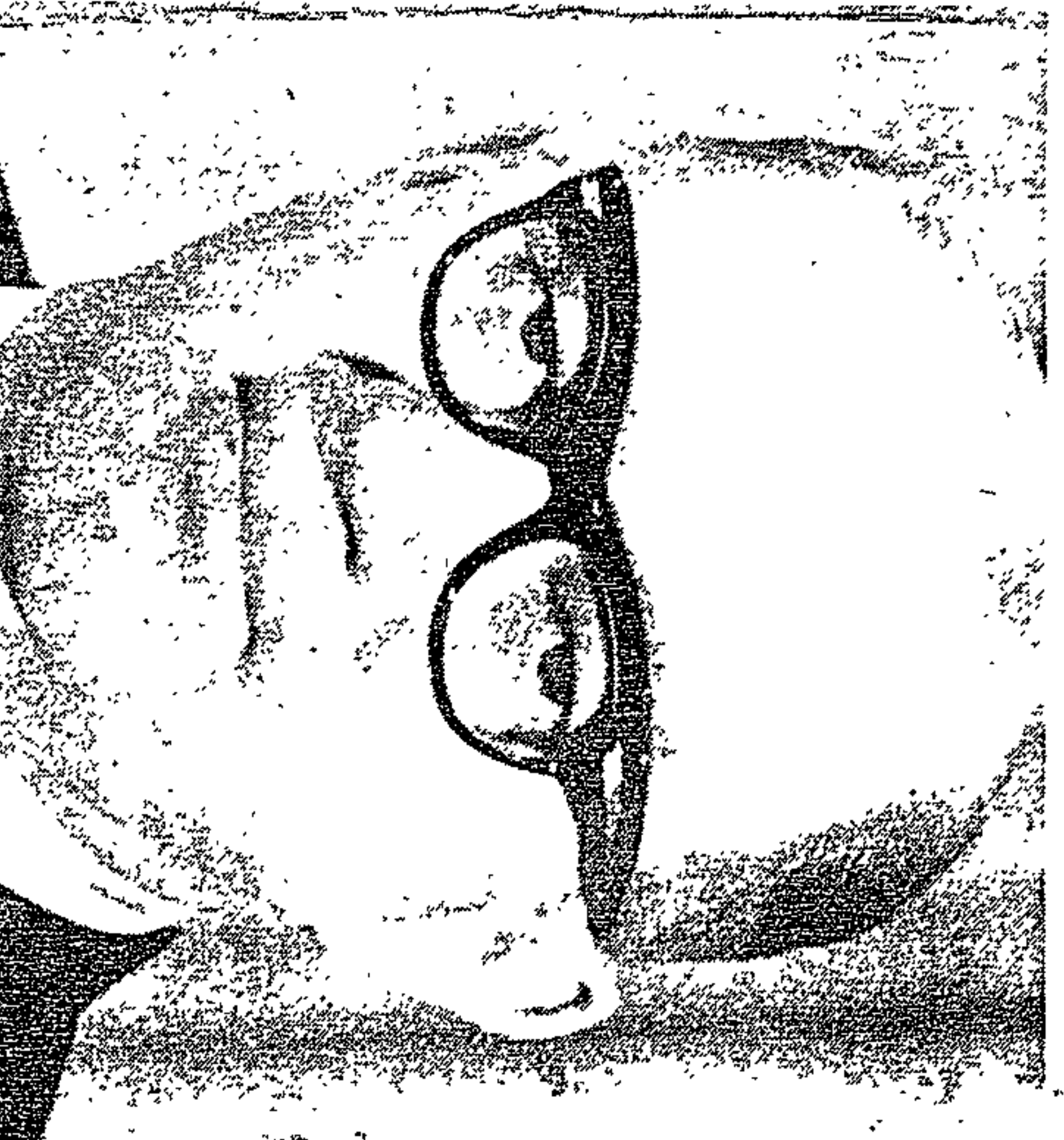
The report had been sent to the Minister of Health and Welfare, Dr Nak van der Merwe, and the Minister of Law and Order, Mr Louis le Grange. A copy had also been forwarded to the Prime Minister, Mr P W Botha.

Professor de Klerk said the contents of the report would not be made public until Masa members had received copies. The report will be published

# Medics seek new deal on detainees



Mr Louis le Grange, Minister of Law and Order.



Dr Nak van der Merwe, Minister of Health and Welfare.

in full in the South African Medical Journal on May 21.

The Federal Council of Masa has stated categorically that the "medical profession cannot participate in any ill-treatment of, or irregularities, as stated in the declaration of Tokyo to which Masa subscribes", a spokesman said yesterday. Other aspects of detention

dealt with in detail in the report were allegations regarding ill-treatment of detainees and harsh methods of interrogation; whether there were sufficient legislative safeguards to ensure that maltreatment of detainees did not occur; the special health hazards of detention, in particular the psychological side-effects; the access

of independent medical practitioners to detainees; and the monitoring of detainees by doctors to prevent them from committing suicide. The committee, appointed in 1982, was chaired by Professor S A Strauss, who said yesterday the committee had spent many hours listening to evidence and studying representations made

by interested parties. A full list of those parties would be published with the report, he said. Dr Strauss said: "We took a positive attitude. We had to be constructive in our recommendations in regard to all aspects, including legislation, and we have every hope the authorities will take note of our recommendations."



# Let us <sup>(93)</sup> fix the <sup>2004</sup> tariffs <sup>12/7/83</sup> — Masa

Pretoria Bureau

THE MEDICAL Association of South Africa has recommended to the Minister of Health, Dr Nak van der Merwe, that it take over the tariff fixing process.

This was revealed yesterday at a Press conference following the annual general meeting of Masa.

Last week Dr Van der Merwe had said the issue of tariff fixing was under review and the possibility of the association determining its own fees was part of it.

The association's proposal would involve excising the SA Medical and Dental Council from tariff fixing procedures.

At present the council makes tariff increase recommendations to the Minister of Health, who has the final say.

The chairman of the committee for contract practice, Dr B B Mandell, said the ideal system would be to leave the fee fixing responsibility to the association.

"We are not going to take the country for a ride. We are only interested in reasonable income levels for doctors."

Dr Mandell said that in each of the four years between 1979 and 1982 the Minister had rejected the Medical Councils' tariff recommendations and sent them back to the council for review.

CAPE Times 18/5/83 (93) ~~118~~

# Commission hears of 'threat' to business

## Own Correspondent

JOHANNESBURG. — A company director told the De Kock Commission of Inquiry into alleged malpractices in the Transvaal Hospital Services that he felt that the Services' Director, Dr Hennie Grové, had threatened him that his business would suffer if he talked about alleged corruption.

Mr Bertram Bratt said that he had left Dr Grové's office with the distinct impression that unless he kept quiet about the allegedly corrupt practices he might lose considerable TPA business.

## Misconduct

"I did then, and now do a fair amount of work for them," he said.

The commission is inquiring into alleged misconduct by Dr Grové and his deputy, Dr Gherhard Scheepers, and into the way in which tenders were dealt with by the Hospital Services staff.

"It was common knowledge in the industry that there was under-

hand work by some companies in Mr Isaac Kaye's Alumina group," Mr Bratt said.

He said that at the time of his interview with Dr Grové his company had lost a tender to supply the TPA with equipment even though it had been lowest.

Two other companies, including one in Mr Kaye's Alumina group, had been awarded the contract.

## Invoice

Mr Bratt had had an invoice showing that one of Mr Kaye's companies had paid for a trip to the Greek islands for Dr Grové and his wife.

Subsequently he burnt the invoice, fearing his business might suffer if people talked openly about it.

"You sometimes find it safer in business to shut up ...

"I believe anyone is honest unless proved otherwise and I felt that the invoice might be an embarrassment to Dr Grové," Mr Bratt said.

He agreed with the examiner, Mr F E Roets, that he had told a colleague in a tape-recorded phone conversation that he had been blackmailed in front of his own lawyer by Dr Grové.

In other evidence yesterday the commission was told that:

- One of Mr Kaye's companies kept a double set of books to hide commissions paid to influential doctors.

- The company had claimed the commissions as tax relief by putting them down to advertising.

## Washing machine

- The managing director of one of the Kaye companies, Mr Bill Kennedy, admitted that he had bought a R499 washing machine for a mission hospital doctor.

He had paid for it with his personal company expenses.

Later Mr Kennedy said that his company had paid "sweeteners" to influential people but had never paid anything to TPA officials.



# TPA inquiry is told of threats to key witness

By GEOFFREY ALLEN

A FORMER director of one of Mr Isaac Kaye's Alumina group of companies said under oath yesterday he had been twice threatened with violence — from assault to the burning down of his house — if he gave "injurious" evidence to the De Kock Commission.

Both warnings were made to Mr Allan Cornish, a medical company director who lost his own business because he was defrauded of R10 000 and then sold out to join the Alumina group.

The De Kock Commission is inquiring into alleged misconduct by Dr Hennie Grove, director of hospital services in the Transvaal Provincial Administration, and his deputy, Dr Gherhard Schepers.

During the same session of evidence, a former managing director in the Alumina group asked for a third opportunity to address the commission and conceded his company had paid "sweeteners" to buy influence with TPA staff but that these had not gone to the two men under inquiry.

Mr Cornish said the first warning to him came some time ago from a fellow director.

Mr Max Peter Goldberg.

"He told me that if I didn't stop making problems for him and his fellow directors he would do something about it. It was clearly a threat to me personally," Mr Cornish said.

The "problems" Mr Cornish was causing revolved around illegal practices employed by the company in its business, he said.

When the commission started sitting a fortnight ago he got a "friendly" warning by phone from another Alumina director, Mr Tony Marshall.

Mr Marshall had phoned and, according to Mr Cornish's evidence, told him:

"If you get involved (in the commission) be careful because very powerful people are involved.

"You could find your house burnt down or you or your family could be hurt or assaulted."

Mr Cornish explained he had joined Alumina after he had offered to buy out three partners in his own anaesthetic business. He had raised R28 000 and a further amount of R10 000 which he needed to conclude the deal.

Unauthorized by him a bank account had then been established in Pretoria under the fictitious company name Allan Cornish Pty

and an overdraft of R10 000 had been arranged with the bank. The money was withdrawn and he had had to pay it back with the R10 000 he had raised as part of the deal with his partners.

As a result he had been unable to continue and had sold out to Alumina, at Mr Max Peter Goldberg's suggestion, for R20 000.

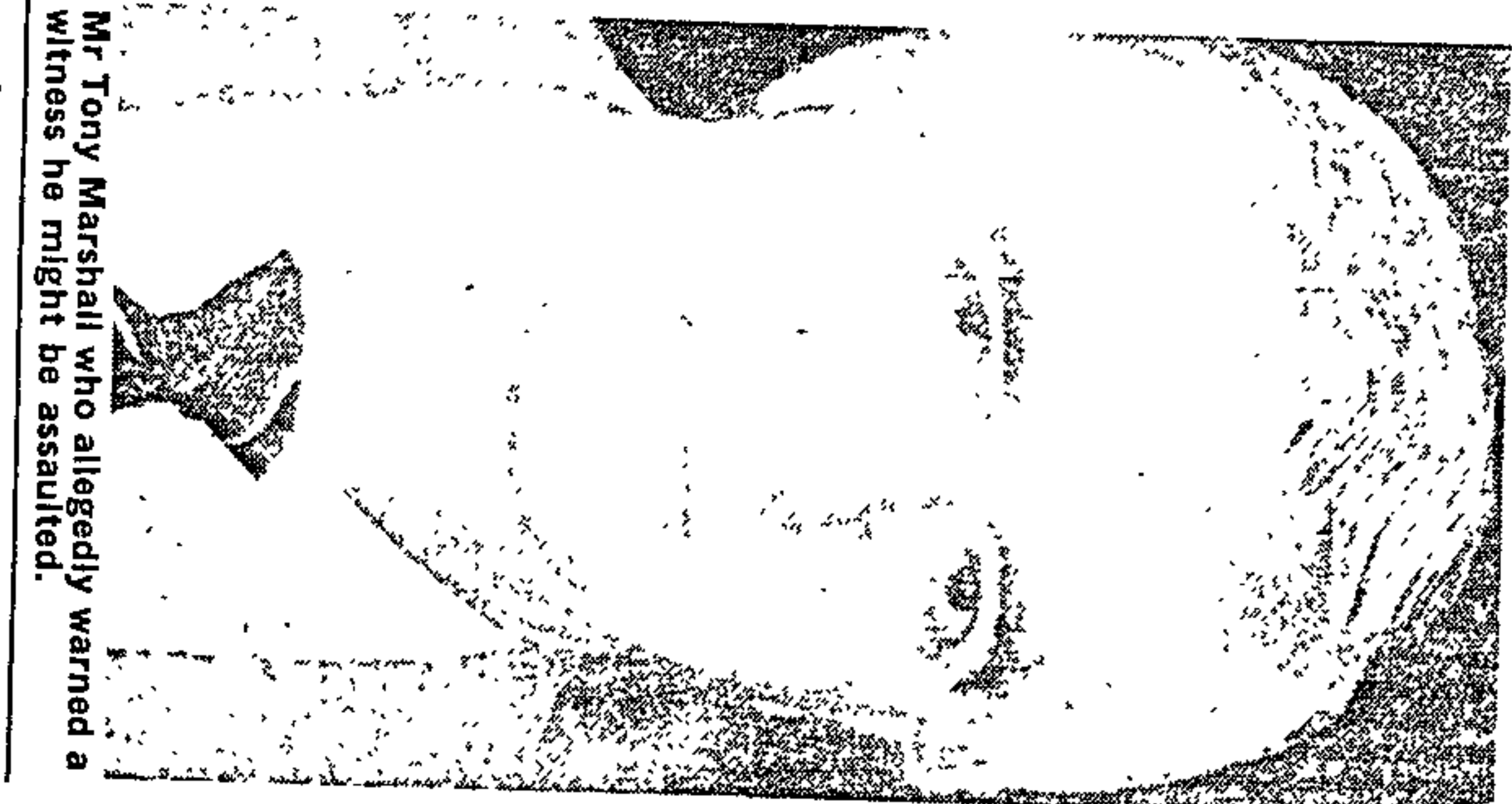
"I was not happy with the way that Alumina was run — it was operating illegally. Gifts were clearly being made, for example," Mr Cornish said.

Another witness, Mr Louw de Villiers, said he was a former accountant at Labethica, one of the Alumina companies.

He said he was aware of loans made by the company to Mr Malan du Preez, a former senior official in the TPA tenders section, whose name has been linked in various evidence as being a person who could, and did, alter tenders to suit the Alumina group.

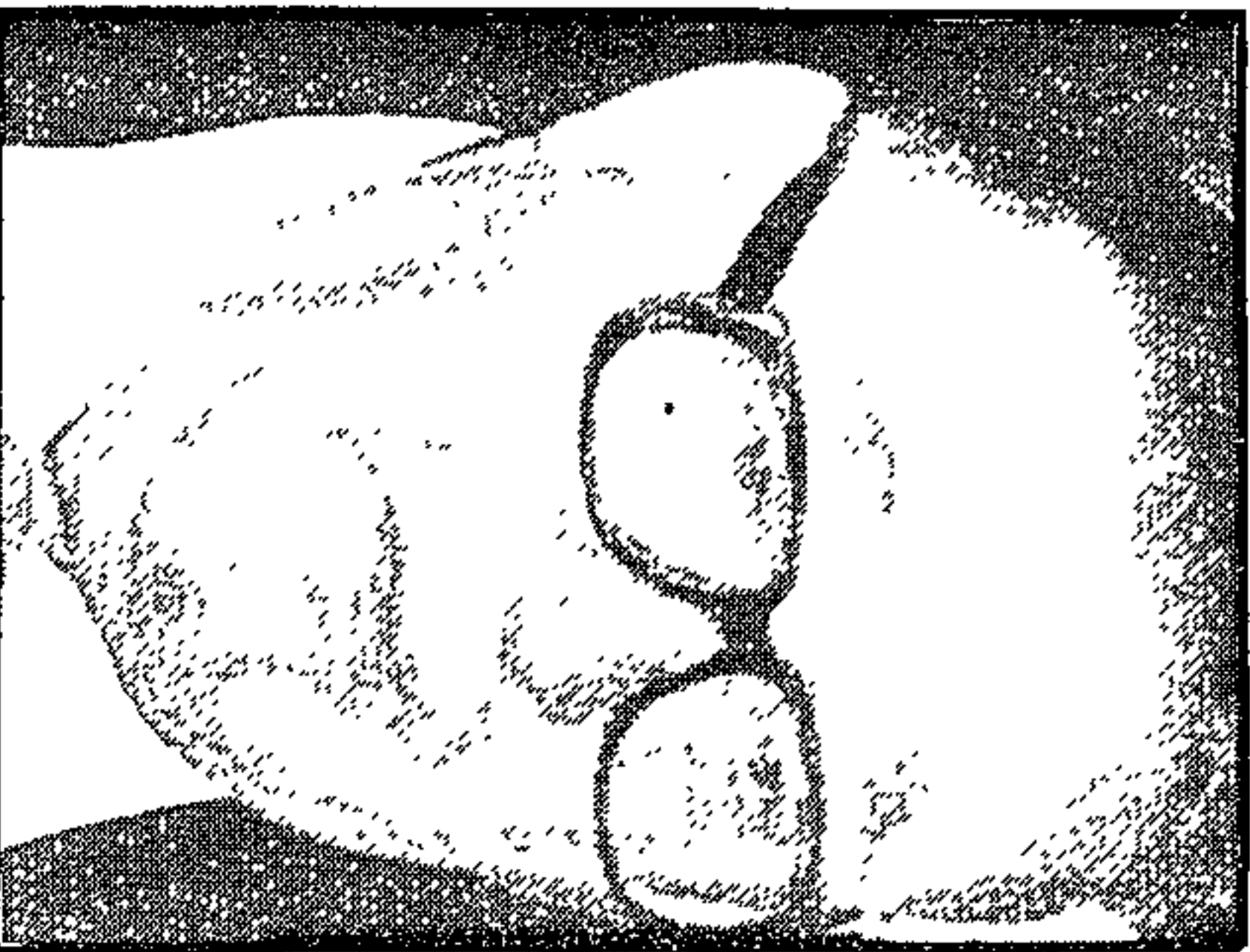
In a prepared statement a former managing director in the group, Mr Bill Kennedy, said not all business had been conducted by paying people commissions or "sweeteners" but that his company had given some TPA staff "sweeteners".

"But we never tried to give the sweeteners to Dr Grove or Dr Schepers."



Mr Tony Marshall who allegedly warned a witness he might be assaulted.





L V DE KOCK ... "We want to know your modus operandi."



BILL KENNEDY ... "We paid 'sweeteners' to TPA staff."

THE De Kock Commission of inquiry into allegations of corruption by Dr Hennie Grove, Director, and his deputy, Dr Gherhard Schepers — the two most senior officials in the Transvaal Provincial Administration's Hospital Services — has taken on a wider and more sinister mantle.

Allegations have been made that the norm in the medical equipment and drug supply industry is to pay off doctors and officials with the power to influence provincial and private hospital tenders and contracts worth millions of rand a year.

What appeared to start as a low-key affair has moved into a full-scale inquiry, with the commissioner — Mr L V De Kock — having broadened his brief to examine the whole tender system and, with it, the operations of supply companies.

So startling has some of the documentary evidence been that the examiner, Mr Frans Roets, told Mr de Kock yesterday that he would need at least 10 days to examine thousands of documents which may have a bearing on the investigation before the commission can proceed.

That includes more than 7 000 cheques paid out by Mr Isaac Kaye's Alumina group of companies, which form the focal point of the inquiry.

It was stated in evidence that the Alumina group would resort to any method possible to buy its way into the multi-million rand medical supply industry ... unethical commissionary bribes and an arrogant and dismissive assumption that it had the right to win tenders from the Transvaal Provincial Administration were the norm.

Along the way it was able to move thousands of rands out of the country and fiddle its books to cheat the Receiver of Revenue. That is the essence of the evidence and allegations which have come out so far.

Mr Roets made it clear, in a heated exchange on Tuesday afternoon, that he intended to show that this sort of influence-buying by any means possible was the normal modus operandi in the Alumina group.

"Your company tried to get as much business as possible, and if you couldn't get it the straight way ... you had no scruples whatsoever in doing business."

Alumina, originally set-up as a mineral processing company, changed its objectives late in the Seventies and decided to move into the medical supply business "as quickly

# A darker mantle falls on hospital bribes scandal

By GEOFFREY ALLEN

as we can," according to the evidence.

To do so it decided that it would hand out thousands of rands in "sweeteners" (bribes or commissions on sales) to doctors, advisers and theatre sisters ... even senior officials in the TPA who could influence the award of tenders.

The orders it won in themselves were munificent, and the group soon grabbed a slice of the market so large that the established SA Druggists bought it out and today operates the various companies under its own umbrella.

But Alumina allegedly had even darker interests in breaking into this lucrative market.

It established a company in London — Harris Pharmaceuticals — which would supply equipment and drugs to the local companies.

According to documents handed in to the commission, most often Harris Pharmaceutical would offer the goods at one price and then invoice them at "substantially higher prices".

The advantage was that it was not necessary then for medical supply companies to get import or exchange control permission to move goods and money into and out of South Africa.

By over-invoicing, Alumina could therefore move large sums to the United Kingdom. The evidence is that, in one case alone, it was able to move two amounts of R600 000 out of the country to pay for just one deal. When one of the group accountants, Mrs

Sandy Mann, questioned these transactions she was told by a director of the group, Mr Max Peter Goldberg, that the practice was to increase the amounts paid to Harris Pharmaceuticals in order to give that company a reasonable and legitimate profit because of certain cross-share holdings.

He wrote that he was writing on behalf of another director, Mr Dusty Miller of Cape Town, and that there had been a number of enquiries of this sort and that he expected no more similar notes from her asking about the price differentials.

But there was even more to it than just moving money out of South Africa. Alumina also kept two sets of records:

● One set was for the benefit of the Receiver of Revenue and was designed to show that the group paid large sums of money on advertising and that these sums were justifiably deductible from tax.

● The other showed that precisely those same sums were, in fact, destined as commissions (Varying from 7% to 10%) to doctors and others who could influence the purchase of equipment.

To take it another step, Alumina made sure that it did not lose a cent by paying off its "insiders".

"You added 10% to the proper price, won the contracts by no matter what means you had to employ, then paid off the commissions to the people who helped you and used the books to benefit from income tax rebates. "You had the kickbacks and the full price

of the goods." Mr Roets put it bluntly to Mr Bill Kennedy, a former managing director of Labethica, one of the Alumina companies. Mr Kennedy's performance in several sessions of cross-examination was incredible, to say the least.

He first denied knowledge of paying sweeteners and said he would need some time to consider documents bearing his signature and which made it clear that he had apparently authorised payments for goods ranging from washing machines to champagne for doctors and members of the tender staff of the TPA.

Later, he asked to give further evidence and said that he now recalled that a caravan worth R1 800 had been donated to a homeland government for medical accommodation.

Then, confronted with lists of commissions paid to doctors and internal company memos — which demonstrated that his company's books had been deliberately fiddled to hide the commission payments — he protested that, in fact, he had only been managing director in name and that the accountant had been in charge.

He was very busy building the company and had lost his grip on what was going on. He did not know or recall exactly what had happened, as the group grew at an incredible rate.

Then came the turn of Mr Jimmy de Villiers, a former sales manager in the same group of companies, to cross-examine Mr Kennedy.

He exhorted Mr Kennedy: "The purpose here is to tell the truth ... you and I worked for the same company. We knew everything inside out." Mr Kennedy then admitted that he was

Poignantly, the commissioner pointed out that he had never doubted it. "You are the registered managing director at the Company Registrar (in Pretoria) unless you you lied to him, too," Mr De Kock said.

Finally, Mr Kennedy asked for yet another hearing, at which he admitted that he was managing director and was fully aware of sweeteners paid to doctors and TPA officials.

"We never paid a thing to Dr Grove or Dr Schepers." He was emphatic. So how, asked Mr Roets, did he explain his close personal relationship with Dr Schepers and his frequent entertainment of the Deputy Director of Hospital Services?

"We were very good friends, based on our mutual fondness for photography and other things.

"That was a different relationship from all the rest of the people I entertained in the hopes of winning orders," Mr Kennedy said. By the end of the series of cross-examinations he was an exhausted and confused man, denying things he had admitted and vice versa.

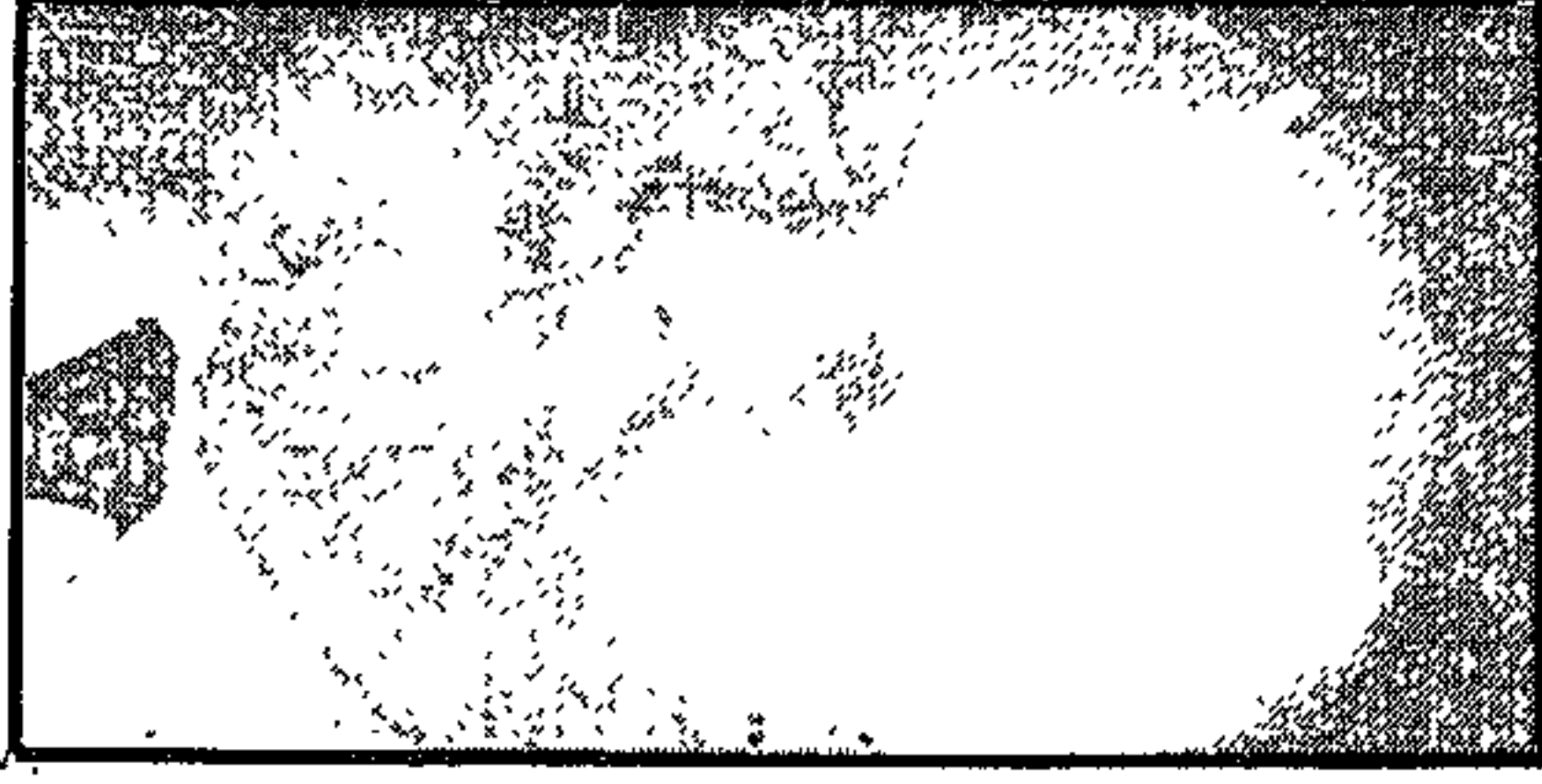
"You are lying to this commission," Mr Roets put it bluntly. But Mr Kennedy had by then spelt out the Alumina formula:

"You had to get in with people on the inside (of hospitals and others who influence contracts).

"You would start with theatre sisters, who are the heart of the hospitals, and work up from there. But never in the TPA ... we never did that." And finally, yesterday: "We did pay sweeteners in the TPA, in the form of pens, champagne and perfume ... but never to Dr Grove or Dr Schepers."



HENNIE GROVE after a day's hearing.



GHERHARD SCHEPERS leaves the commission.



Cape Times 21/5/83

# Masa hits at care of detainees

By MARTINE BARKER

AN investigating committee of the Medical Association of South Africa (Masa) has found that the statutory regulation of medical care for detainees and prisoners in South Africa is not satisfactory, and has called for the introduction of legislation to ensure their proper medical care.

The findings of the seven-member committee, which has spent a year gathering evidence for its assessment of the physical and mental care of detainees, were released yesterday.

## 'Harsh methods'

The committee received "a substantial amount of evidence" that harsh methods of physical and psychological coercion were being used against security detainees.

The committee says "serious mental breakdown" which may have permanent effects on detainees is likely to result from the conditions of detention and interrogation described in evidence.

Conditions leading to a sense of helplessness and defencelessness which would cause mental breakdown were, inter alia, prolonged isolation and interrogation, nakedness, deprivation of light, darkness and normal sleep, lack of recourse to lawyers or to doctors who could be viewed as independent, and the stress placed on people who were not informed of the period they would be detained or the reasons for their detention.

The committee says evidence obtained from detainees under such

conditions would be unreliable

It was untenable that district surgeons did not have full clinical independence in the treatment of detainees. According to common law, detainees were entitled to reasonable medical care by right and not as a special privilege.

The committee recommends that district surgeons be granted the statutory right to free access to detainees without prior police authorization, as a guarantee that optimal medical care could be given. This would also act as a check against possible irregularities with regard to detainees.

It recommends that the obstruction of a district surgeon in the execution of his duties be made a criminal offence and as a further insurance of proper medical care, it recommends establishing a "peer review committee" of other doctors to check on the treatment detainees receive.

## Recommendations

The committee recommends that:

- There should be no isolation of detainees for longer than seven days without regular physical and psychological assessment.

- Interrogation should always be conducted with two people present and should be monitored with television cameras.

- Detainees should be fully medically assessed within 24 hours of detention.

- There should be no torture of detainees.

- Detainees should be entitled to a second medical opinion.

# Masa hits at Govt over detainees

21/5/83 RDM 301 93

By DIANNA GAMES  
and ANTON HARBER

THE Medical Association of South Africa has attacked inadequate Government safeguards for detainees against torture and police abuse. It has made far-reaching recommendations for legislation to enshrine the safety of those who "fall in the security net".

In a long-awaited report released this morning, Masa says it believes there have been cases of "serious maltreatment of detainees", and that despite improvements in the Internal Security Act, there are "insufficient safeguards" to prevent this.

The report says that as long as the Government believes it necessary to protect the status quo by holding political opponents in indefinite detention, there should be strict legislation to protect detainees.

The findings have been welcomed by the National Medical and Dental Association (Namda), an organisation of doctors who broke away from Masa because of its (Masa's) previous silence on such issues.

The Masa investigation, and its report, come 5½ years after the death in

police detention of Mr Steve Biko, the Black Consciousness leader

Ever since, the medical profession has been under intense pressure, both at home and abroad, to take action against Port Elizabeth doctors who treated Mr Biko

It has not done so and nor has the official body, the SA Medical and Dental Council — which recently declared the matter closed

The committee warns against the effects of solitary, indefinite detention and interrogation it can cause permanent physical and mental damage — and the information obtained will often lack "all reliability".

It also warns about the danger of suicide.

But the committee comes to the defence of district surgeons (DSs) — a frequent target for criticism in terms of treatment of detainees — by rejecting claims that they are "part of the apparatus of indefinite detention".

Masa's opinion is that some DSs have been responsible for "serious dereliction of duty". But it says these cases are rare and DSs generally perform their duties to detainees in accordance with medical ethics.

Among its major recommendations are that:

- Detainees must not be physically tortured, and at least two policemen should be present during interrogations, which should be monitored on closed-circuit television
- The law should allow DSs to see detainees at any time without prior permission. It should be a crime to obstruct a DS in the performance of his duties
- The law should guarantee the clinical independence of DSs. They should be allowed to examine in private, and, where women detainees are involved, another woman should be present.
- Detainees should be medically examined within 24 hours of their detention and a proper psychiatric assessment be done as soon as possible
- Detainees must be able to ask for examinations by independent doctors of their choice, at their own expense.
- A detainee should not be kept in isolation for more than seven days without physical and psychiatric assessment.
- A "peer review committee" of doctors and possibly a retired judge should be appointed — and given the right to examine detainees, to assess cases, to take statements from them, and report findings to the Departments of Health and Welfare and that of Law and Order

● Full details of  
report — Page 10



# Night doctor 'crisis' in Chatsworth

Mercury 21/5/83  
Mercury Reporter

FINDING a doctor in sprawling Chatsworth to attend to the sick at night is a 'nightmare' experience for many people, according to Chatsworth residents.

And although the giant R.K. Khan Provincial Hospital is within easy reach, there is only one doctor available in the hospital's out-patients and casualty ward at night and over weekends.

Confirming this yesterday, Dr P K Naidoo, the hospital's deputy medical superintendent, said because of the shortage of doctors they could not have more doctors to man the casualty ward after normal hours.

But, in the event of a major disaster doctors could be brought in from other sections of the hospital and those on standby duty, he said.

Dr Naidoo said about 30 to 40 patients who sought attention in the hospital's casualty ward over weekends were victims of either motor accidents or assaults.

'The doctor on duty has to attend to these patients before seeing others. This is probably the reason for the long delay in receiving treatment,' he said.

## Reluctant

Mr Devendraj Naidoo, of Silverglen, said there were about 12 doctors living in the Chatsworth complex, but many were reluctant to provide after-hours service.

'My five-year-old niece, Vineshree, took ill shortly before 10 p m on Thursday and although there are four doctors living within walking distance of my home, I was unable to reach one.'

He said in desperation he took his niece to the R K Khan Hospital, but found a queue of no less than 20 patients waiting for attention.

'Some had been waiting there for three hours and still had not been seen by the doctor,' he said, adding that it was like 'a nightmare' experience.

Dr D Moodlair, secretary of the Durban South Doctors' Guild, said yesterday that they were investigating a new system where doctors living in the same area could, through mutual agreement, provide a service for emergencies at night. Each doctor would take turns for the night duty.

# Detainees: Call for protection

w/c ARGG 21/5/83 93

Medical Reporter

DETAINEES should be examined by a doctor of their choice, and treatment given to detainees by district surgeons should be monitored.

These are among recommendations made by the ad hoc committee of the Medical Association of South Africa.

In a report released today, the committee says "there have been cases of serious maltreatment of detainees".

## Free access

It recommends that a statutory right be given to district surgeons "to have free access, without prior police authorisation, to a detainee at all times". Obstruction of a district surgeon should be made a criminal offence.

Copies of the report have been sent to the Prime Minister, the Minister of Health and the

Minister of Law and Order.

The report says safeguards should be introduced to prevent abuse of the system of indefinite detention as far as possible. These include:

- When a detainee is interrogated, at least two people should be present and there should be closed-circuit television monitoring. "There must be no physical torture."

## Security risk

- The detainee should be allowed to be examined by an independent medical practitioner of his own choice and at his own expense. If the authorities believed this would create a security risk, "the obvious way of management of the case would be to let the detainee's doctor examine the detainee in the presence of the district surgeon".

As an alternative, Masa would provide the names of private medical

practitioners willing to serve on panels from which the detainee could choose a doctor.

- A detainee should be medically examined within 24 hours, but preferably immediately, after detention. "During isolation and interrogation there must be close observation of any psychological reactions in the detainee which may indicate suicidal tendencies, and special care must be exercised to prevent the detainee committing suicide."

- A detainee should "under no circumstances be kept in prolonged isolation (in any event not exceeding seven days) in the absence of regular physical and psychiatric assessment"

## Committees

- There should be a system of monitoring or peer review of the medical treatment given to detainees by district surgeons. This could be by

means of small standing committees of doctors appointed by such bodies as Masa or the Department of Health and Welfare. It might be advisable to appoint a senior member of the legal profession, such as a retired judge, to the committee.

- The clinical independence of the district surgeon should be legislatively guaranteed.

Among other recommendations was that "psychiatric treatment of detainees should be the responsibility of psychiatrists, general practitioners with a psychiatric background, psychologists, psychiatric nurses and/or suitably trained occupational therapists".

The report says: "There is no satisfactory statutory regulation of the medical care of detainees and prisoners ... It is of the utmost importance to ensure that the rights of detainees and prisoners and the concomitant duties of police and prison personnel be

## Protection law 'needed urgently'

Weekend Argus Reporter

LEGISLATION to protect prisoners and detainees, as recommended by the ad hoc committee of the Medical Association of South Africa, should be introduced as a matter of "extreme urgency this session".

This call was made by Mr Harry Pitman, Opposition spokesman on law and order, and Professor Frances Ames, head of the department of neurology at Groote Schuur Hospital.

Welcoming the ad hoc committee's report, Mr

Pitman said Masa's findings that serious mental breakdown was likely to result from certain experiences at the hands of the Security Police and that a percentage of such people was likely never to recover, were "extremely alarming".

The ad hoc committee

report also recommends:

- New statutory safeguards;

- That obstruction of district surgeons by police should be deemed a criminal offence; and

- That there should be no isolation for longer than seven days and no interrogation without at least two persons present, together with closed circuit television observation

These recommendations are vital and must be taken very seriously by the Minister of Law and Order.

Professor Ames said it was important to note that Masa, which is a voluntary organisation to which only 70 percent of South African doctors belonged, had no statutory power and that while it could make recommendations it could not enforce their implementa-

## 'Dereliction — but rare'

Medical Reporter

IN THE treatment of detainees there have been individual and serious instances of dereliction of duty on the part of district surgeons", according to the report of the ad hoc committee of the Medical Association of South Africa.

"Fortunately such cases are rare indeed, and the committee believes that, in general, district surgeons as far as possible are performing their duties in regard to the medical care of detainees to the best of their abilities, with a due sense of responsibility, and in accordance with medical ethics."

The report says: "As the committee understands the present legal position, district surgeons do not have full clinical independence in the treatment of

prisoners and detainees. The committee finds this position untenable."

Where district surgeons are involved in the medical care of detainees who "may be subjected to harsh methods", they are regarded "unjustly, in the opinion of the committee" as part of the apparatus of indefinite detention.

This view of district surgeons puts them in an unenviable position from the point of view of professional ethics. The committee therefore envisaged a system "whereby the medical profession as a whole would become more directly involved in the work done by district surgeons"

The report says all doctors involved in the treatment of detainees should be made aware that "detainees are entitled to reasonable medical care as of right"



# The champagne party-off

By LAUREN GOWER

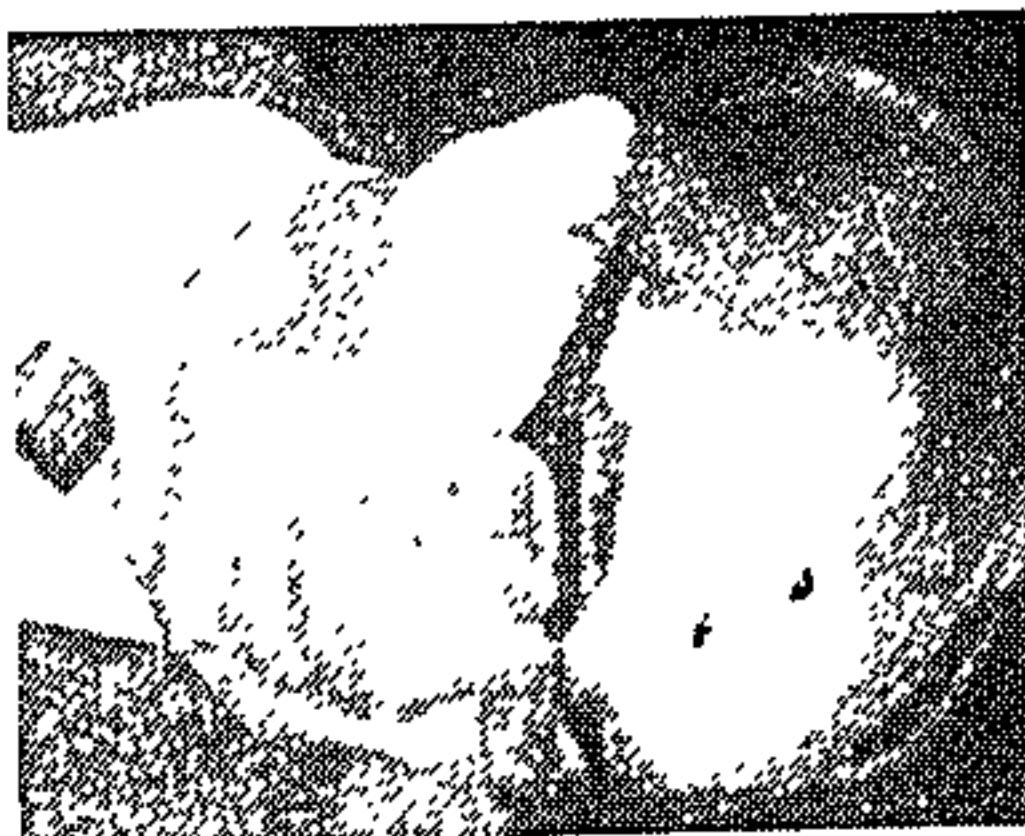
**THREATS of violence, foreign currency swindles, manipulation of Government contracts and admissions of pay-offs to State officials were among fresh disclosures this week to a commission of inquiry into the marketing practices of a major pharmaceutical company.**

The one-man commission under retired chief magistrate Mr Lourens de Kock finished its second week of inquiry into the operations of the Alumina group of companies — the giant pharmaceutical empire headed by Mr Isaac Kaye.

The commission was appointed after a series of Sunday Express articles disclosed that doctors and State officials were seduced by means of gifts into favouring the company.



Mr Kennedy ... he paid commissions



Dr Grové ... hospital services chief

Involved in the allegations are top Transvaal Provincial Administration officials Dr Hennie Grové, Director of Hospital Services, and his deputy, Dr Gerrit Schepers. This week's witnesses included a senior clerk in the tenders department of the TPA, Mrs A Gerling, who told the commission she had

received chocolates, perfume, five bottles of whisky, champagne and wine from Alumina officials.

She explained she had accepted the gifts which she thought had been given as tokens of appreciation because she "sometimes helped company officials in her lunch-hour".

A former managing director of an Alumina company,

Mr Bill Kennedy, made three appearances, at first denying but eventually admitting: "Yes, we paid commissions to State officials." But not, he said, to Dr Grové or Dr Schepers.

He had wine and dined Dr Schepers and made him birthday gifts as one friend to another — even if he did submit the costs of this on his company expense account.

"You are lying to the commission," said Mr Frans Roets, who is leading the evidence.

Mr Roets then produced evidence that Surgicare — one of the Alumina group subsidiaries — had kept two sets of invoice books. One set applied to customers who paid the normal price, the other was kept for hospitals which were charged the normal price plus 10%. Commissions of up to 10% were passed on to officials in the overcharged hospitals.

Mr Roets told the commission that not only did Surgicare pay commissions, it entered those in the books as

advertising. He challenged Mr Kennedy to admit that "your firm would go to any lengths including paying commissions under the table, to get the business they sought."

A retired official of the Transvaal's Department of Hospital Services appeared before the commission to deny having accepted gifts from the Alumina group.

Mr Malan du Preez, once the third most senior official in the department, said he had been in charge of hospital contracts. When he left the provincial service he had worked for the Alumina group, visiting the hospitals as a debt collector.

He told of three encounters with Mr Kaye or Mr Peter Goldberg, Alumina's accountant, in which bribes were implicit.

Mr du Preez said Mr Goldberg had told him that if he considered Labethica as his special charge "something would come his way later". On each of the three occasions Mr Du Preez claimed

## ... AND A

## DIRECTOR

## TELLS THE

## ALUMINA

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## THREAT

he protested that he could do nothing more than was possible within the rules and regulations of the TPA.

Once Dr Grové called him aside and said "You're having problems". He then took Mr du Preez to lunch with Mr Kaye at the Burgerspark Hotel in Pretoria.

"Almost immediately Dr Grové excused himself. Mr Kaye asked me why I was not playing ball," Mr du Preez told the commission.

On his return, Dr Grové inquired whether they had settled their differences.

Mr du Preez said he had received two television sets from the Alumina group. He paid for one in cheque instalments but because he had not been sufficiently co-operative Mr Goldberg had told him he would have to pay for the second immediately in cash.

He said he had taken it as a matter of course that he would have to pay for it although he had been told he would have been given the set free had he not clashed with Mr Kaye.

A former director and accountant of Alumina's Labethica company in Bethlehem, Mr Louw de Villiers, said he had seen in company books the record of a loan of several thousands of rands to a "Mr du Preez".

When he queried this with Mr Goldberg, the latter had drawn attention to the amount of the loan, saying "Yes, and he is doing nothing to help us".

Mr de Villiers said he had the strong impression that Mr du Preez was not being as co-operative as he was expected to be.

Another witness, Mr Allan Cornish, testified he had been warned not to speak about any malpractices he had encountered in Surgicare, an Alumina subsidiary of which he (Mr Cornish) was a director.

"The warning had come from Mr Tony Marshall, a one-time colleague.

"A few weeks ago Mr Cornish received a telephone call from Mr Marshall who had warned him to be careful what he said, because 'the people involved are very powerful'."

"He said I could have my house burnt down and myself and my family could be assaulted."

Mr Cornish said an earlier threat from Mr Peter Goldberg had left him in no doubt about the use of physical violence against himself.

As a result of a fraud he had been forced to sell his own anaesthetic equipment business to the Alumina group.

He said Mr Goldberg eventually paid R20 000 for his company which was "worth a lot more".

Mr Cornish said after the company was taken over he had stayed on as a director but had refused to be on the board of Surgicare because "the company was run in a crooked way".

He said an accountant who was about to be fired from the company informed him about a R513 000 double payment to an overseas company — Harris Pharmaceuticals, a company run by Mr 'Dusty' Miller, a partner of Mr Kaye.

Mr Cornish agreed to study the Surgicare books and pinpoint irregularities.

Another witness, Mr Bertram Bratt, a manufacturer of intravenous fluid, said he had on one occasion lost a tender to Labethica and Baxter, whose prices had been higher than his.

He went to see Dr Grové and the awarding of tenders was discussed.

Mr Bratt said it was clear he would not get any portion of the tender and as he was already doing business with the TPA he felt that "if I pushed it too far I might lose the business I already had".

The inquiry has been adjourned to a date to be fixed.



# Bar on district surgeons

CAPE TOWN 23/5/53

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Own Correspondent

JOHANNESBURG. — District surgeons were barred from giving evidence before the Medical Association of South Africa's committee which produced its report on the medical treatment of detainees on Friday.

The report dealt with the role of district surgeons in their treatment of detainees, denying allegations of a "conspiracy" between district surgeons and police, while asserting they should have more independence in their treatment of detainees.

Professor J N de Klerk, chairman of Masa's Federal Council, said yesterday that district surgeons had been told by the Department of Health that they could not give evidence before the committee.

This was confirmed yesterday by Dr C V van der Merwe, Minister of Health and Welfare, who said he thought the move was reasonable because "it is not practical for any civil servant to give evidence before a committee that makes inquiries about the activities of civil servants".

## Meeting ministers

He also confirmed that government ministers and the seven members of the committee would meet on Thursday to discuss the suggestions made in the report.

"I'm not prepared to make any comment about the report until we have had the meeting, but I can say we

will be discussing the suggestions put forward in it."

The report, compiled over 11 months by seven members of an ad hoc committee appointed by Masa's federal council, was published in the Medical Journal at the weekend.

It set out to institute an inquiry into all aspects of the medical care of prisoners and detainees, to recommend the minimum standards for health services in prisons and places of detention, and to suggest guidelines to promote preventive health care for prisoners and detainees.

## 'Maltreatment'

The report found there had been maltreatment of detainees, attacked inadequate safeguards for detainees against police abuse and made recommendations for legislation to protect a detainee's physical and mental health.

It including suggestions that the clinical independence of district surgeons should be guaranteed and that it should be a crime to obstruct a district surgeon in the performance of his duties.

Professor De Klerk said that although he was not prepared to comment on the government's reaction to the report at this stage, he had had a very positive response from everyone who had approached him about it.



## Fighter kills 6 in crowd

**FRANKFURT.** — A Canadian jet fighter, performing an acrobatic display at a US air base open day, plunged to the ground yesterday, killing six people and injuring many others as holiday crowds of up to 500 000 visitors looked on. The CF104 Starfighter went out of control during the display at the Rhein Main US air base, slewed across a road, killing a family of four as it crushed their car. It then hit a crowded car park, killing one more and injuring at least six. "We are still dealing with an emergency. Six people are dead and an unknown number injured," said a Frankfurt police spokesman. The pilot baled out safely. Four cars were burned out and 40 more damaged.

By DIANNA GAMES

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# Govt medics bar in Masa probe

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Prof De Klerk said although he was not prepared to comment on the Government's reaction to the report at this stage, he had had a very positive response from everyone who had approached him about it.

Dr Vernon Kemp, Chief District Surgeon, said yesterday he could not comment on the report as he was not yet familiar with its contents.



Woman's breadth in Friday's blast, sitting in her devastated restaurant yesterday. Picture: ROGAN COLES

## Rebels may stop match

Rebels may stop match

## Front will fight Govt 'reforms'

By ANTON HARBER

**THIRTY-TWO** organisations — including the Transvaal Indian Congress, the Council of Unions of SA, the South African Allied Workers' Union and the Soweto Civic Association — joined forces over the weekend to form a United Democratic Front (UDF) to fight the Government's constitutional proposals.

At a spirited meeting in Khotso House in central Johannesburg on Saturday, over 150 delegates and observers adopted a declaration forming the UDF and pledging to fight side by side against the Government's constitutional and reform proposals.

The delegates represented a wide range of Transvaal opposition bodies, including student organisations,

unions, community and women's organisations.

They included the Witwatersrand Council of Churches, the Azanian Students' Organisation and the Transvaal Anti-PC Committee.

The Black Sash and the Food and Canning Workers' Union were among the observers.

The declaration pledged the organisations' "unshakable conviction in the creation of a non-racial unitary state" and adherence to the need for "unity in struggle" regardless of race, religion or colour.

A similar move recently took place in Durban, where the local UDF is headed by Mr R T Gumedi, and attempts to form a UDF are also underway in Cape Town and in the Eastern Cape.

## New racing guide is a

Mail Reporter

**THE** Mail's new pull-out racing guide got off to a flying start on Saturday with the Punter's Friend tipping a 16-1 outsider which romped home in Durban to pay R21.20 on the tote.

For the first time the racing guide included Durban races and tips — and what a victory for the Gilbey's Punter's Friend with five winners coming home as predicted on the nine-race card.

What's more the Punter's Friend also tipped Scottyness which won the main Clair-

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# DPSC welcomes MASA report

The report on the medical treatment of detainees issued last week by the Medical Association of South Africa (MASA) has been welcomed and is supported by the Detainees' Parents Support Committee (DPSC) as a significant document. But the DPSC says that it does not go far enough. One of the shortcomings is that MASA has not suggested any legislation to ensure that district surgeons are immediately informed of detainees

in their areas. "Although MASA recommends that district surgeons have free access to detainees this cannot take place if the district surgeon is not statutorily informed when and where people are detained," the DPSC says. Other shortcomings in the report were: ● MASA does not con-

demn the system of detention itself. The DPSC refers to the Tokyo Declaration statement that a doctor "shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures", and says the report implies that MASA condones the practice of prolonged isolation as

long as mental and physical needs are monitored. ● There is no mention in the report of physical conditions under which detainees are held such as size of cells and exercise. ● No clear line of action is indicated where evidence of abuse is found. ● Proposals on independent medical practitioners

are unclear. The report falls short of saying that a doctor of the detainee's choice should have unrestricted access. The DPSC says MASA does acknowledge some of the major problems of detention and the health of detainees. It draws attention to the fact that maltreatment of detainees occurs and that there are insuffi-

cient safeguards to prevent this. Other aspects mentioned by the MASA report is that solitary confinement and isolation lead to mental stress and it acknowledges that statements made under intensive interrogation are unreliable as evidence. There is also acknowledgement that district surgeons do not have clinical independence and that this is not acceptable to them.



381 93 *Harrison*  
Medical schools: students 27/5/83  
Q Col. 1420  
909. Mr. S. S. VAN DER MERWE asked  
the Minister of Internal Affairs:

- (1) How many Coloured students applied for permission to study at medical schools for Whites in 1982;
- (2) whether any applications by such students were refused; if so, (a) how many and (b) why?

The MINISTER OF INTERNAL AFFAIRS:

- (1) 83.
- (2) (a) None.  
(b) Falls away.

DPSC

Star  
firm: 28/5/83

the law  
must be  
altered

By Lawrie Bedford

The Detainees' Parents Support Committee (DPSC) is concerned about the fact that the Medical Association of South Africa (Masa) committee is satisfied with the outcome of its meeting with the Minister of Health.

The Minister rejected outright two of Masa's most important proposals: that detainees have access to doctors of their own choice, and establishment of a review committee to monitor the health care of detainees.

Many people viewed the district surgeon — responsible for the health care of detainees in detention — as being part of the system of indefinite detention, said the DPSC. Under these circumstances it was very difficult for the district surgeons to render good medical care.

"The peer review committee, as envisaged by Masa, would to some extent have ensured that the detainees were adequately treated," said a spokesman for the DPSC.

"The DPSC has repeatedly called for detainees to have access to doctors of their own choice and that an independent body, for example, Amnesty International or the International Red Cross, should monitor not only the health care of detainees but also the conditions of detention, including interrogation."

er: The DPSC is therefore urging Masa not passively to accept the Minister's decision, but to demonstrate its commitment to these proposals by pressing for legislation to enforce them.



CAPE TIMES 31/5/83

# Azapo hits at Masa's views on detainees

JOHANNESBURG. — A spokesman for the health secretariat of the Azanian People's Organization (Azapo) yesterday criticized the Medical Association of South Africa (Masa) for its recent recommendations on the treatment of detainees.

"The recommendations of Masa on the treatment of detainees are a feeble attempt on its part to pacify its critics," the spokesman said.

"It has failed miserably to identify and condemn the real cause of the problem — apartheid — which has been described as a crime against humanity.

"In the eyes of the black people, Masa will be looked upon as very much part of the system

because it took the lives of 57 patriotic South Africans for it to suggest adjustments to a blatantly unjust practice," the spokesman said.

In a report released on May 20, Masa said that as long as the government believed it necessary to protect the status quo by holding political opponents in indefinite detention, strict legislation should be introduced to protect detainees.

Its recommendations included that:

- No physical torture of detainees should be allowed.

- At least two policemen should be present during interrogations.

- Interrogations should be monitored on closed-circuit television. — Sapa

# Biko: Durban doctor seeks protest

By Pamela Kleinot

Nov 2/6/83 (93)  
A Durban doctor has called on the Medical Association of South Africa to protest against the decision by the South African Medical and Dental Council not to undertake a public inquiry into the conduct of the doctors entrusted with the care of the late Black Consciousness leader Mr Steve Biko.

Writing in the South African Medical Journal, Dr EM Barker, of Springfield Road, Durban, said the statement by SAMDC president Professor FG Geldenhuys that "the matter of Biko is closed — irrevocably closed" was wishful thinking.

Dr Barker said the SAMDC's "incomprehensible" decision made it impossible to refute the allegations

being made with increasing insistence in the world's news media that the medical profession in South Africa had allowed itself to become an agent of the powers that be and had knowingly subordinated the welfare of patients to the interests of the State.

"We know these allegations are false, but our efforts to refute them have been sabotaged by the very body charged with the maintenance of our ethical standards," said Dr Barker.

In 1977 the South African medical profession had had to stand by helplessly while day by day in a Pretoria courtroom its international standing and reputation were damaged by revelations of the medical treatment of Mr Biko, who died in Security Police detention, he said.



# Brutal' doctors rapped by hospitals chief

Argus 6/5/83 93

By BRIAN STUART  
Provincial Reporter

DOCTORS, matrons and nursing sisters who are "brutal and rude" to student nurses and assistants are causing resignations from hospitals, according to Mr Piet Loubser, MEC in charge of hospital services in the Cape.

Doctors, matrons and sisters humiliated nurses in the presence of patients and public. Mr Loubser said in disclosing the finding of a special Cape hospitals committee set up to examine nurses' grievances.

Mr Loubser said the grievances were being studied and corrected. The committee would probably be a permanent structure.

"The committee was disturbed to hear of unsympathetic and undiplomatic acts and remarks, especially by senior personnel such as doctors, matrons and sisters towards students, trainee nurses and assistants, Mr Loubser added.

## Part-timers

"The behaviour and actions of doctors is sometimes brutal and rude.

"Part-time and private doctors are the worst offenders.

"Junior nurses are not always treated with the necessary respect, sympathy and tact.

"As in the case of doctors, juniors are sometimes chewed out and even humiliated in the presence of patients, the public and fellow personnel members.

"The attitude and actions of doctors and senior nursing staff towards their juniors, especially students and trainee nurses, often plays a decisive role in determining whether or not they remain in the service and whether they continue with their training and career or not," said Mr Loubser.

"As a result, hospital managements have, where it is applicable, been given instructions to put the matter right."

Another grievance which the special committee was considering was the "injudicious" admission of patients without considering the availability of nurses.

X Indicates translated version.

For written reply: *Hansard*  
 93 Doctors 7/6/83  
 Q. No. 1470-1472  
 886 Mr. H. E. J. VAN RENSBURG asked the Minister of National Education

How many students in each race group qualified as doctors at each medical school in the Republic at the end of 1981 and 1982 respectively?

1471

TUESDAY, 7 JUNE 1983

1472

The MINISTER OF NATIONAL EDUCATION:

University	Whites		Coloureds		Asians		Blacks	
	1981	1982	1981	1982	1981	1982	1981	1982
UP	169	173	—	—	—	—	—	—
US	114	119	—	—	—	—	—	—
UCT	142	118	16	4	4	—	—	—
UOFS	59	75	—	—	—	—	—	—
NATAL	—	—	—	5	61	69	23	41
WITS	173	173	2	2	19	12	1	2
MEDUNSA	—	—	—	—	—	—	—	34

At the end of 1982 two Chinese students qualified as doctors at the University of Cape Town.

Medical schools: cost

887. Mr. H. E. J. VAN RENSBURG asked the Minister of National Education:

What is the present estimated cost to the State of the training per student for the MB.Ch.B. degree at each of the medical schools in the Republic?

The MINISTER OF NATIONAL EDUCATION:

The estimated cost in 1983 per student to the State according to the subsidy formula (i.e. with exclusion of the *ad hoc* subsidies, e.g. on interest and redemption of loans) with regard to the training of students for the degree MB.Ch.B. at each of the Medical Schools falling under the Department of National Education, is as follows:

University	Cost per student	
	Over six years	Per annum
NATAL	56 616	9 436
WITS	28 500	4 750
UP	28 806	4 801
UCT	29 340	4 890
US	31 380	5 230
UOFS	33 960	5 660

(a) (ii)(aa)

May 1981

(a)(ii)(bb)

Outeniqua

(a)(iii)

Heart attack (person had just recovered from hepatitis).



# Doctors' township permits probe

# NP, PFP agree mixed hospital boards needed

Provincial Staff

THE Province is to investigate a claim that white doctors are being asked to carry permits in black townships in spite of a blanket exemption since 1968.

Mrs Molly Blackburn (PFP, Walmer) said in the Provincial Council yesterday that 12 permits had been issued by the local Administration Board to white doctors at the Dora Nginza Hospital and Kwazakele Day Hospital in the Port Elizabeth area.

Mr Piet Loubser, MEC in charge of hospital services, thanked Mrs Blackburn for bringing this to his attention. "I will investigate."

## DISCREPANCY

During the hospitals vote, Mrs Blackburn said in terms of a Government Gazette extraordinary of June 14, 1968, "any person other than a Bantu desirous of entering the Bantu residential area, shall prior to or on arrival apply for an entry permit".

But the regulations gave blanket exemption from this requirement to "ministers of religion, registered medical practitioners, nurses and midwives in the lawful following of their profession or calling".

She added: "I am sure the MEC will acknowledge that a discrepancy has crept in here and a statement on the correct procedure to be followed is now essential."

Provincial Staff

NATIONAL Party and Progressive Federal Party speakers have called for an end to "all-white" hospital boards.

The call was made during the Provincial Council debate yesterday on the hospital services vote.

Dr John Sonnenberg (PFP, Green Point), a member of the Somerset Hospital Board, said it was "all-white", although most staff and patients were coloured.

He called for coloured representatives on other hospital boards, including that of Groote Schuur Hospital.

Mr Jan Moolman (NP, Tyger Valley) and Mr J J Crouse (Newton Park) called for greater autonomy for boards.

Mr Crouse wanted greater authority for boards to deal with finances. Mr Moolman asked for a separate board for Tygerberg Hospital.

Mr P de Klerk (NP, Graaff-Reinet), chief NP whip, said that while there were a decreasing number of whites on the platteland, the number of coloured people was increasing.

He asked that coloured people be appointed to the boards of provincially subsidised hospitals, so that the community was more fully represented on the boards.

Mr Piet Loubser, MEC in charge of hospital services, said his department would soon ap-

proach the Provincial Executive Committee with proposals to give other interest groups representation on hospital boards.



# Nurses quit over remarks

Weekend Argus Correspondent

**BLOEMFONTEIN.** — Four of the coloured nurses recently recruited to ease the crucial nursing shortage in Bloemfontein's white hospital have walked out of their jobs and attempts to persuade them to return have failed.

It is understood that remarks passed by white nurses working in the same ward — the intensive care unit of the Universitas Hospital — caused the walk-out on Tuesday.

## Shortage

Fifty-two coloured women, 45 of whom have no qualifications and are being trained as nursing assistants, were signed up last month for ward duty in Universitas and national hospitals in a move by the Free State Hospital Services to alleviate a shortage of about 500 nurses.

The nurses who left Universitas Hospital on Tuesday were all fully qualified, State-registered nurses formally employed at the Pelenomi Hospital (for blacks).

## Remarks

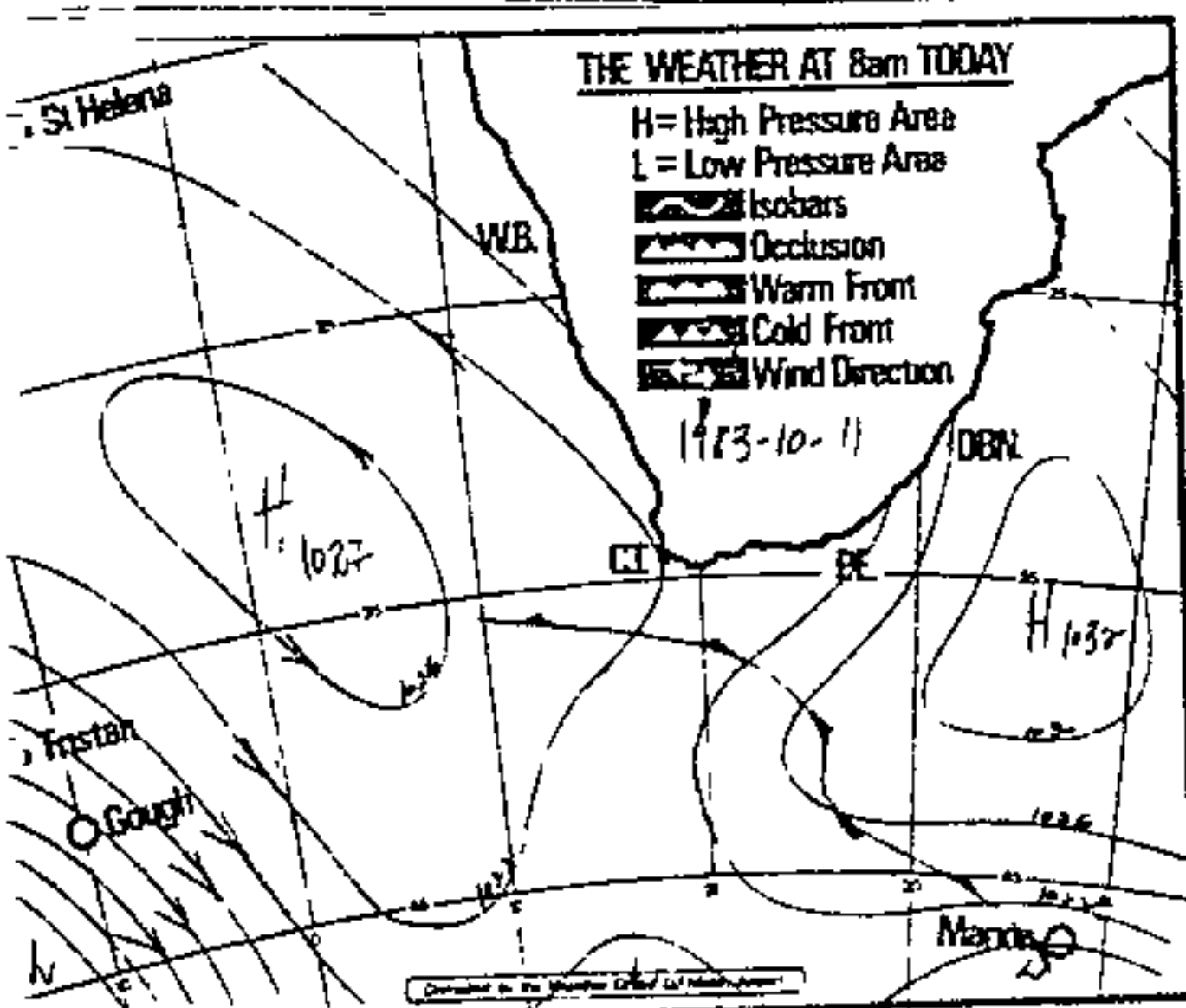
The MEC for Hospital Services, Mr Humphrey Simes, said yesterday "one or two remarks" had made the nurses unhappy. Senior hospital staff had approached the nurses to persuade them to return but were unsuccessful, he said.

"The nurses who left still have their jobs," he said. "If they don't want to work at Universitas or national hospitals they can return to Pelenomi Hospital and there is no question of steps being taken against them."

Mr Simes said more coloured nurses would be recruited and that staff would be accepted from as far afield as Durban, Cape Town and Port Elizabeth.



...shocked at an electricity arrears bill of R409.



WITH a weak front south of the country moving south-easterly, fair weather will prevail over Cape Town and the rest of the Peninsula.

closed (The figure in brackets shows the average for the month)

TEMPERATURES	
Maximum temperature	18.2 (18.0) deg C
Minimum temperature	8.5 (7.7) deg C
Mean temperature	13.4 (12.6) deg C
Maximum humidity	90 (97) %
Minimum humidity	45 (58) %
Mean humidity	68 (81) %
Mean atmospheric pressure	1022.9 mb (1020.0)
Rainfall 8 am — 8 am	0 mm
Town (yesterday 2 pm)	17.7 deg C
Town (today 9 am)	5.2 deg C

MALAN climatological data for 10

For the latest up to the minute detailed weather information for today, phone 46 1261

# Naas bridges change in times

Weekend Argus Reporter MR NAAS BARNARDO'S grandfather helped cut the pass through the Bloukrans gorge.

His father used the elephant path at the bottom of the gorge to deliver post.

And now Mr Barnardo has ridden his bicycle 216 m above the gorge.

Mr Barnardo, 73, pedalled his fat-tyred bicycle next to a 1926 Model T Ford carrying Mr Hendrik Schoeman, Minister of Transport, over the 451 m Bloukrans Bridge officially opened yesterday.

A retired forestry worker, Mr Barnardo said: "I have lived here all my life and it was beyond my understanding that the gorge could be bridged," he said.

"When I heard Mr Schoeman was coming to open the bridge, I applied to ride my bicycle over with him and my wish was granted," he said.

## Monday

day earlier than expected of the position of the

of Cape Town said a madan beginning in today, but said South would not be affected and still start on Mon-

## Paper raided

KAMPALA. — Ugandan police have raided the offices of the opposition Democratic Party weekly, Munnansi, following Government criticism of the Press for its reporting of a refugee camp massacre. — Sapa-Reuters.



Nov 10/6/83

# List of delicacies read out

# Hearing told of R136 expense account meal

By Eugene Saldanha

The deputy director of hospital services in the Transvaal, Dr Gerhard Schepers, yesterday rejected allegations by his senior, Dr Hennie Grove, that he was "over-wined and dined" by a former executive of a major pharmaceutical company.

This emerged during the cross-examination of Dr Schepers by Mr F E Roets, who is leading evidence in the De Kock Commission of Inquiry into alleged malpractices in the Transvaal Hospital Services.

Dr Schepers said that in 1980 he was entertained to dinners by Mr Bill Kennedy, a former managing director of the Alumina group of companies, "on about four or five occasions." He began declining invitations from Mr Kennedy when Dr Grove told him people were talking about them.

Mr Roets described as "lavish" the meals to which Dr Schepers was entertained.

The head of the commission, Mr Lourens de Kock, exclaimed: "But that stuff's expensive!" when Mr Roets read out a list of delicacies from an invoice. The executive who then entertained Dr Schepers paid R136 from his expense account for the meal.

A former employee of the Transvaal Hospital Services, Professor Malcolm Funston, contradicted an important aspect of Dr Schepers's evidence.

Dr Schepers had told the commission: "In 1979 Dr Grove received an invitation from the Israel Export Institute to send Professor Funston and me to Israel, to see if there were any areas in the medical field in which we could co-operate ... but at that stage Professor Funston was about to leave the Transvaal Hospital Services."

Because of this, Dr Grove told Dr Schepers

the administration would not consider sending Professor Funston to Israel.

When Dr Schepers informed the institute that Professor Funston was unavailable, an official told him: "Take your wife. It is in order. She can accompany you as your secretary."

Professor Funston said no-one in the service had told him of the trip to Israel. Dr Schepers could also not have known of his intention to resign.

When cross-examining Professor Funston, Dr Schepers asked: "Do you remember a telephone conversation towards the end of 1978, in which you told me you intended resigning?"

Professor Funston replied: "I would have informed my hospital superintendent before you."

Earlier, Dr Schepers told the commission the two journalists who exposed alleged malpractices in the service had

done so with political motives.

Dr Schepers conceded that an official in the hospital service may have "interfered" with a tender which was later awarded to the firm Continental Ethicals.

Asked by Mr Roets if he did not find it strange that the Israel Export Institute offered to pay his fare to London and Sweden when it had invited him to visit only Israel, Dr Schepers said he had been surprised. "I told an institute official we would be going to London after visiting Israel and the Dusseldorf Show, but was surprised when the tickets they gave us included a trip to London," he said.

The journalists who exposed the alleged malpractices — Mr Martin Welz and Mrs Wilmar Utting of the Sunday Express — may be called to give evidence.







81

200

# 'No politics in decision on medical school'

Political Correspondent

CAPE TOWN — The Director-General of National Education, Dr P S Meyer, has given a "categoric assurance" that political considerations did not play a role in deciding where medical faculties would be established.

He confirmed, however, there was not "in the near future" any prospect of such a faculty being established at the University of Port Elizabeth.

"But no one can say what will happen in the longer term," he added.

Dr Meyer said long-term manpower training research was currently in progress — a collaboration between his department, the universities advisory council and various researchers — and a report was expected before the end of this year.

On the basis of this, an investigation of medical and related training

requirements would be launched, Dr Meyer said.

He said the establishment of a medical faculty went hand-in-hand with hospital facilities and "all circumstances" were taken into account in deciding this.

Dr Francois Retief, Director-General of Health and Welfare, said his department would serve on the planned investigation of medical training requirements.

Factors like staff and existing hospitals, as well as "ethnic representation", would probably form part of the investigation and, Dr Retief said, there was no reason why Port Elizabeth would not be given equal consideration in such a probe.

Various universities, such as Fort Hare, Zululand, Rand Afrikaans University and others were investigating the matter of medical schools, he added.

6/6/83

E. Post

93

# 'Payola' probe Kaye may be back in time

93

17/10/83

By WILMAR UTTING

MR ISAAC Kaye, at present out of South Africa, is expected to return at the end of this month in time to give evidence on his companies' marketing practices before the De Kock commission of inquiry completes its findings.

Mr Kaye's Alumina group of companies, which has since been taken over by South African Druggists, was the subject of lengthy evidence which has already been laid before the commission of inquiry chaired by Mr L de Kock.

The other subject of the commission's brief was the possible misconduct on the part of senior officials of the Department of Transvaal Hospital Services, Dr H A Grové, director, and Dr G Schepers, deputy director.

Mr Frans Roets, who is leading evidence to the commission, said this week he had been advised by Mr Kaye's legal adviser that Mr Kaye would be returning to South Africa by the end of this month or early in July.

"The commissioner is anxious that Mr Kaye give evidence," Mr Roets said.

Although public hearings finished last week, the commission is still investigating aspects of the evidence, which has included testimony of illegal financial transactions, manipulation of valuable tenders and gifts by Mr Kaye's companies to influential officials and private doctors.

Mr Roets confirmed that a list of private doctors, whose names have appeared in company records placed before the commission, would be forwarded to the South African Medical and Dental Council for its consideration and appropriate action.



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# Contracted-out doctors get 12% increase in fees

By GERALD REILLY  
Pretoria Bureau

DOCTORS contracted out of the Medical Aid Schemes Act have been granted a 12% increase in fees, according to the Medical Association of South Africa.

According to the association the unit charge has been increased from between R1,40 and R1,90, and R2,10 in exceptional cases, to between R1,55 and R2,10, and in exceptional cases to R2,85.

In terms of the new scales the general practitioners charge remains at six units a visit, which means that a visit charge at a consulting room will rise from R7,70 to R9,20 based on the R1,55 unit charge.

Last May contracted-out doctors were granted an

overall increase of 15%.

The Medical Association has urged doctors to use the new tariff with "responsibility and circumspection".

All patients, according to the association, will not be charged at the higher rate, depending on circumstances. Factors determining the rates include the experience of the doctor and the financial status of the patient.

The recommended charge for a night visit is 20 units — R31 compared with R25 — calculated at the lower rate.

At the maximum of R2,10 a unit a GP visit will cost R12,60 and a night visit R42.

Meanwhile the Minister of Health, Dr Nak van der Merwe, has angered "contracted in doctors" for the "incomprehensible" delay in

responding to the submission last October for an increase of 17,5% in their fees.

The Minister rejected the original demand in January and referred it back to the S A Medical and Dental Council. It was resubmitted in April and doctors are still awaiting his decision.

The Medical Association believes the task of determining fees should be left to the profession. The Minister has indicated recently that he is considering returning the fee fixing responsibility to the profession.

The president of the Representative Association of Medical Aid Schemes, Mr J Erntszén, said the new tariff widened the gap between what medical aid societies and the patient would pay.

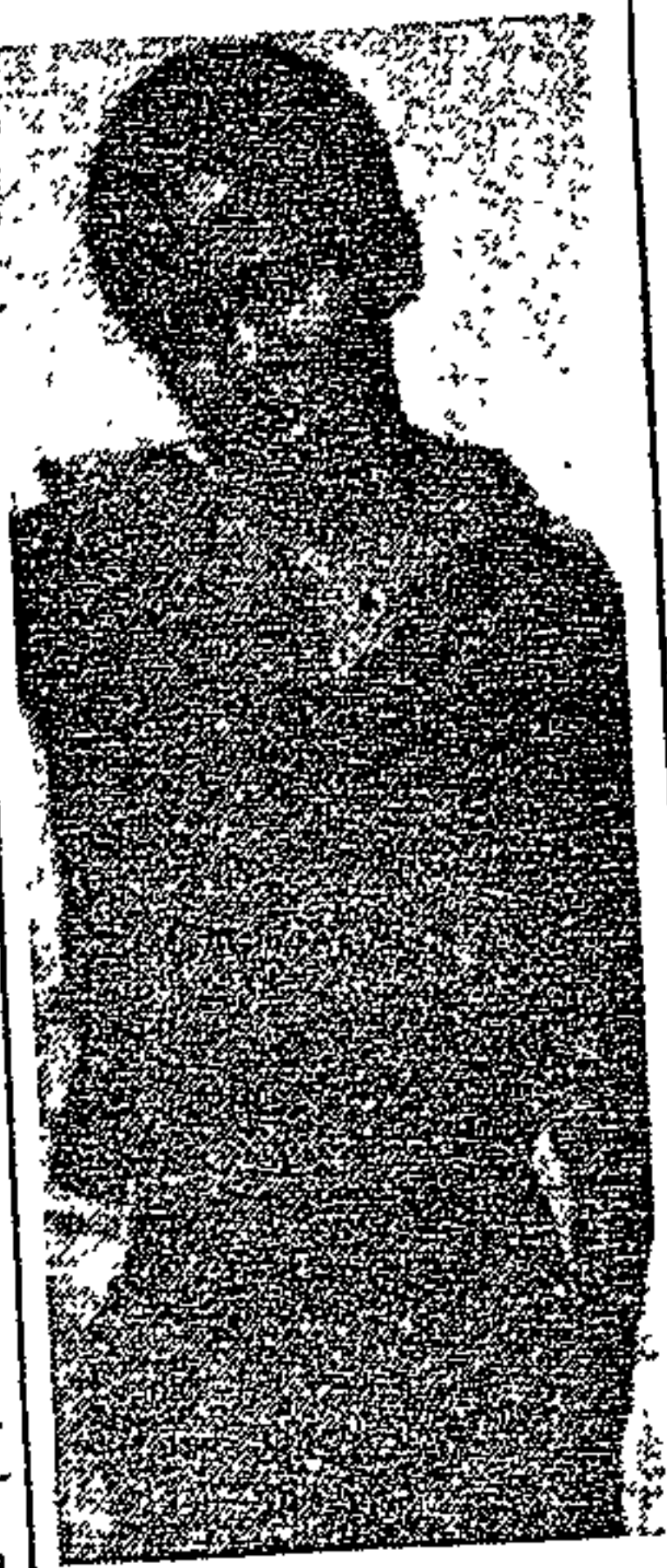


wheel of his 1931 Chev tire engine is Mr Ray Butters of Tamboer's and his 15-year-old daughter Marika Malan are the "firemen".

## ged driving ices charge

arter traffic in- allows Hill driving li- gh a mid- as much as a Wynberg as told yes- ated in evi- trial of Mr ms Matthee, or Oak Ave- nton, who t guilty to a forging driv- ce last year. hee denied ad had any th an alleged Mr Arthur Aarde. ealings' Aarde, of Mit- ain, testified ad had about ngs with Mr his home. received li- om blacks and n them to Mr home for forg- be made. He Mr Matthee at iver of Rev- ice in January and had given eference book ved it back lat- turned it to the med, Mr Van aid he had not

gained financially from his dealings with Mr Matthee. Mr Attwell Maxaki, testified that he had received a driver's licence from Mr van Aarde. During June last year he was stopped by a traffic officer who asked to see his driver's licence. He was then told that his licence was forged and asked where he had obtained it. He said he had obtained it from Mr van Aarde. Mr John Lotriet, a traffic officer at Kraai- fontein, told the court that after learning where Mr Maxaki had obtained the licence, he went to Mr van Aarde's home who told him that he had received it from a traffic officer. 'Paid R150' Mr Mzwandile Livane testified that he had paid R150 for his licence. He subsequently went to Ottery for an additional licence and was informed that his exist- ing licence was illegal. The hearing was ad- journed to July 27. Mr P D Theron was the magistrate. Mrs P J Atkin- son appeared for the State and Mr G Bellingham for Mr Matthee.



Nceba Maxie Mhlauli

## Search for missing son

Crime Reporter A TAMBOER'S Kloof domestic worker has appealed for assistance in tracing her 10-year-old son, who disappeared from her place of employment nearly four weeks ago. Nceba Maxie Mhlauli disappeared on June 3 and his mother, Mrs Gertie Mhlauli, has not heard from him since. Anyone seeing the boy is asked to contact Mrs Mhlauli at her employ- er's home at 46 2757 or the police at 46 4326.

## Contracted out doctors push up fees

Own Correspondent PRETORIA. — Doctors contracted out of the Medical Aid Schemes Act have been granted a 12 percent increase in fees, according to the Medical Association of South Africa (Masa). According to the asso- ciation the unit charge has been increased from between R1,40 and R1,90, and R2,10 in ex- ceptional cases, to be- tween R1,55 and R2,10, and in exceptional cases to R2,85. General practitioners' charges remain at six units a visit. This means that a visit charge at a consulting room will rise from R7,70 to R9,20 based on the R1,55 unit charge. Last May contracted out doctors were grant- ed an overall increase of 15 percent. All patients, accord- ing to the association, will not be charged at the higher rate, depend- ing on circumstances. Factors determining the actual rates include the experience of the

doctor and the financial status of the patient. Meanwhile the Minis- ter of Health, Dr Nak van der Merwe, has an- gered "contracted in doctors" for the "incom- prehensible" delay in responding to the sub- mission last October for an increase of 17,5 per- cent in their fees. The minister rejected the original demand in January and referred it back to the SA Medical and Dental Council. Still waiting The demand was re- submitted by the coun- cil in April, and doctors are still waiting for the minister's decision. The minister has indi- cated recently that he is considering returning the fee-fixing responsi- bility to the profession. The president of the Representative Associa- tion of Medical Aid Schemes, Mr J Erntszen, said the new tariff meant the gap between what the medical aid so- cieties would pay and the patient would pay would widen.

Control is vital for the continued prosperity of our manufacturing industries and our economy. Short certificated course is offered entitled

## QUALITY CONTROL

aim objective: The aim of the course is to enable participants to gain a better understanding of the purpose and methods of modern quality control. The course is suited for those who are either working in the field of quality control or in production. The course is also open to those persons in industry who wish to gain or increase their knowledge of this important subject. The topics covered: Aspects of quality control — Feedback — Sampling — Acceptable quality levels — Cost effectiveness — Tolerances — Inspection — Test schedules — Supervisor responsibility. Lectures giving full details available on request. Duration: The course will consist of sixteen lectures, each of two hours duration plus two examination sessions. Certificate: The course leads to a Technikon certificate in Quality Control on the successful completion of a written examination. Course Fee: R130,00 (including a comprehensive

## Man found dead in cell

Crime Reporter A 24-YEAR-OLD man had been found dead in a cell at the Mitchells Plain police station on Thursday afternoon, police said yesterday. Captain Jan Calitz, a police liaison officer for the Western Cape, said Mr Neville Platjies, 51, of Mitchells Plain, was arrested on Thursday morning on a charge of possessing dagga. He was lodged in the cells about 10am and a regular check was kept by policemen. About 1pm, Mr Platjies was found hanged by his neck with a scarf. Police do not suspect a crime.

## Couple found dead in room

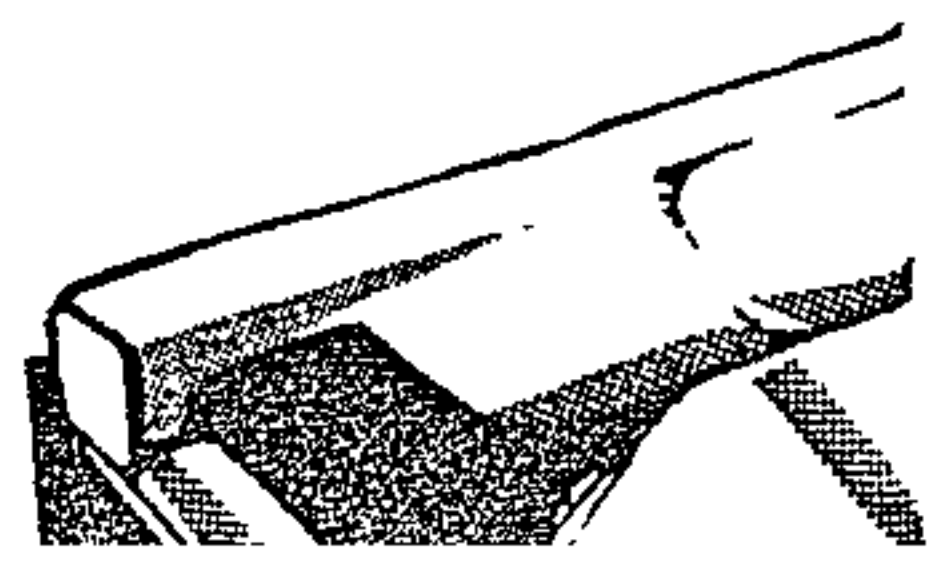
Staff Reporter A SOMERSET WEST couple and his wife were

## 5 children butchered

JOHANNESBURG. — An irate father hacked his five children to death and then hanged himself following a quarrel with his wife. Mrs Pauline Mathinye, 33, of Sebokeng township near Vereeniging, said yesterday that trouble had started with her husband Michael when he began spending weekend nights away from home. "When he came back he demanded money and I gave him the last R20 I had, then he went away again. When he returned he started attacking me." - He was arrested but later released after police had urged him to settle his differences with his wife peacefully. She returned to her home on Thursday to check on the children and found all five butchered.

## Live with a touch of Weylandt.

It's difficult to define. It's not so much the style of furniture. Or shade of colour. Or even choice of material that most





# Medical, dental fees to go up

~~93~~ 93 ~~93~~  
Consumer Reporter

Stew 30/6/83

Patients will have to pay 12 to 15 percent more for medical and dental treatments and also face an increase in medical aid subscriptions.

The Minister of Health and Welfare, Dr Nak van der Merwe, has announced a 15 percent increase in medical and dental tariffs from September 1. The price rise applies to doctors and dentists contracted into medical aid schemes.

Earlier this week the Medical Association of South Africa (Masa) recommended an immediate increase of 12 percent for doctors contracted out of medical aid schemes.

Subscriptions to medical aid schemes will also be raised soon, said a spokesman for the Representative Association of Medical Schemes.

Doctors contracted into medical aid schemes will charge about R8,80 for a consultation (previously R7,70).

Doctors contracted out of medical aid schemes will charge between R9,30 and R12,60 a consultation (previously between R8,40 and R11,40).

Dentists contracted into medical aid schemes will charge about R6,50 a consultation (previously R5,65). A one-surface filling will cost about R8,60 (previously R7,50).

Most dentists, who are contracted out, charge about R8 to R13 for a consultation.

Because the price adjustment was usually granted earlier in the year, the Cabinet had decided to approve a 15 percent increase instead of the earlier guideline of not more than 10 percent.



# Increase in ~~30%~~ medical fees <sup>93</sup> runs into flak <sup>4: Post 30/6/87</sup>

JOHANNESBURG — The 15% increase in tariffs for doctors and dentists contracted to medical aid schemes has come under fire from the Consumer Council

In a statement the council said the increase had come at a most unfortunate time, and was "a serious setback for the older members of the community who have to rely increasingly on medical assistance".

The council expressed the fear that the increase could harm the relationship between practitioner and patient since it could typecast — "quite unjustly" — the average medical practitioner as being more interested in an excessive profit margin than in rendering an essential service.

The council appealed to the authorities and the medical profession to limit themselves to moderate tariff rises.

Approval for the increase was announced yes-

terday by the Minister of Health and Welfare, Dr Nak van der Merwe. The increase will come into effect on September 1.

Sapa reports that the Medical and Dental Council had proposed to implement increases of 17% and 30% in March this year for doctors and dentists respectively.

These proposals conflicted with a Cabinet decision that no price increases of more than 10% should be approved this year, and they were referred back to the council for negotiations, which are still in progress.

"I am of the opinion that an adjustment of the tariffs or fees is justified," Dr Van der Merwe said.

However, medical aid schemes would not be able to implement any adjustment before September 1.

Over and above the 10% that would have come into effect in March, therefore, he felt a further 5% was justified.

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# Medical men to get more

CAPL TIMES 30/6/83

Political Staff

93

DOCTORS and dentists contracted to medical aid schemes have been granted a 15 percent tariff increase.

The Minister of Health, Dr Nak van der Merwe, announced yesterday that the increases would be effective from September 1.

Last year the South African Medical and Dental Council was approached by the Medical Association and the Dental Association to revise tariffs applicable to members of medical aid schemes.

As a result the council recommended a 17 percent increase for doctors and a 30 percent increase for dentists with effect from March.

But any increases are subject to ministerial approval and Dr Van der Merwe said that while an increase was justified the cabinet had decided it should not exceed 10 percent.

"I believe medical practitioners and dentists, like others in South Africa, must contribute towards the fight against inflation and an adjustment of their tariffs by 10 percent from March, 1983, is justified.

"But since medical schemes will not be able to implement any adjustment before September 1, I believe a further increase of 5 percent is justified."

Representatives of medical schemes had agreed to the increase, he said.

Doctors contracted out of medical schemes were granted a 12 percent tariff increase last week.



AKG 4/7/83

23

# Masa has done everything to prevent detention deaths, says president

THE Medical Association of South Africa is celebrating its centenary with its 54th congress in Cape Town this week. Medical Reporter LINDA VERGNANI talks to Masa president Professor Nikolaas Louw.

THE Medical Association of South Africa (Masa) has now done everything in its power to prevent further deaths in detention, says Professor Nikolaas Louw.

Professor Louw, president of Masa, said if doctors were still critical of the actions taken by Masa following the death of black consciousness leader Steve Biko "then their motives must be political."

## Two issues

Masa, a non-racial organisation, has a membership of about 12 000 practising doctors. It is the official spokesman for the South African medical profession, "concerned with all aspects of health care in South Africa."

Yet in the public mind Masa is inextricably associated with two issues.

One is its initial action — or what some saw as a lack of action — following the death of Steve Biko.

Of the Biko issue, which led to the resignation of a number of prominent Masa members and the formation of an alternative medical association, Professor Louw says: "We can't get Steve Biko alive again. But I think Masa has gone out of its way to go into details of the Biko case and the treatment of detainees. The essence of our whole ad hoc committee into the treatment of detainees was to try and prevent further unhappy instances of this sort. Our report is now in the hands of the government and it's over to them to act on it."

confrontation between the Minister of Health and Masa over fees is a most unfortunate thing. It has put us in a completely wrong light — as if money were our only concern."

"Or take a child with measles. The doctor might decide to visit the child morning and evening for ten days instead of just reassuring the parents that there are no complications and telling them what to expect. It's over-visiting. In those circumstances the parents could come to us with the bill and we would investigate."

He said since the publication of the report a number of doctors who had left Masa had rejoined.

In fact Masa has just established a Cost Awareness and Peer Review Committee to try to keep medical costs down and to act as a watchdog for the profession. It will also serve as an ombudsman for members of the public who have complaints about medical treatment.

If necessary the matter would be referred to Masa's Federal Ethical Committee, which polices the profession. Although it has no statutory power it can refer any cases of unethical conduct to the South African Medical and Dental Council which has the power to strike doctors off the roll.

The other issue which the public links with Masa is its role in recommending higher fees for doctors.

Professor Louw said "We are going to try to stop things like unnecessary tests and overmedication. Procedures must not become a gimmick."

Professor Louw says "Members of the public or the medical profession can also report any misconduct directly to the ethical committee. For instance if a doctor is having a relationship with a patient or is suspected of being a drug addict the Federal Ethical Committee will take it up."

Professor Louw says: "The open

He gave as examples doctors doing unnecessary ultrasound tests in pregnancy or prescribing expensive antibiotics for patients with bad colds.

~~93~~ 93

# Health costs may be out of reach of most

Mercury Correspondent

CAPE TOWN—Escalating health care costs might become so exorbitant that the public would not be able to afford them, Prof N S Louw, president of the Medical Association of South Africa, said last night.

He was speaking at the opening of the association's centennial congress.

Prof Louw said: 'This is not the responsibility of the medical profession alone. Very often the hospital and pharmacists' accounts exceed that

of the doctor by far.'

He said the doctor's responsibility including promoting primary health care, not over-prescribing already costly medicines, not over-serving patients and not requesting 'unnecessary, expensive special investigations' when a diagnosis could be made by good clinical evaluation or examination.

There was one doctor for every 2 000 South Africans and another 20 000 or more would have to qualify in the next 25 years to meet the popu-

lation growth, he said.

'It is unrealistic to assume that the existing seven medical schools will be able to fulfil the demand.'

A health advisory committee had been formed to make recommendations to the health authorities, he said.

It might be time to allow health teams, under the supervision of a doctor, into the private sector. These teams could prove more effective and less costly than the individual services of a

doctor.

Prof Louw said it remained an open question how much longer our country would be able to afford luxurious and big hospitals except as training schools.

He also expressed the wish that the association's future role would be to bind colleagues of all races, colours, creeds and political beliefs in a dedicated and well-disciplined profession, able to offer the best possible service to the sick.



ARGUS 7/7/83  
93

# Praise for Masa

Staff Reporter

THE President of the American Medical Association (AMA), Dr Frank Jirka, says the quality of health care in South Africa is "most impressive".

Dr Jirka, attending the Medical Association of SA (Masa) conference on his first visit to South Africa, also speaks highly of the Medical Association of South Africa.

The body is an "excellent association" with "excellent leadership" and very concerned with delivering the "highest medical care to the people of South Africa".

Asked about the AMA's role in South Africa's re-entry to the World Medical Association, Dr Jirka said he thought his association had been helpful in highlighting the quality of care provided in South Africa.

## "Timely and needed"

Participation by South Africa in the world body had been "timely and needed".

Dr Jirka, from Chicago, has visited No 1 Military Hospital at Voortrekkerhoogte, the Stellenbosch University Medical School, Tygerberg Hospital, and a day hospital and clinic at Mitchell's Plain.

He was "most impressed" with the quality of health care and technological advances in South Africa and how it had been used.

"I think, considering the number of people they are dealing with, they are trying to carry out a very high quality of medical care."

## Lost their legs

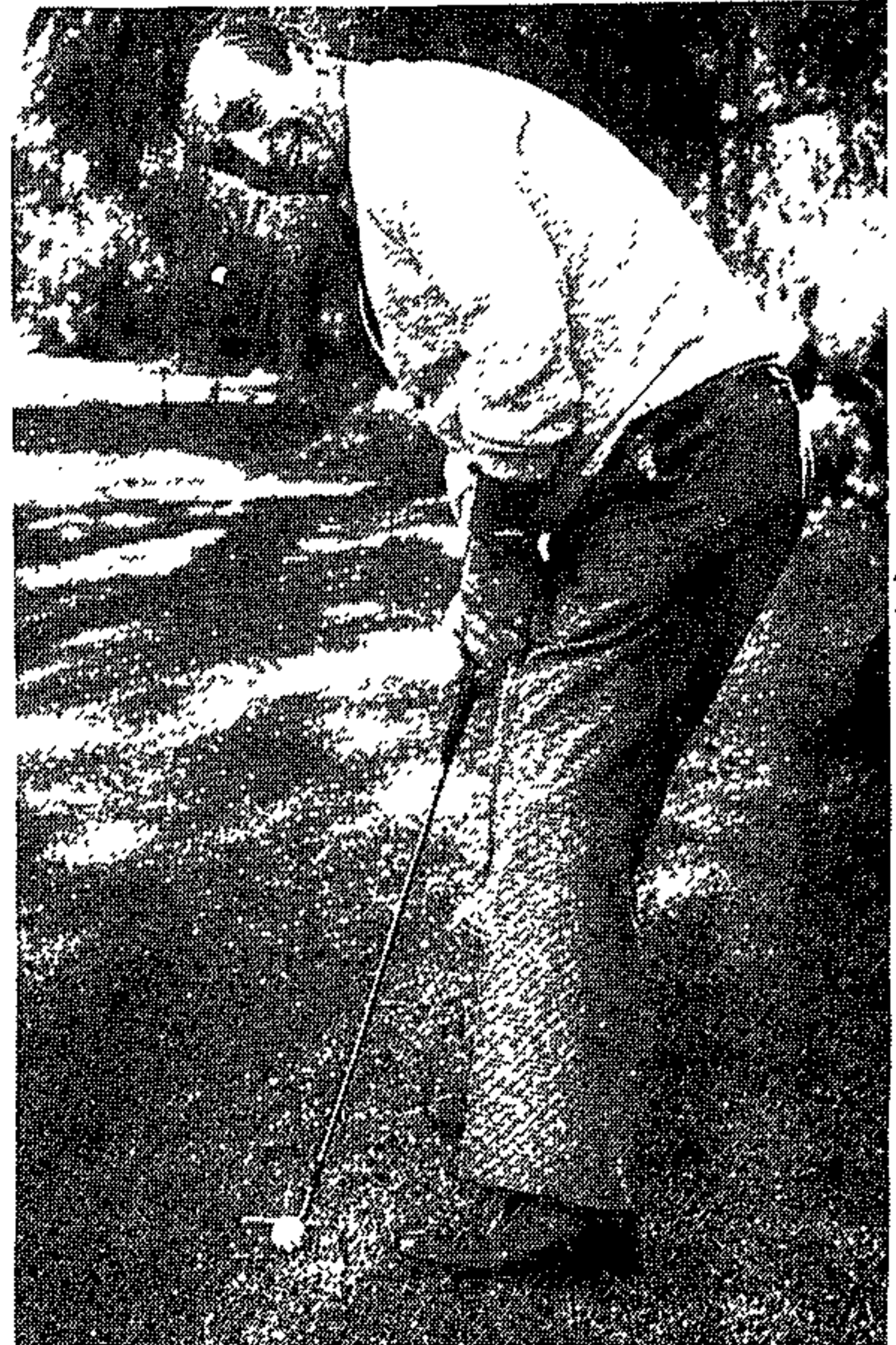
At Voortrekkerhoogte, Dr Jirka saw two national servicemen, both of whom had lost their legs. Although he jokes about whether he was able to offer them some encouragement, it is likely he did.

Dr Jirka lost both his feet in World War 2.

"I lost my legs in February 1945 in the Pacific — I was a navy frogman," Dr Jirka said.

"In June or July I received my (artificial) legs, and I was dancing a few weeks after that."

The American Medical Association team — Dr Jirka, his executive vice-president, Dr James Sammons, the immediate past president Dr William Rial, and the president-elect from June 1984, Dr Joe Boyle, will visit the Eastern Cape and Durban before they return to America from Johannesburg.



**DR FRANK JIRKA, president of the American Medical Association, practises his putting at a city hotel.**

FOR

# Masa urged to rethink

ARGUS  
8/7/83

93

Staff Reporter

THE Cape-town based Detention Action Committee (Adac) and the Detainees' Parents Support Committee in Johannesburg have urged the Medical Association of South Africa (Masa) to pursue their recommendations regarding safeguards for detainees, which were rejected by the Government.

In a letter circulated at the Masa conference in Cape Town this week, Adac expressed concern that Masa believed "it had done everything in its power to prevent further deaths in detention".

"We find it disturbing that Masa considers the submission of a report in the South African Medical Journal to be sufficient to meet their obligations with regard to the safety of detainees," the letter said.

## Findings

Some findings of the report by the Masa ad hoc commission of inquiry into health care of detainees were:

- Serious cases of maltreatment of detainees had occurred;
- Existing legal safeguards were inadequate to protect detainees;
- The detention system could have serious ill-effects on the mental and physical health of detainees;
- District surgeons did not have clinical independence.

Some of the commission's recommendations were that detainees should have access to independent medical practitioners of their own choice and that a peer review committee should be instituted to monitor medical treatment.

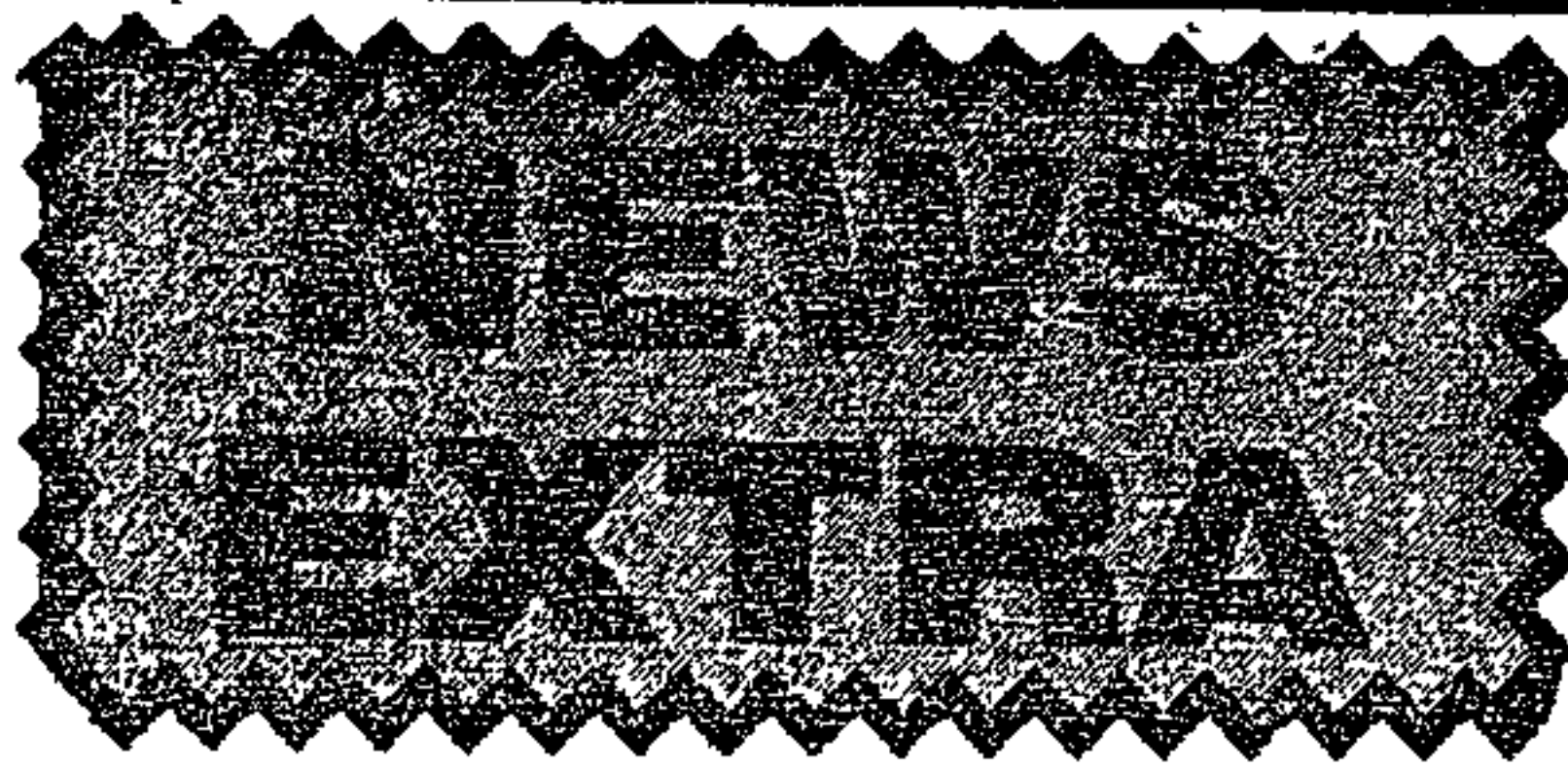
## 'Closed system'

Adac said the two recommendations, if implemented, would "have gone some way towards providing detainees with access to people outside of the closed system of detention.

"We believe that this is the only way in which the safety of detainees can be guaranteed.

"We are therefore disturbed that Masa has not challenged the Government's rejection of these two key proposals. In fact Masa's task and responsibilities have just begun"





# Masa is slated

93  
Sowetan 11/83

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"We find it disturbing that Masa considers the submission of a report in the South African Medical Journal to be sufficient to meet their obligations with regard to the safety of detainees."

In a letter circulated

Wrab gives doctor final marching orders

# GOODBYE ASVAT

MORE than 500 people whom the benevolent Dr Abu Baker Asvat selflessly helped in times of need will be left on their own when he vacates his surgery at Mochaeneng at the end of July.

Dr Asvat, who is the chairman of the health committee of the Azanian People's Organisation (Azapo), has received a final notice from the West Rand Administration Board (Wrab) informing him that his lease for the surgery will be terminated on July 31. Dr Asvat has been practising at this surgery since 1972.

The news of Dr Asvat's move from Mochaeneng, which is opposite Regina Mundi,

has been met with despair by the small community of this area and his more than 18 000 patients. Many of his patients came from the nearby townships of Rockville, Dlamini, White City Jabavu and Senaoane.

Dr Asvat, together with the Witwatersrand Council of Churches, played an important role in helping the shack people who had been evicted from the townships and were squatting around Mochaeneng. He had highlighted the plight of these people and helped in getting them accommodated in tents. Dr Asvat was always on hand to assist the community of Mo-

chaeneng whenever they encountered problems with authorities.

To the people of Mochaeneng, Dr Asvat was more than just a doctor to them. And they are worried about what is going to happen to them when he leaves. "Dr Asvat did not only attend to our health problems but also to our financial problems," Mrs Jane Shezi said.

She said Dr Asvat had no qualms about giving loans and then completely forgetting about it.

Dr Asvat also treated those who could not afford his services, either on credit or charged them a minimal amount.

Miss Eunice Ngcun-

gea said she never experienced problems calling on Dr Asvat to attend to a person who could not make it to the surgery. "All we did was to rush to the surgery and informed him about our predicament and he would, without hesitating, return with us to the patient," she said.

Mr Lord Hlongwane says since he came to stay at Mochaeneng he has been assisted by Dr Asvat in both his personal and health problems. "I found him to be very approachable and willing when requesting aid from him," he said.

But all these people are worried about what would happen to them in the event of a confrontation with the West Rand Board.

13/7/83 Sowetan

By PHIL MTIMKULU

(A3)

(24)



# Mines Benefit Society to employ full-time doctors

By JOHAN BUYS 14/7/83

THE Mines Benefit Society is to appoint two full-time doctors for its 1 750 members in Boksburg to replace 11 panel doctors who resigned because of the "capitation fee system".

The panel doctors were leaving because they claimed the scheme did not cover overhead costs and was "no longer an economical proposition".

The mass resignations left the MBS with only three panel doctors

The doctors had given their patients three months notice of their intention to contract out of the scheme by the end of July.

A doctor said yesterday "The capitation fee does not cover our costs and we still have to pay for increased rents, nurses salaries and other essentials"

The general manager of the Mines Benefit Society, Mr C Cook, said "We intend to appoint two full-time doctors to attend to our members from the beginning of August.

"They will be able to look after their needs adequately"

According to Mr Cook, a panel doctor was paid a monthly "capitation fee" for each MBS member regardless of whether the member visited him once, or 10 times a month.



# DOCTORS IN REVENUE PATIENTS WILL PAY more if medics scrap fees system

813  
S  
S/m  
7/7/83

**SOUTH AFRICA'S 16 000 medical doctors are trying to scrap the system that enables the Minister of Health to veto fee increases.**

Patients — especially those of "contracted-in" doctors who mainly have lower-income practices — face higher fees if the present two-tier system is abolished.

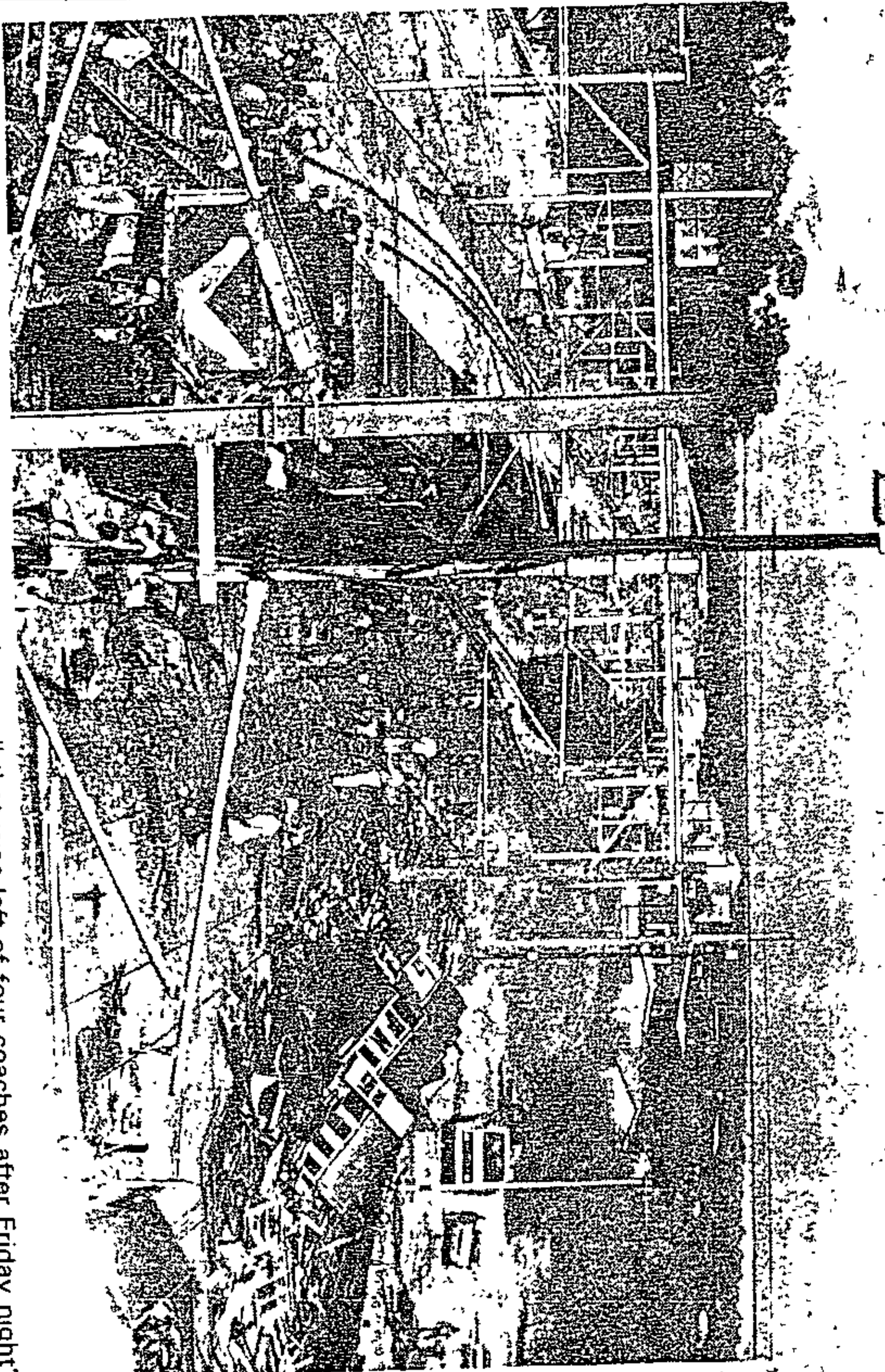
In seeking the right to set their own fees doctors have the support of the Minister of Health, Dr Nkomo van der Merwe, who is said to feel he is "caught in the middle" by the present system.

If he agrees to fee increases, he incurs the wrath of the patients; if he doesn't, he angers the doctors. Negotiations are already under way between the Medical Association of South Africa (Masa), the Representative Association of Medical Aid Schemes (Rams), and Dr van der Merwe.

Their aim is to abolish the system that requires every doctor to "contract in", and to charge medical scheme patients a lower fee, or to "contract out" and charge at a higher rate.

The advantage for doctors of "contracting in" is that payment is quicker and guaranteed by the medical schemes. About four million South Africans belong to registered medical aid schemes, and more belong to unregistered schemes.

This week the chairman of Masa's central committee of contract practice, Dr Bernard Mandell, said the proposed changes would not mean an excessive hike in fees. "It will only join to like the country to the cleaners," he



● Matchwood was all that was left of four coaches after Friday night's horror smash between a goods train and a passenger train near the



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A consultation with a contracted-in general practitioner is R7,70. In September this will increase to R8,80. Medical schemes pay at least 70% of these tariffs, and half the cost of drugs prescribed.

Contracted-out doctors charge about 30% more than doctors contracted in. For consultations, most contracted-out general practitioners now charge about R12, and some charge more.

Abolishing the "contracted-in" system will mean that all doctors will be free to charge at a higher rate.

At present, medical fees are determined by the South African Medical and Dental Council (SAMDC) acting on recommendations of its tariff committees. The Minister of Health must approve any increase. Dr van der Merwe is in

To Page 2

# Doctors in revolt over fixed fees

93

From Page 1

favour of relinquishing this power.

"Medical practitioners and dentists should determine their fees. I will try to bring about a change in the system at the earliest possible opportunity," he said.

Chairman of RAMS, Mr John Ernstzen, said this week the Minister did not like being the "man in the middle".

"He has told us he will definitely introduce new legislation in Parliament next year," said Mr Ernstzen.

Said Dr Mandell: "We want to change the system where one man has the power to veto the increase we feel we need. The Minister also wants to get shot of the control. The trend is to what the Government calls 're-privatisation'."

Doctors were given a brief spell of independence in 1979. They increased their tariffs by 52% (although Masa claims the increase was in practice only 38%).

Masa defended the huge increase on the grounds that the previous body which determined medical tariff increases — the Remuneration Commission — had given low and infrequent increases.

The uproar that followed prompted the then Minister of Health, Dr Lapa Munnik, to plead with SAMDC to lower the increase.

When the SAMDC refused, Parliament passed legislation giving the Minister of Health the power to approve or veto medical tariff increases.

Mr Ernstzen said the present system was iniquitous. "Increases are haphazard

and irregular. Last year there were eight increases at different times; for doctors, physiotherapists, dentists, provincial hospitals, two increases for private hospitals and two for dispensing fees.

"It makes it impossible for us to budget because we don't know what or when the increases will be.

"We propose that we should be able to decide for ourselves how much we are prepared to pay for each service and then review the amounts annually.

"At least then we will be able to budget and we will be freed from the tremendous workload of having to make representations to every tariff committee," he said.

But patients will be the ones to bear the costs in the end, he admits.

"We would not want there to be a huge gap between what the doctors charge, and what we are prepared to pay. So if the doctors increase fees, we will probably (depending on the economic situation) offer more — and in this way close the gap.

"But the money will have to come from increased subscription to Medical Aid Schemes," he said.

Mr Ernstzen said he had faith that doctors, once they were independent of the State, would not introduce enormous tariff hikes similar to those of 1979.

Contracted-out doctors are guided by Masa as to what to charge, although they are not obliged to stick to the guidelines.

# Probe into SADF fund

**THE FIRST** fulltime administrator of the Defence Force Fund has relinquished his duties until military police have completed a high-level investigation into alleged irregularities in the administration of the fund.

A spokesman for the South African Defence Force (SADF) said the administrator, Colonel Robert Blake, was on leave while the investigation was being completed.

He said there were "no indications at this stage" that the Defence Force Fund itself had been affected.

"If on completion of the military

police investigation, a case of irregularity is established, legal action will be taken against the alleged guilty parties in the normal manner," the spokesman added.

He refused to indicate how much money was involved, or how the irregularities had come to light.

He told Sapa that if a cash sum was proved to be involved it was unlikely to be a large one.

There was no reply from Colonel Blake's home in Colbyn, Pretoria, yesterday.

The chairman of the Defence Force Fund, Lieutenant-General Raymond Holtzhausen, was "away in the bush" with the Minister of Defence, General Magnus Malan, and a few others, his wife said yesterday.

Mrs Elizabeth Albrecht, president of the Southern Cross Fund, the biggest fund-raiser for the Defence Force Fund, said she had been overseas for five weeks and did not have

**Weekend sports feast**

FOR details on the 'Kalahari Express', Wits shock City, and Transvaal's great Ellis Park spree — See Pages 34 — 40



# Natal doctors guilty of disgraceful conduct

Mercury Reporter

93 Mercury  
21/1/83

TWO Natal medical men — one a former district surgeon — were found guilty of disgraceful conduct when they appeared before the disciplinary committee of the South African Medical and Dental Council in Durban yesterday.

The committee is to recommend to the council that Dr R J M Hendrix, of Bisset Street, Umkomaas, be suspended for six months and Dr H M Vanmali, a Chatsworth dentist from Road 126, Unit 1, be suspended for three months suspended for five years on condition he is not found guilty of a similar

offence during that period.

Dr Hendrix pleaded guilty to improper conduct on three separate charges which arose from an incident during the time he was district surgeon for Umbumbulu.

Dr Hendrix was charged with failing or neglecting to carry out a complete and/or proper postmortem examination on the body of Mr Jack James Horsley in October 1981.

He was also charged with completing a post-mortem report which was not true and correct in all respects.

The third charge laid against Dr Hendrix was that he gave false evidence and expressed an opinion which he had no sound and acceptable basis for doing when he appeared as a State witness in the Durban and Coast Local Division of the Supreme Court during a trial which followed the death of Mr Horsley.

During the trial Dr Hendrix confirmed the correctness of his findings of the post-mortem examination of the body which were in fact incorrect and had confirmed he had opened the dead man's skull and brains during the examination, which he had not actually done.

## Immigrant

The committee heard that Dr Hendrix had been a key witness in a murder trial and his evidence, therefore had been extremely important.

It also heard that Dr Hendrix, a Dutch immigrant who had had a private practice in Umkomaas since 1960, had performed more than 2 000 post-mortem examinations in his post as district surgeon. He had since resigned from the post.

Dr Vanmali pleaded guilty when he appeared before the committee charged with selling 10 000 Schedule 4 antibiotics to Chatsworth Pharmacy during April 1982.

Dr Vanmali said he was not aware he was committing an offence by selling the drugs to the pharmacy.

He said he had bought the drugs for R335 and had sold them to the pharmacy for the same price after he realised that he would not be able to use the drugs before they were due to expire.

He said he intended drawing from the pharmacy's supply for dispensing to patients.

Dr Vanmali and Dr Hendrix had no previous convictions.



# New bid for Biko death inquiry

Pretoria Correspondent

Star 21/7/83

Prominent members of the medical profession are preparing to go to court to try to force a full and public inquiry into the 1977 death in detention of black consciousness leader Mr Steve Biko.

Lawyers are drawing up papers for an application before the Pretoria Supreme Court early next week to force the South African Medical and Dental Council to clear up the circumstances surrounding the death of Mr Biko.

There has been an ongoing battle for six years for answers to the moral and ethical questions surrounding the roles played by the four doctors who treated Mr Biko (30) in detention.

The doctors are Dr Benjamin Tucker and Dr Ivor Lang, district surgeons, Dr Colin Hersch, a physician, and Dr R J Keely, a neurological surgeon

This latest action follows the SAMDC'S refusal in April this year to re-open the case because there was "no substantial new evidence".

On December 2, 1977, a Pretoria magistrate found that Mr Biko's death was not caused by any act or omission on the part of any person and that no-one could be held criminally responsible for his death on September 12, 1977 only 26 days after he was detained.

During 1980, the Port Elizabeth district surgeon, Dr Tucker, was cleared by the Medical Association of South Africa.

Since then, calls for a full, independent and public inquiry have been made repeatedly.

Now, five doctors and the Transvaal-based Health Workers Association, whose complaints were rejected by the SAMDC, are going to court in a final attempt to have the doctors' actions investigated.

Gift or benefit 'is not an offence'

# Grové is completely exonerated

ROU 21/7/83

2281 93 183

By GEOFFREY ALLEN  
and GERALD REILLY

**DR HENNIE GROVE, the Transvaal Director of Hospital Services, has been completely exonerated of all allegations of corruption in his Department and of alleged misconduct by himself.**

His deputy, Dr Gherhard Schepers, was found to have made an error of judgment in accepting an extension to an overseas trip paid for by a private company.

And he was found to have acted against the interests of the Province by taking his wife on an extended official tour in Europe.

Although the De Kock Commission into alleged misconduct by the two doctors found that Dr Grové and Dr Schepers had benefitted from an offer by the Alumina Development Corporation (formerly the dominant supplier of medical equipment and drugs to the TPA), or one of its subsidiaries, to buy TV sets at cost price, neither man had committed an offence.

In the report released in Pretoria yesterday, the commission said: "The *per se* handing over of a gift or a benefit" did not constitute an offence.

Moreover, the TPA had not been "prejudiced", it added.

In only one instance was it found that the Alumina Group won any advantage from its dealings with the TPA — when a letter was sent out from the Administration but being purposed to be the allocation to various companies of hospitals they were to supply in terms of a new tender.

Subsequently, it was discovered that the tender had not yet been awarded and that therefore the allocation was wrong.

Meanwhile, some companies had been able to provide three months' stockpiles of goods to the hospitals before the correct allocations were sent out.

The commission made two recommendations:

● That the ordinance governing Provincial commissions in the Transvaal should be widened to give the commissions more power. The Commissioner, Mr Lourens de Kock, said his scope to investigate the allegations fully had been limited and that the matter had been discussed with the chief legal advisor of the Province and the relevant ordinance was being reviewed.

● That the Province should lay down strict guidelines on exactly when and under what circumstances officials were allowed to receive presents or advantages from supplying companies.

The Administrator of the Transvaal, Mr W A Cruywagen, commented last night: "It is to be regretted that officials of the Administration have been subjected to unnecessary suspicion and have had to endure such a degree of humiliation ... I am satisfied that no offence has been committed.

"I and the members of the Executive Committee have full confidence in both officials and also in the system followed in respect of tenders, not only in the Department of Hospital Services, but also in the Transvaal Provincial Administration as a whole, and we are further satisfied that, as is evident from the report, the Administration has not in any way been prejudiced and that the possibility of irregularities in the handling and acceptance of tenders has been ruled out."

Dr Grové said last night he was still considering the report.

But an apparently ebullient Dr Schepers insisted on first turning on his desk tape recorder, and then declined any comment.

Mr Ken Owen, editor of the Sunday Express newspaper, which published many of the allegations against the doctors, said, "We are still studying the report. However we are reassured by the main finding that the Provincial officials were not influenced by the favours they received."

The leader of the Progressive Federal Party in the Provincial Council, Mr Douglas Gibson, said the report removed the cloud of suspicion that hung over the province.



Medical probe ~~103~~ ~~93~~  
Mercury 22/7/83  
not yet complete' 93

Mercury Reporter

INVESTIGATIONS into allegations that two Addington Hospital doctors solicited funds from medical supply companies to attend medical congresses overseas were not complete, according to the Natal Director of Hospital Services, Dr Johan Vorster.

He would say no more as the matter was 'embarrassing'.

On Wednesday the Director of Provincial Hospital Services in the

Transvaal, Dr Hennie Grove, was exonerated of all allegations of corruption in his department.

His deputy, Dr Gerhard Schepers, was found to have made an error of judgement by accepting an extension to an overseas trip paid for by a private company, and to have acted against the interests of the province by taking his wife on an extended official tour.

However, the 'De Kock Commission' found that neither man had committed an offence.

# Detainees: Doctors urge tough stand

w/k ARGUS 23/7/83 93

By ADA STUIJT  
Weekend Argus  
Reporter

SEVEN doctors at Groote Schuur Hospital and the Detainee Parents' Support Committee have criticised the Medical Association of South Africa for not insisting that detainees be allowed access to independent doctors and be watched by a non-State monitoring system.

In two letters published in the South African Medical Journal they also insist that Masa push for the right to establish a doctor's review committee for the further protection of detainees.

In a letter signed by doctors J S Davidson, S E Kahn, B Rayner, N-S Levitt, F R Ames, P B Disler and P Bonafede, a "deep concern" is expressed about Masa's apparent satisfaction that the Government has ac-

cepted all but two of their recommendations for the treatment of detainees.

## Exceptions

The doctors asked that Masa insist on having those two exceptions accepted by the Government — "for the proper protection of detainees".

"If Masa is to tackle the problem seriously, it must insist that the minimum requirement is to give detainees access to a monitoring system outside the State apparatus.

"To this end it must insist on legally enforceable access of detainees to independent medical practitioners and the institution of an effective peer review committee.

"Anything less can achieve very little," the doctors concluded.

## Safeguards

"One recalls that only a few days before the death in detention of Dr Neil Aggett, the Minister of Law and Order had as-

sured Parliament of the care and safeguards accorded to detainees," the seven doctors wrote.

"At that time detainees were not being tortured, were being examined by district surgeons, were being monitored closely for suicidal tendencies and were not held in solitary confinement.

"It was and has always been security police practice to interrogate detainees with more than one security policeman present.

"Yet Dr Aggett died, as have several others since then, while numbers of detainees have been hospitalised for psychiatric care (the most recent only in the past month)."

## "Unfeasible"

In his answering commentary Professor J N de Klerk, chairman of Masa's federal council, labelled "as completely unfeasible" the doctors' appeal that detainees be monitored by a system outside the State apparatus.

"All we can do is to arrange that a detainee has access to his own private doctor in the presence of a district surgeon.

"This we will continue to fight for, as well as for a peer review committee," he wrote.

Dr J G Frankish, writing on behalf of the health sub-committee of the Detainee Parents' Support Committee, supported the Groote Schuur doctors' stand and criticised Masa for not challenging the system of detention itself.

Professor de Klerk replied that he did not consider it the function of Masa to challenge the detention system itself — "this falls more within the realm of the legal profession."



## No cheers after 60 years

By ADA STUIJT, Weekend Argus Reporter

NEXT SATURDAY will be a rare occasion for avid Western Province rugby fan Mrs Violet van Schoor, 81. For she won't be rooting at Newlands, as she has been for 60 years.

Her hobby is getting a bit too expensive on her pension and though she would hate to miss any, she cannot afford R10 seats for next Saturday's game, when the President's centenary team plays the international visitors.

"It's a big match, but I can't afford that price on my pension," Violet (née Stamper) said.

But she'll see the Wednesday game, when Western Province play the visitors.

"I still love the game as much as I ever did, even though rugby isn't the spiffy game it once was in my husband's days," Violet added.

## Not many chances

"The wings don't get chances to score as often, because the scrumhalf doesn't pass the ball to the back," she said.

She fell in love with rugby when she fell in love with her husband, said the widow of Somerset West scrumhalf John van Schoor.

And if she tells you no better scrumhalf ever lived than John, who 63 years ago started playing for Somerset West Rugby Club, the forerunner of today's Western Province — it must be true.

John, who died in July 1975, stopped playing rugby two years before their marriage in 1929, but the couple hardly ever missed a Saturday at rugby during their marriage.



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Soweto 23/1/83

# Asvat ~~23~~ defies final <sup>93</sup> council notice

THE Soweto Council has refused to grant Dr Abu Baker Asvat an extension on his lease and he has been requested to vacate his surgery at the end of the month.

A few days ago Dr Asvat was served with a final notice from the West Rand Administration Board (Wrab) informing him that his lease for the surgery at Mochaeneng would be terminated on July 31. On receiving the letter he wrote to the Soweto Council requesting an extension of two to



**DEFIANT:** Dr Abu Baker Asvat.

three months to enable him to secure alternative premises.

"Instead of getting a letter in the post, the Moroka Township Manager delivered the letter which informed me that I am expected to vacate my surgery at the end of the month. I had expected that since I offered an essential service I would have been the last to leave this place," Dr Asvat said.

Dr Asvat said he was not going to move voluntarily from a place that has become his second home. "At the end of the month I will do what I have been doing for the ten years that I have been practising here — go and pay my monthly rent. What they do with it is their problem and not mine," he said.

The news that Dr Asvat was served with a final notice caused gloom among the small struggling community of Mochaeneng. But they still hope he will be granted an extension. But they were shattered yesterday when told that the Soweto Council had refused to accede to his request for an extension of his lease.



# Sunday Exp

JOHANNESBURG, JULY 24, 1983

50c Including Sales Tax Price

# PAYOLA RO STARTS AN

~~250~~ 93 ~~183~~

ROW

ANEW

S-EX/News 24/7/83

By MARTIN WELZ  
and WILMAR UTTING

THE Transvaal provincial administration has been thrown into utter confusion by the report of the De Kock commission of inquiry into the medical pay-off scandal.

The commission ignored regulations that forbid officials to take gifts — on the grounds that they are not applied anywhere in the public service — yet called for new rules to prevent graft.

It exonerated two top medical officials of wrongdoing, even though they accepted gifts and benefits from a pharmaceutical company. It made no mention of Public Service Regulation No A11/1 which forbids acceptance of such gifts without proper permission.

The commissioner, Mr Lourens de Kock, told the Sunday Express. 'I read the regulations, but I can say they are not strictly applied anywhere in the public service'

In his report he observed that even Cabinet Ministers regularly received gifts when they visited homelands, and said there was 'nothing wrong' in the mere acceptance of a gift.

His call for new guidelines left officials bewildered. The Transvaal MEC for hospital services, Mr Daan Kirstein, said: 'I don't know what the commission means. There are already strict conditions laid down'

The provincial secretary, Dr W Steyn, said the province was not empowered to frame new regulations. The present

regulations were well established and comprehensive, he said.

In fact, the Sunday Express was reliably informed this week that earlier this year a special circular was sent to all officials in the provincial Department of Hospital Services reminding them of the regulation banning the acceptance of gifts.

## Home, sweet home for



There were tears of joy for the families of the Dogs of War who were flown into...

South  
Africa's  
time-table  
of terror

— Page 12

To Page 2



From Page 1

# Payola row starts anew

Explaining his apparently contradictory recommendation, Mr de Kock told the Sunday Express that "clear guidelines" were particularly necessary for officials in the province's Department of Hospital Services, which he had found to be "definitely a very rich field, ripe for irregularities".

By sowing confusion in provincial ranks, his findings also fly in the face of views on gifts for doctors held by leading members of the medical profession.

Regulation A11/1, which applies to all provinces, deals with the acceptance of gifts, commissions, money or reward.

It states: "An officer or employee shall not accept, without the permission of the head of department or, in the case of the head of the department, without the permission of the Minister or Administrator of the Transport to demand a fresh report from the commission to clarify the position."

Prof de Klerk's statement reflects a view long held by leading members of the medical profession. Earlier this year Professor Peter Folb, chairman of the Medicines Control Council, said his attitude was unequivocal: "No person operating with the MCC may accept anything whereby he should be influenced or seen to be influenced by pharmaceutical companies. Not even a cup of coffee."

Calling for a fresh report, Mr Gibson said the commission should now spell out exactly why it did not apply the regulation and what it now had in mind.

The Administrator of the Transvaal, Mr Willem Cruywagen, told the Sunday Express, however, that there was no point in calling for a fresh report. "There already are regulations that prohibit the acceptance of gifts," he said.

In his interview with the Sunday Express Mr de Kock said that evidence heard by the commission "has certainly made it clear that the Department of Hospital Services is a rich field, ripe for irregularities".

# Arrests for 'State Security'

THE first concrete evidence that a threatened coup was behind this week's turmoil in Ciskei surfaced during a brief court hearing in the Ciskei capital, Zwelitsha, on Friday.

Brigadier M B Madolo, acting head of the Ciskei Central Intelligence Service, said in an affidavit he had acted under the Ciskei National Security Act which provides for the detention of people who engage in activities which endanger the safety of the state.

He said 'prompt action' was necessary and that the arrests had nothing to do with the family feud known to be raging in Ciskei.

It involves President Lennox Sebe on one side and members of his own family, with their respective factions, on the other, including his half-brothers, the detained Commander-General Charles Sebe, and Mr Namba Sebe, Minister of Transport.

The Sunday Express can also disclose that one of the key figures arrested — Major General Tallefer Minnaar, security adviser to the Ciskei cabinet — had accompanied President Sebe on a visit to Israel.

The president cut short his

The chairman of the Federal Council of the Medical Association of SA, Professor Guy de Klerk, said he could definitely not go along with the commission's view of gifts to doctors.

Under no circumstances should a doctor, in private practice or in the provincial service, accept a gift or favour from a pharmaceutical company — whether it is in return for favours or not," he said.

Mr de Kock appears to have a remarkably candid approach to the regulations. He should have spelled out exactly what he proposes

"I recall that they were circulated again to all departments earlier this year by the provincial secretary. I have discussed the matter with Dr Steyn and he has agreed that all we can do is to bring the regulations to the attention of all officials again."

"We can only abide by the existing regulations, we cannot have new guidelines. We intend bringing the regulations very clearly to the attention of all officials and if there are then contraventions nobody can complain they did not know about them," Mr Cruywagen said.

Action was required promptly

official



President Sebe

BY JEAN DE WET

lowed later, and was detained on Tuesday — the day after his return on Monday from Israel.

Maj-Gen Minnaar is a former officer in the SA National Intelligence Service, and went to Ciskei as security adviser in 1979.

In the court hearing, before Mr Justice Pickard, ap-

postponed until tomorrow.

The applicants were: Mrs Mara Elizabeth Minnaar, for her husband; Mrs Nonafakathi Sebe for her husband, Col Kham-bashe Sebe, were "loyal and faithful" servants of Ciskei. She said that she believed the lives of her husband and son were in danger.

her son, Lieutenant Mubhele Xaba. Lis Toni and Cohn Sebe are the sons of Transport Minister Mr Namba Sebe, and Lt Xaba is the son of the acting vice-president, the Rev W M Xaba.

Mrs Minnaar said she was told the following day that her husband had been arrested and was being held in Mduntsane, the Ciskei town

of the Commander-General," he said. He gave instructions for the arrest of Gen Sebe and his son Khambashe on July 19, for Capt Twasa on July 16, for Capt Ndlabantu on July 18, for Brig Tamsanga on July 14, for Lt Xaba on July 18, and for Lis Toni and Cohn Sebe on July 20, he said.

"It was in the interests of the state that they should be detained," he said. It was not in the interests of the State or the public that reasons for the detentions should be made known, he said, nor that the detainees should receive visits.

"As for allegations that lives and health are in danger, I deny there is reason for this. They are being well treated and get better food than other awaiting-trial prisoners and detainees."

"Since then I have assumed the powers and duties

**I did not back the PW's**



260 183 93

# la row starts anew

the case of the head of the department, without the permission of the Minister or Administrator, a gift pecuniary or otherwise offered to him by a member of the public by reason of his occupying or having occupied a particular office or post in the service."

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Calling for a fresh report, Mr Gibson said the commission should now spell out exactly why it did not apply the regulation and what it now had in mind.

"Mr de Kock appears to have a remarkably candid approach to the regulations. He should have spelt out exactly what he proposes

should replace the regulation, if it for some reason no longer applies. Surely this is what the commission was all about," Mr Gibson said.

The Administrator of the Transvaal, Mr Willem Cruywagen, told the Sunday Express, however, that there was no point in calling for a fresh report. "There already are regulations that prohibit the acceptance of gifts," he said.

"I recall that they were circulated again to all de-

partments earlier this year by the provincial secretary. I have discussed the matter with Dr Steyn and he has agreed that all we can do is to bring the regulations to the attention of all officials again.

"We can only abide by the existing regulations. we cannot have new guidelines

"We intend bringing the regulations very clearly to the attention of all officials and if there are then contraventions nobody can complain they did not know about them," Mr Cruywagen said.

In his interview with the Sunday Express Mr de Kock said that evidence heard by the commission "has certainly made it clear that the Department of Hospital Services is a rich field, ripe for irregularities".

He referred the Sunday Express to his finding that, on the evidence, the former chairman of the Alumina group of pharmaceutical companies, Mr Isaac Kaye, "pursued success and in the process had no scruples about applying dishonest or unethical methods"

He also noted that the actions of the Alumina group's agents 'indisputably' showed that the group was prepared to pay officials if this would promote the group's interests.

"That was the situation I had in mind. In this situation it is natural to be suspicious. The province cannot afford to leave the matter so ill-defined," Mr de Kock said.

"The department should determine exactly what an official may receive. For instance, a business lunch and a bottle of whisky at Christmas — and what he may not accept.

"If an official may not take a lunch or a box of chocolates in return for a favour without first getting the permission of the provincial secretary, Dr Steyn, then the province must say so"

Gifts and benefits given to various Transvaal officials, according to documents submitted to the De Kock Commission, included:

TV sets, overseas trips for officials and their wives, cars, cash retainers, commissions, discounts on TV sets, washing machines and other purchases, cases of champagne, expensive bottles of perfume, weekends at hotels with lavish entertainment for officials and their wives, and dinners and nights at the opera for officials and their families

● See pages 18, 19

# Dr 'State security'

Action was required promptly' — official



● President Sebe

office of commander-general was now vacant and had not been filled, and since in terms of the National Security Act it was necessary for the commander-general to sign any detention warrant, she believed her husband was being held wrongfully.

Lt-Gen Sebe's wife, Mrs Nomafakathi Sebe, said in her statement that her husband and her son, Cpl Khambashe Sebe, were 'loyal and faithful' servants of Ciskei.

She said that she believed the lives of her husband and son were in danger.

In a replying affidavit Brig Madolo said he had been Commissioner of Prisons in Ciskei and that since July 15, he had been acting head of Ciskei National Intelligence Service

"Since then I have assumed the powers and duties

of the Commander-General," he said.

He gave instructions for the arrest of Gen Sebe and his son Khambashe on July 19, for Capt Twasa on July 16, for Capt Ndlabantu on July 18, for Brig Tamsanqa on July 14, for Lt Xaba on July 18, and for Lts Toni and Colin Sebe on July 20, he said.

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It was not in the interests of the State or the public that reasons for the detentions should be made known, he said, nor that the detainees should receive visits.

"As for allegations that lives and health are in danger, I deny there is reason for this. They are being well treated and get better food than other awaiting-trial prisoners and detainees."

## I did not back the PM's plan, says Alan Paton

AUTHOR Alan Paton, the former chairman of the now defunct Liberal Party, has rejected an interpretation of a speech he made last weekend at Woodmead school outside Johannesburg as supportive of the Prime Minister's constitutional proposals

In a statement from Gaborone where he has been on holiday he said I am told Mr Peter Brown and Mr Colin Gardner and Professor Tony Mathews have dis-

tanced themselves from me. Before taking any steps myself I think it is essential to know what caused them to do this

I can only suppose that it was due to reports appearing in the Press of my speech at Woodmead school including no doubt a headline in the Rand Daily Mail which said Dr Alan Paton backs PW plan' I did not write this headline, and it doesn't express my attitude at all" — Sapa.

Political Reporter

postponed until tomorrow. The applicants were: Mrs Mara Elizabeth Minnaar, for her husband; Mrs Nomafakathi Sebe for her husband Gen Sebe, and her son, Corporal Khambashe Sebe; Mrs Nondwe Sebe for her son, Lieutenant Toni Sebe; Miss Kholeka Nondlwana for Captain Joe Ntwasa; Mrs Evelina Tamsanqa for her husband, Brigadier H Tamsanqa, Mrs Nomambo Sebe for her husband, Lt Colin Sebe; and Mrs Ivy Xaba for

her son, Lieutenant Mbutelo Xaba.

Lts Toni and Colin Sebe are the sons of Transport Minister, Mr Namba Sebe, and Lt Xaba is the son of the ailing vice-president, the Rev W M Xaba.

Mrs Minnaar said she was told the following day that her husband had been arrested and was being held in Mdantsane, the Ciskei town outside East London

She said that since the

Active look discerning people



# Commission clears top provincial doctors

Sun. Exp. 24/7/83

93



● Dr Hennie Grové — no evidence that an allotment (of shares) influenced the awarding of tenders.

Reports by MARTIN WELZ AND WILMAR UTTING

evidence that this allotment (of shares) influenced the awarding of tenders, the commission found.

The commission condemned a report in the Sunday Express headlined "Grové linked to Kaye empire" just because they held shares in the same company, saying it was misleading.

The commission found that evidence of a trip allegedly made to the Greek Islands by Dr and Mrs Grové at the expense of Continental Ethicals in 1978 or 1979 "must have referred to another Dr Grové". It found that while Dr and Mrs Grové (the director and his wife) had visited the Greek Islands, this trip had taken

place in 1975 and had been paid for by Dr Grové.

The commission was satisfied from the records that all the hospital's tenders had been properly handled in terms of tender regulations.

While this was not specifically provided for in the regulations, special tender advisory committees consisting of doctors and professors in the department's service had assessed tenders and made recommendations to the Tender Board. This procedure, the commission found, was an added safeguard against irregularities taking place.

Dealing with the evidence concerning Dr Grové, the commission noted that Dr

Grové had admitted obtaining a TV set at wholesale price from Mr Kaye, purchasing a washing machine making use of an Alumina company buying order to get it wholesale, and using the 'Makro' card of an Alumina director to buy goods wholesale.

"It is general knowledge that people acquire things at cost with the help of those in a position to help. It is also general knowledge that when Ministers of State open certain homeland legislative assemblies they are handed gifts."

In the case of officials receiving gifts, the commission found that both the giving and the receipt of a gift

must be in relation to the work of the official. There must be a guilty intent before a crime is committed.

"With regard to the favour accepted by Dr Grové, the allegation is clear: it could promote influence. In a community, experience has taught there will always be those that come to the conclusion that there was influence and that there is advantage to the giver.

"Judged objectively, however, there was absolutely no evidence led from which it could be deduced that Dr Grové was influenced. What ever Mr Kaye's intentions might have been, the commission is satisfied that Dr Grové did not receive the fa-

vours in relation to his work, and that there was no guilty intent on his part.

"Dr Grové is a senior official with an annual income in salary and allowances totalling over R41 000. It is highly improbable that he would squander his honour and integrity for a measly few hundred rand."

Referring to the Sunday Express "banner headlines" report on contaminated intravenous fluids supplied to the province by an Alumina subsidiary, Labethica, the commission said the allegation was that this serious situation had not received immediate attention.

However, the commission found that the province had

acted immediately it was informed by the Medicines Control Council of the contamination by telephonically advising hospitals to freeze their stocks and obtain replacements from another company.

This instruction had been confirmed in writing two weeks later.

Dr Grové had impressed the commission as an honest and reliable witness, the report said. The commission was satisfied he had not been influenced.

Dealing with allegations concerning Dr Schepers, the commission said while he had admitted receiving a TV set wholesale from Mr Kaye there was no evidence he

was in any way influenced in the awarding of tenders.

While evidence indicated that Dr Schepers had been entertained countless times by an Alumina director, Mr William Kennedy, both men had said they were bosom friends and that this entertainment, although done at the company's expense, was not related to business.

Dealing with an invitation from the Israeli Board of Trade to visit Israel, the commission noted that Dr Schepers had taken his wife along instead of the other doctor invited, Professor Funston, without informing Dr Grové.

This action was wrong and reprehensible, the commission said. Dr Schepers had put his own interests above those of the province.

An unauthorised extension of this trip at the expense of a company was clearly to acquire further knowledge to the advantage of the province, and the commission accepted Dr Schepers had acted in good faith in this regard.

He should, however, have sought approval subsequently.

# One Sunday Express report condemned

The De Kock Commission condemned the Sunday Express for one of its reports on the medical scandal published earlier this year, saying it was "misleading".

The Sunday Express reported linked Dr Hennie Grové to the 'Kaye empire' — a group of pharmaceutical companies known as the Alumina group which was headed by Mr Isaac Kaye.

It said Dr Grové was a former business associate of two of the leading partners and shareholders in the Alumina group, Mr Kaye and his

The commission noted that "an official is also human and entitled to live a normal life" and said it could find no fault with Dr Grové's actions. There was absolutely no evidence that his shareholding had influenced the award of tenders.

The commission did not

mention the partnership agreement between Mr Kaye and Mr Tabatznik. Nor did it mention that Banstan and Copybook had in fact never traded with the province and were not involved in the tender market for medical products.

The only companies that

did enter the Transvaal tender market for medical products in 1975 were Amilkay and Labethica, the two Alumina companies in which Mr Tabatznik and Mr Kaye were partners, major shareholders and co-directors.

Mr Tabatznik told the Sun-

day Express in a statement which he examined for accuracy before publication that he had suggested to Dr Grové that he sell his shares in Banstan and Copybook because Labethica — not Banstan or Copybook — was about to trade with the province.

However, the relationship between these companies is not clarified by the commission's report which does not deal with the implication that Mr Tabatznik and Dr Grové saw a link between the companies, or they would have had no reason to sever it.

headed by Mr Isaac Kaye.

It said Dr Grové was a former business associate of two of the leading partners and shareholders in the Alumina group, Mr Kaye and his partner, Mr David Tabatznik.

Dr Grové was allotted 2 000 shares in one of Mr Tabatznik's companies, Copybook Investments (Pty), in 1966 and in 1972 he was allotted 2 000 shares in another Tabatznik company, Banstan (Pty). Both these companies own or hold interests in private hospitals and sanatoriums. The commission found he paid for the shares.

Other shareholders in these companies included Mrs Maria Brink, wife of Professor A J Brink, also a director of an Alumina subsidiary, and Mr Kaye himself.

Mr David Tabatznik, besides being chairman of Copybook and Banstan, was also a director of two of the Alumina group's largest subsidiaries, Amilkay and Labethica.

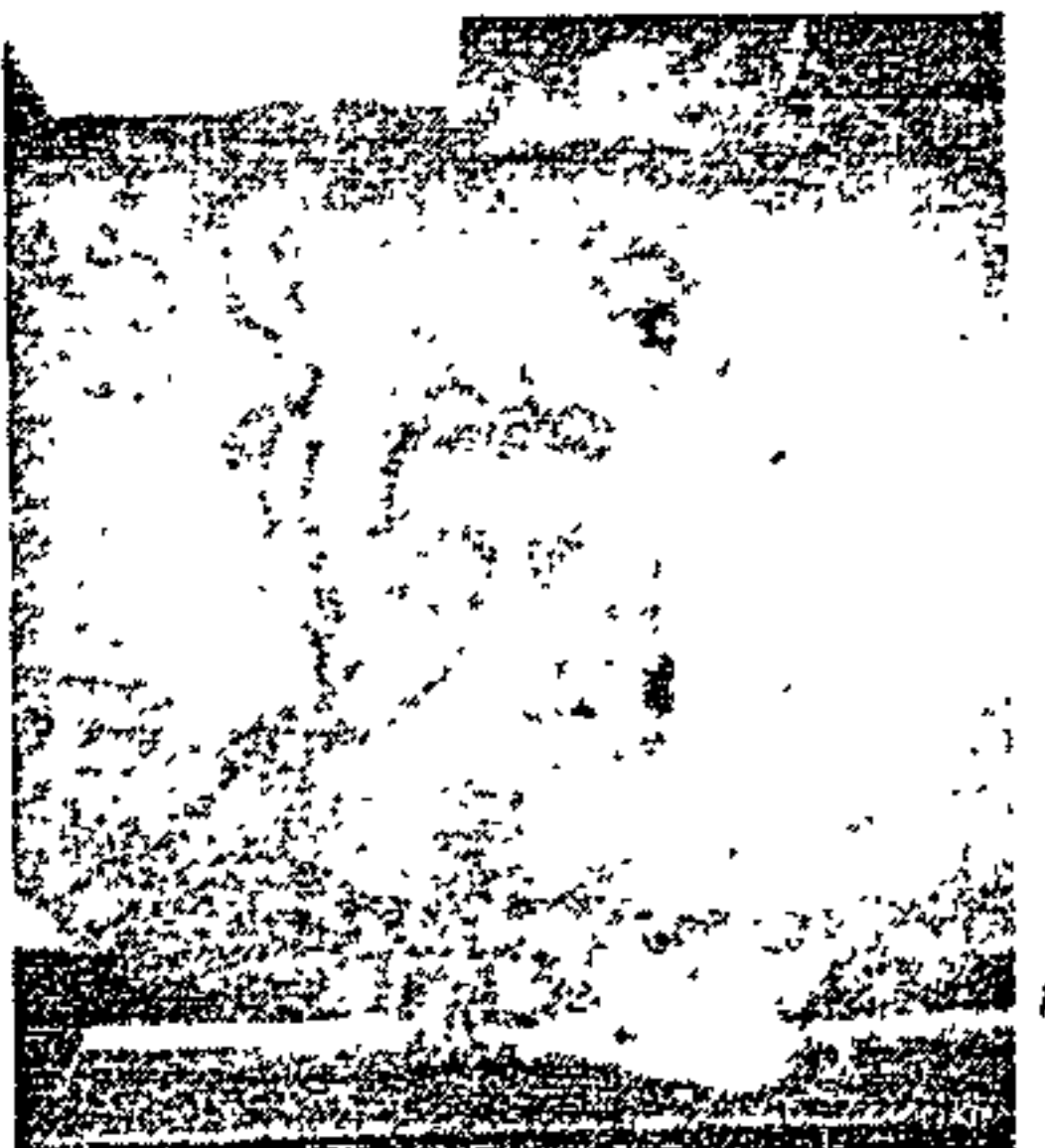
All the companies in the Alumina group were, or became, major suppliers to the Transvaal Department of Hospital Services.

The De Kock commission accepted Dr Grové's explanation that he had been unaware that Mr Kaye also held shares in Banstan and Copybook at the time. Neither company had traded with the province.

According to the commission Dr Grové and Mr Tabatznik had an agreement that if the companies entered the Transvaal tender market Dr Grové would be informed. This had occurred in 1975 and Dr Grové had sold his shares.



# Gifts didn't influence Grové or Schepers



● Dr Gerrit Schepers — admitted receiving a TV set wholesale but there was no evidence he was influenced in the awarding of tenders.

A COMMISSION of inquiry appointed to investigate aspects of the gift-giving scandal in the medical industry, this week exonerated Dr Henrie Grové, Director of Transvaal Hospital Services, and his deputy, Dr Gerrit Schepers, saying they had not been influenced by favours they received.

The commission said that Dr Schepers's action in taking his wife along on an overseas trip sponsored by a pharmaceutical company had not been in the interests of the province, and he was at fault for not obtaining approval for a trip to Sweden.

would lead to ties of friendship.

However, it suggested that the Transvaal Provincial Administration consider drawing up "clear guidelines" for officials to accept gifts and benefits.

Mr Lourens de Kock was appointed as a one-man commission by the Administrator, Mr Willem Cruywagen, after reports on medical gift-giving by the Alumina group of pharmaceutical companies headed by Mr Isaac Kaye were published by the Sunday Express of February 6 and February 13.

He found that the actions of Alumina's agents in Natal, the Cape, Namibia and Transvaal demonstrated indisputably that the group was prepared to pay officials if this could promote the interests of the company.

The commission was, however, required by its narrow terms of reference to make a finding only on whether gifts, and favours received by the doctors from the Alumina group could have benefited the companies in the awarding of tenders for the supply of medical equipment to the

province.

In his report Mr de Kock said his inquiry centered around 11 main allegations against Dr Grové, and four allegations against Dr Schepers.

Of the 11 allegations against Dr Grové listed by the commission, three emanated from reports in the Sunday Express or evidence by Sunday Express reporters. Two of the four allegations against Dr Schepers came from the Sunday Express.

The allegations concerning Dr Grové that emanated from the Sunday Express were:

- That until 1975 he had been a shareholder in two private hospital companies, Banstan (Pty) and Copybook Investments (Pty), controlled by Mr David Tabatznik, a director of and major shareholder in companies in the Alumina group, and a partner of Mr Kaye. Other Alumina directors and shareholders also had interests in Banstan and Copybook at the same time.
- That he had acquired a TV set and a washing machine wholesale through Mr Kaye and the Alumina companies.
- That Dr Grové had hesitated to take action against an Alumina company that supplied the province with intravenous fluids when it

was discovered that the fluid packs were defective and possibly dangerous to health.

Other allegations, made by witnesses to the commission, included making use of an Alumina director's 'Makro' card to buy goods wholesale using the company's name, taking a holiday trip with his wife to the Greek Islands paid for by an Alumina company, favouring Alumina companies above their competitors in tender allocations and by giving information to Alumina in advance, to the detriment of its competitors.

Sunday Express allegations concerning Dr Schepers were:

● That he had obtained a TV-set wholesale through an Alumina company.

● That he had undertaken an extended overseas trip with his wife, paid for by Alumina companies.

Other allegations made in evidence were that Dr Schepers was excessively entertained by Mr William Kennedy, the managing director of an Alumina company and that he had awarded a tender for silver recovery (from used X-ray film) to an Alumina company in such a manner that the province had suffered large financial losses.

The commission said it

was common cause that Dr Grové was allotted 2 000 shares in each of two companies, Banstan (Pty) and Copybook Investments (Pty), in 1973 and that he had paid for them. These companies were controlled by Mr D Tabatznik, but the companies did no trade with the province.

In his evidence Dr Grové had said that he had not been aware that Mr Kaye (who did trade with the province) was also a shareholder in these companies. The commissioner found that even if he had been aware of this, there would have been "no harm in it".

There was absolutely no

## More allegations but no proof

THE commission assessed evidence which suggested that Mr Isaac Kaye and the Alumina Group were given preference or had unusual influence in the Transvaal Department of Hospital Services.

Mr Malan du Preez, a former assistant director of Hospital Services, had testified that there was a "feeling" in the department that the Alumina companies were favoured above others. Mr du Preez was, however, unable to substantiate this view, the commission found.

Mrs Annette Geiling (the official in the department responsible for administering informal tenders) had gone out of her way to be of assistance to Mr

companies as well. The commission also noted that she denied that the gifts were always as big as was reflected on the invoices presented to the commission.

Mr Jimmy de Villiers, a former director of one of the Alumina companies, alleged in his evidence that Mr Peter Goldberg and Mr Kaye would "see things right" with senior officials in the department. But, he too, the commissioner found, based this claim on hearsay.

In a letter, remembered as "arrogant" by Mr du Preez in his evidence, Mr Goldberg wrote to Dr Grové in October 1979 objecting to the award of certain informal tenders to a competi-

after he had seen it and the original could now not be traced.

In a Sunday Express interview Mr Goldberg was quoted as saying: "Top officials in Pretoria, such as Dr Grové and Dr Schepers, would phone me for advice. They knew I would sort them out."

The commissioner interpreted this statement as meaning that Mr Goldberg would "put them in their place". In his evidence Mr Goldberg had vehemently denied making the statements attributed to him in the Sunday Express.

"If the Sunday Express report is correct, it reflects a sad state of affairs that Dr Grové and Dr Schepers should phone a vain char? (verwande

### QUOTE

The handing over of a gift, as such, is not an offence. What is of importance, however, is not only the spirit in which it is given but also the spirit in which it is accepted.



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● Mrs Annette Geiling (the official in the department responsible for administering informal tenders) had gone out of her way to be of assistance to Mr William Kennedy, the managing director of an Alumina company, from whom she had received many gifts.

The commission, however, found that she appeared a "helpful sort of person", and accepted her statement that she had helped people from other

companies as well. The commission also noted that she denied that the gifts were always as big as was reflected on the invoices presented to the commission.

● Mr Jimmy de Villiers, a former director of one of the Alumina companies, alleged in his evidence that Mr Peter Goldberg and Mr Kaye would "see things right" with senior officials in the department. But, he too, the commissioner found, based this claim on hearsay.

● In a letter, remembered as "arrogant" by Mr du Preez in his evidence, Mr Goldberg wrote to Dr Grové in October 1979 objecting to the award of certain informal tenders to a competitor. The letter (a copy of which was found in Mr Goldberg's correspondence files seized by the commission), concluded: "I trust you will go into this matter and prevent a repetition".

However Mr du Preez could not recall what had become of the letter

after he had seen it and the original could now not be traced.

● In a Sunday Express interview Mr Goldberg was quoted as saying: "Top officials in Pretoria, such as Dr Grové and Dr Schepers, would phone me for advice. They knew I would sort them out."

The commissioner interpreted this statement as meaning that Mr Goldberg would "put them in their place".

In his evidence Mr Goldberg had vehemently denied making the statements attributed to him in the Sunday Express.

"If the Sunday Express report is correct, it reflects a sad state of affairs that Dr Grové and Dr Schepers should phone a vain chap (verwaandvent) such as Mr Goldberg — and Goldberg says: They knew I would put them in their place," the commission said.

"But in the end, when I indicated that I intended recalling the Sunday Express reporters for further questioning, Mr Frans Roets, leading evidence, informed the commission that the Sunday Express had conceded that its reporting was wrong. What was intended was that Mr Goldberg would sort out problems," the commissioner said.

Now a new picture emerged with which no fault could be found, the commission found. "But Dr Grové and Dr Schepers remain tarnished by the newspaper report. There is much of the newspaper reports that does not reflect a true image," the commissioner said.

## Misunderstanding over denial

THE De Kock Commission said the Sunday Express had admitted to incorrectly reporting an interview with Mr Peter Goldberg, company secretary and accountant in the Alumina Group of pharmaceutical companies.

The Sunday Express had reported that Mr Goldberg said he was frequently called for advice by Dr Grové and Dr Schepers and he would "sort them out". Mr Goldberg denied making the remark.

To help shorten the proceedings, the Sunday Express explained to Mr Frans Roets, who was leading evidence to the commission,

that in the context of the interview with Mr Goldberg the latter had used the expression "sort them out" as meaning sorting out their problems.

Mr Goldberg had been reported accurately, and the entire report of the interview had been read to him and passed by him before publication.

It appears that Mr Roets misunderstood this explanation and told the commissioner the Sunday Express had admitted an error, which in fact it had not. Had the Sunday Express been aware of the misunderstanding it would have testified on this point to the commission under oath.



# Masa's work for detainees 'worthless'

Mall Reporter

THE Medical Association of South Africa has come under attack for its response to the Government's rejection of some of its recommendations on the treatment of detainees.

In two separate letters in the latest edition of the SA Medical Journal, the Detainees' Parents Support Committee (DPSC) and a group of doctors from Groote Schuur Hospital in Cape Town both criticise Masa for not insisting that detainees be allowed access to independent doctors and be watched by a non-State monitoring system.

The two groups also insist that Masa pushes for the right to establish a doctor's review committee for the further protection of detainees.

Masa recently released a report on the medical treatment of detainees. Its recommendations that detainees be given access to independent doctors and be watched by a doctor's peer review committee were rejected by the Government.

In a letter in the journal, signed by Dr J S Davidson, Dr S E Kahn, Dr B Tayner, Dr N S Levitt, Professor F R Ames, Dr P B Disler and Dr P Bonafede, "deep concern" is expressed about Masa's apparent satisfaction that the Government has accepted all but two of its recommendations for the treatment of detainees.

The doctors asked that Masa insists on having those two exceptions accepted by the Government "for the proper protection of detainees".

"If Masa is to tackle the problem seriously, it must insist that the minimum requirement is to give detainees access to a monitoring system outside the State apparatus.

"To this end, it must insist on legally enforceable access of detainees to independent medical practitioners and the institution of an effective peer review committee.

"Anything less can achieve very little," the doctors concluded.

"One recalls that only a few days before the

death in detention of Dr Neil Aggett, the Minister of Law and Order had assured Parliament of the care and safeguards accorded to detainees," the seven doctors wrote.

"At that time, detainees were not being tortured, were being examined by district surgeons, were being monitored closely for suicidal tendencies and were not held in solitary confinement.

"It was and has always been security police practice to interrogate detainees with more than one security policeman present.

"Yet Dr Aggett died, as have several others since then, while numbers of detainees have been hospitalised for psychiatric care (the most recent only in the past month)"

In his answering commentary, Professor J N de Klerk, chairman of Masa's Federal Council, labelled as "completely unfeasible" the doctors' appeal that detainees be monitored by a system outside the State apparatus.

"All we can do is to arrange that a detainee has access to his own private doctor in the presence of a district surgeon

"This we will continue to fight for, as well as for a peer review committee," he wrote.

Dr J G Frankish, writing on behalf of the health sub-committee of the DPSC, supported the Groote Schuur doctors' stand and criticised Masa for not challenging the system of detention itself.

Prof De Klerk replied that he did not consider it the function of Masa to challenge the detention system itself. "This falls more within the realm of the legal profession," he wrote.

A spokesman for the DPSC said yesterday that it would strongly disagree with a peer review committee that did not fall outside the State apparatus.

If it was to be appointed by the State, then this was not a positive recommendation at all, he said.

All the other recommendations accepted by the Government were worthless without independent monitoring.

# World body told of SA's psychological terrorism'

By SIMON BARBER  
Washington Bureau

A FORMER South African psychiatrist this week accused the Government of committing "psychological terrorism" against blacks and urged that South Africa be expelled from international medical bodies.

Dr John Dommissie, a former Medical Officer of Health in Worcester now practising in Portsmouth, Virginia, levelled his charge at a meeting of the World Federation of Mental Health in Washington. Describing the mental effects of apartheid, he said: "If you hit a dog with a stick sufficiently often, it will cower just when you raise the stick.

"Apartheid has a direct result on the ego and self-esteem of its victims, it makes them feel they are naturally inferior," he told a panel in an address entitled "Institutionalised Violence and the Responsibility of Mental Health Professionals.

"Torture and solitary confinement have caused many breakdowns, suicides and other more subtle mental effects," he said.

"This year," he said, quoting a study by the World Health Organisation published in April. "60 000 black South African children will die from malnutrition or related diseases"

Dr Dommissie, whose family traces its roots in the Cape back to Governor Willem Adrian van der Stel, was fired as Worcester MoH in 1974 when he criticised the treatment of black tuberculosis cases.

He appeared recently before the World Psychiatric Association meeting in Vienna, which has been considering the expulsion of Soviet doctors.

"The Soviets lock up thousands of dissidents in psychiatric institutions. Apartheid affects millions," he said.



# Apartheid hits health of blacks, says doctor

4/29/83 (C3)

An expatriate South African psychiatrist, Dr John Dommissie, has called for an international censure of South Africa's medical bodies because of their silence over the adverse effects of apartheid on the health of black people.

Dr Dommissie, at one time Medical Officer of Health of Worcester in the Cape, is now a practising psychiatrist in the town of Portsmouth, Virginia.

He told a meeting of the World Federation for Mental Health in Washington that apartheid affected the people of South Africa — black and white — mentally as well politically, socially, economically, and physically.

In a prepared paper, Dr Dommissie said apartheid had the effect of humiliating blacks and inducing arrogance in whites.

It disrupted family life through the contract labour system and was responsible for the stunted brain development and behavioral effects that resulted from inexcusably widespread childhood malnutrition in a wealthy country, the world's sixth-largest food exporter.

He said apartheid was the cause of distortions and differentiations in personality development on racial lines, and was behind the mental breakdowns and suicides that followed the physical and mental torture to which security police detain-

## Former Worcester health officer calls for censure of South Africa, reports Neil Lurssen of The Star's Foreign News Service from Washington

ees were subjected while under interrogation.

He claimed that mental health services for blacks were grossly inferior to those for whites, especially in out-patient services and rural areas.

"Psychiatrists, other mental health professionals, physicians and others who should know better, have been largely silent in the face of all this and should be urged to take a principled stand on the public health implications of the apartheid policy," said Dr Dommissie.

Dr Dommissie presented similar views at the World Congress of Psychiatry in Vienna earlier this month.

In an interview in Washington he said he had lost his job as Medical Officer of Health in Worcester because he had objected publicly to the facilities available there for the treatment of tuberculosis in black people.

He told the World Federation that malnutrition in South Africa was responsible for mental problems among thousands of people.

"The psychosis that forms part of the deficiency disease, pellagra, is thought to be at least partly due to

depletion of the neurotransmitter, serotonin," he said.

"This event occurred 26 000 documented times in South Africa in 1976, the last year the Government published such figures because of the embarrassment they caused."

In 1981, it was reported that South Africa produced 112 percent of its own food needs. Yet, some 60 000 black babies died of malnutrition and its effects every year.

"And while food-fortification of various substances, like niacin and folic acid, have been recommended as cheap ways of preventing these widespread physical and mental debilities, the Government has not carried these out, because they would not benefit the whites," said Dr Dommissie.

He said the Medical Association of South Africa focused almost exclusively on the "diseases of affluence" that its white patients suffered, or on the war injuries sustained by the mostly-white military forces.

And he accused MASA's subsection, the Society of Psychiatrists of South Africa, of remaining silent about the negative mental effects of apartheid.

# TPA likely to remind officials of gifts law

By GEOFFREY ALLEN

A MEMORANDUM is likely to be sent to Transvaal Provincial Administration officials reminding them of a 26-year-old law against accepting gifts from the private sector.

This possibility follows a four-month commission of inquiry into alleged misconduct by two senior TPA officials.

The De Kock Commission, which investigated alleged misconduct by the Director of Hospital Services, Dr Hennie Grove, and his deputy, Dr Gherhard Schepers, recommended that precise guidelines should be laid down for the acceptance of gifts or favours by Administration officials.

Yesterday, spokesmen for both the Public Servants Association of South Africa and the Commission for Administration said that the recommended guidelines already exist.

Meanwhile, Provincial officials are still working out the cost of the commis-

sion conducted by Mr L V de Kock, following reports by a Sunday newspaper that the two doctors had allegedly misconducted themselves in the course of their work.

A TPA source said the Administrator of the Transvaal, Dr Willem Cruywagen, still had to decide on the commission report and what action to take.

However, the source said it was most likely that a memorandum would be circulated to staff reminding them of the law relating to the acceptance of gifts.

The commission report tabled last week found that the doctors had accepted assistance from the giant Alumina Group of pharmaceutical and medical equipment supply companies in purchasing goods at wholesale prices, but that they had not been influenced, nor had they in turn influenced the awards of huge tender contracts as a result.

According to the Public Service Act No 54 of 1957, it is an offence for any officer "to accept (or demand) without

the permission of the Minister or Administrator in respect of the carrying out of or the failure to carry out his duties any commission, fee, or reward, pecuniary or otherwise, or fails to report to his head of department or the Minister or Administrator the offer of any such commission, fee or reward."

A spokesman for the Commission for Administration confirmed that the rule applies equally to public servants and officers of the TPA.

If an official is found guilty of accepting any reward in terms of the Act, he can be suspended and be made to pay back the money he has gained.

"It is a very serious rule," the spokesman for the Public Servants Association said.

He said that he did not think that expensive business lunches could be included in the definition of gifts because they were had in the course of working.

The De Kock Commission found that neither of the two doctors under scrutiny had been guilty of any misconduct.



Army docs to help Bara

93

29/7/83

1204

By HELENE ZAMPETAKIS

MILITARY doctors will be sent to Baragwanath Hospital on Monday — as a first step towards easing the critical shortage of medical staff at Africa's largest hospital.

Dr Sampie Cronje, deputy superintendent of the hospital, said yesterday the senior deputy director of the hospital Services, Dr H van Wyk, had approached the Surgeon General of the South African Defence Force, Lt Gen Nicol Nieuwhoudt, for help.

This followed a meeting last week in which authorities heard complaints and proposals from severely strained doctors at the department of medicine.

Reports of overcrowding — with more than double the maximum capacity of patients sleeping on floors — and a shortage of more than 75% of senior housemen emerged from angry departmental doctors last week.

Dr Cronje said yesterday that the four military doctors could be joined at the end of next month by an additional contingent as a temporary measure to relieve the winter stress on the department.

And the Director of Hospital Services, Dr Hennie Grove, had agreed to create two posts of electro-cardiographic (ECG) technicians to take the burden off junior housemen, who had been handling all ECGs as well as other duties.

Negotiations were underway for another 27 beds and mattresses to be moved into wards 55 and 56 if it was acceptable to nursing staff. Baragwanath Hospital would not be paying the military doctors' salaries, but had already arranged accommodation for them and would provide them with protective clothing and meals.

"This has been arranged as a temporary measure. Hopefully the load will decrease in September as summer approaches," Dr Cronje said. Earlier this week Dr Cronje told the Mail that Baragwanath Hospital was "stretched to its limits" and there was no prospect of acquiring additional land for expansion.

However, an investigation into overcrowding in other departments, such as the surgery and gynaecology departments, had revealed that the problem there was "not as significant".

Overcrowding was a "long-term" problem and authorities could only inform Dr Grove of the increasing load on the hospital.

"Our funds are tight and we won't be able to get any more money. We are tied to our current financial budget," Dr Cronje said.

But there would be "immediate relief" for the understaffed medicine department which had only five of its 22 senior houseman posts filled.

Officials not  
~~26~~ ~~183~~ (93)  
confused  
RDM 30/7/83  
spokesman

Pretoria Bureau

THE Transvaal Provincial Administration had not been thrown into confusion by the contents of the De Kock commission report, says the province's liaison officer, Mr A Byrne.

He was reacting yesterday to Press articles that TPA officials were confused by the report.

The De Kock report had been accepted in its entirety by the Administrator, and the comments contained in it would receive attention, he said.

"I wish to state emphatically that no action is contemplated against either Dr Grove nor Dr Schepers or any other official in the TPA, as the report is quite clear that no misconduct had taken place and no offence had been committed", he said.



31/7/83 ~~SP~~ ~~SP~~ 93 ~~SP~~ City Press

# 'ONLY BULLDOZERS WILL MOVE ME'



● Dr Asvat ... staying.

"THEY will have to bring in bulldozers to remove me from my surgery, or else I will not move," said Dr Abubaker Asvat.

Dr Asvat has been ordered to move out of his surgery opposite Regina Mundi in Soweto by Sunday by West Rand Board chief director, C J

Bezuidenhout.

Dr Asvat, Azapo's chief health spokesman, has been practising at the surgery for 13 years and has become a father figure to many squatters in the area.

This week, Dr Asvat had another quarrel - with Pimville township

manager T F Bronkhorst at the squatters' camp.

Bronkhorst ordered him out of the area while Dr Asvat was attending to some squatters he had rehoused in a disused bus.

Bronkhorst ordered two of his police to eject him and said that he was trespassing.



● Hardly Sun City, but a home for these squatters.



S. Express 3/2/83

# TPA to enforce ban on gifts to officials

Reports by  
**WILMAR  
LITING**

THE Transvaal Provincial Administration (TPA) will now reimpose, in full force, standing regulations which prohibit any of its officials from accepting gifts unless they obtain proper permission.

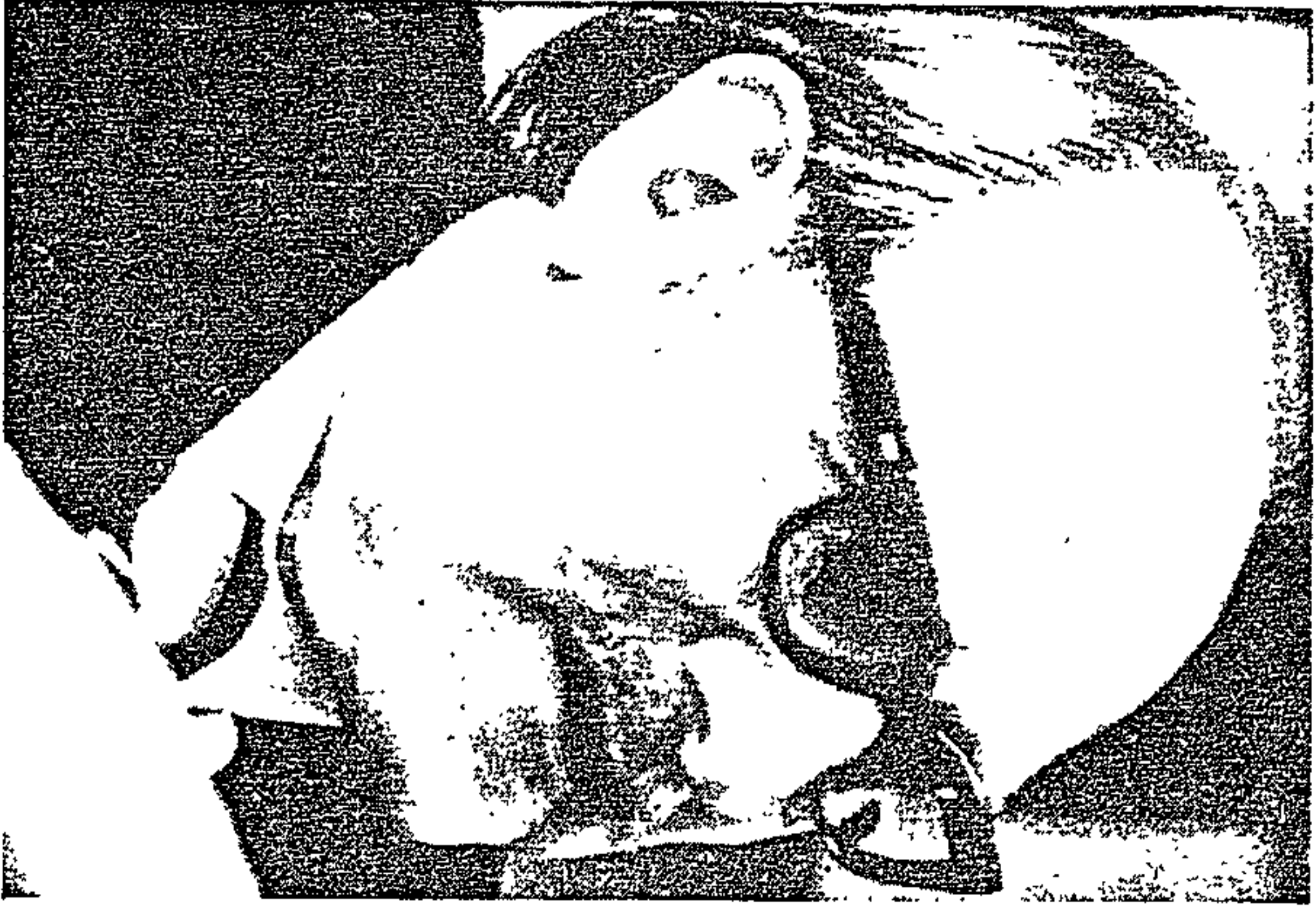
Officials who contravene the ban will face a departmental inquiry, and, if found guilty of misconduct, will be liable to penalties ranging from a reprimand to dismissal from the service.

However, the administration is not considering action against officials who were recently found by the de Kock commission of inquiry to have accepted gifts and favours from a group of pharmaceutical companies.

This was announced in a statement issued on Friday by the TPA's liaison officer, Mr A Byrne.

The statement denied a Sunday Express report which said the findings had shown "utter confusion in the administration".

"The report of the de



● Administrator Mr Willem Cruywagen says it's not possible to reopen the commission.

ing by officials without per-

## THE REGULATIONS

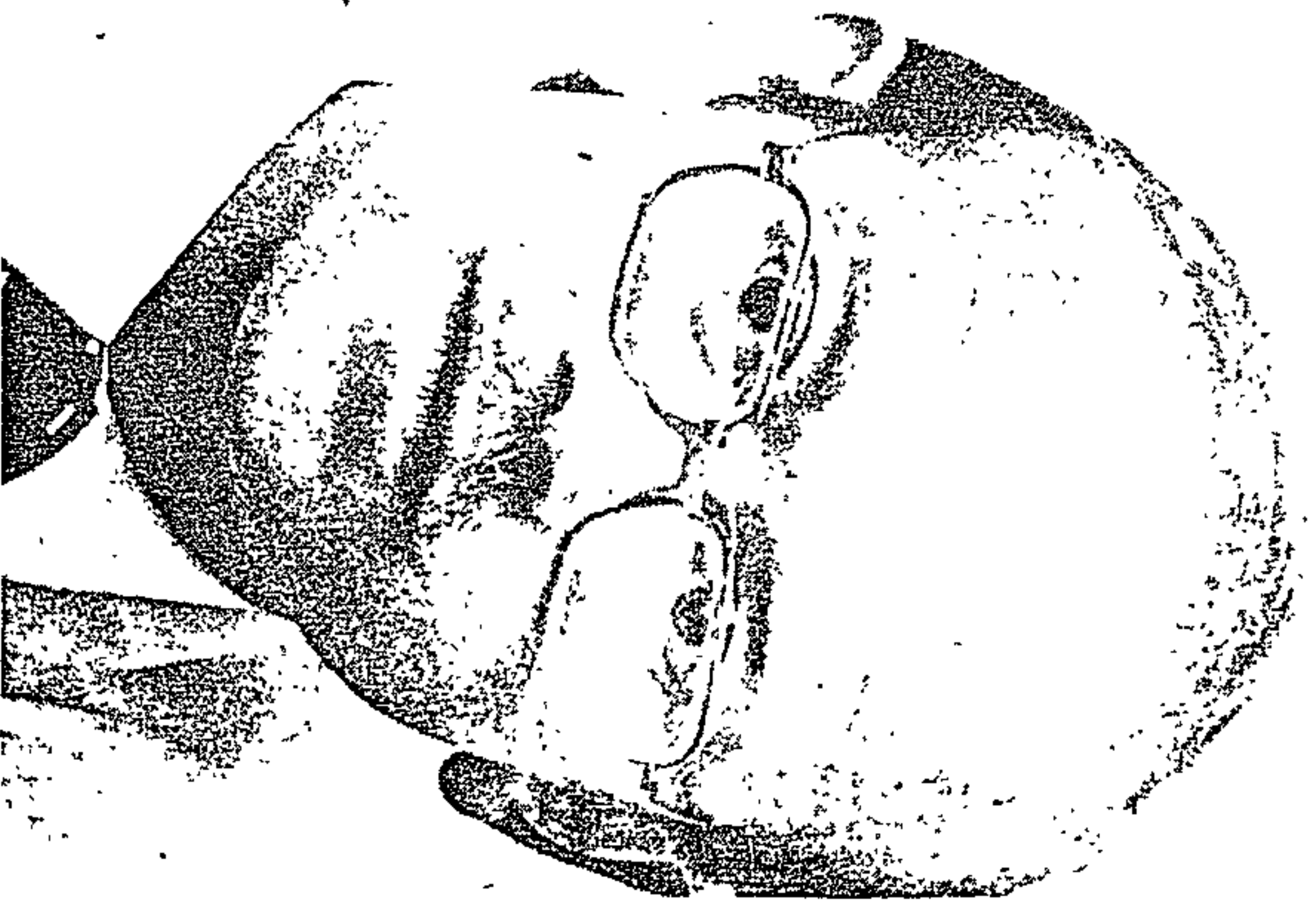
THE RULES now reimposed for all officials of the Transvaal Provincial Administration:

Public Service Regulation A/1/1: "An officer or employee shall not accept, without the permission of the head of a department, or in the case of the head of a department, without the permission of the Minister or Administrator, a gift, pecuniary or otherwise, offered to him by a member of the public by reason of his occupying or having occupied a particular office or post in the public service."

Public Service Act, 1957, Section 17 (n): "An officer shall be guilty of misconduct if he or she accepts, without the permission of the Minister or Administrator, or demands . . . any commission, fee or reward, pecuniary or otherwise, not being the emoluments payable to him in respect of his duties, or fails to report to his head of department, or if he is the head of a department, to the Minister or the Administrator, the offer of any such commission, fee or reward, and disciplinary action may be taken against him."

- Public Service Act, 1957, section 18, says that if an officer is found guilty of misconduct, the head of the department or the commission may recommend that:
  - The officer be cautioned or reprimanded, or
  - A fine be imposed by deductions from his salary, or
  - He be transferred to another post, or
  - He be demoted and his salary reduced, or
  - He be discharged or called on to resign.

In addition, Section 24 (4) says that where any remuneration, allowance or other reward whatsoever is received by an officer or employee in connection with the performance of his work in the public service, apart from his salary, such officer or employee shall pay into the State Revenue Fund an amount equal to the amount of such remuneration, allowance or reward, or where it does not consist of money, the value thereof as determined by the head of the department in which he was employed at the time of the receipt thereof, and if he does not do so, it shall be recovered from him by the said head by legal proceedings."



● Mr Douglas Gibson says an impression has been created that "it is open season".

Any attempts to bring the portance was not only the Public Service Regulation Dr Willem Steyn, provin-



administration".

"The report of the de Kock commission has been accepted in its entirety by the Administrator, and the findings contained therein will receive attention," the statement said.

The Public Service Regulations (which ban gift-taking

by officials without permission except under penalty) would once again be brought to the notice of officials, not only for "their own protection, but in the interests of the province as a whole".

"I wish to state emphatically," the statement said, "that no action is contemplated against either Dr Hennie Grové (director of the department of hospital services) or Dr Gerrit Schepers (deputy director), or any other official in the Transvaal Provincial Council."

Any attempts to bring the administration, or any of its officers into disrepute after the findings of the commission had been published were to be regretted, the statement said.

The statement has further added to the confusion caused by the findings of Mr Lourens de Kock, who was appointed to probe possible misconduct by officials who accepted gifts and favours.

Mr de Kock made no reference to the contravention of the regulations in his findings, but in a subsequent interview said he had decided to ignore them because "nowhere in the public service are they applied".

The giving of gifts was not an offence, the commission said. What was of im-

portance was not only the spirit in which they were given but also the spirit in which they were received.

Without referring to standing regulations, he suggested in his findings issued on July 20 that the province draw up guidelines for its officials, particularly of Hospital Services which, he said, was a "very rich field, ripe for irregularities".

However, on February 17, answering questions from the Opposition in the provincial council on the council's attitude to gift-giving, Mr Fanie Schoeman, MEC, said "it had not been found necessary in the past" to take action against officials as far as the acceptance of gifts was concerned.

Mr Schoeman quoted

Public Service Regulation A/11/1 which categorically states that no official shall accept any gift from a member of the public without permission.

He also quoted Section 17(n) of the Public Service Act of 1957 which forbids any official to accept a fee or reward without permission.

These had been circularised to all officials in November 1974, he said.

Commenting on the de Kock commission findings, TPA leaders said they were puzzled.

Mr Daan Kirstein, MEC in charge of hospital services, said he did not know what the commission meant. There were already strict conditions laid down.

Dr Willem Steyn, provincial secretary, said the administration could not accept the suggestion made by the de Kock commission because the province did not have the power to draft new regulations.

The leader of the Opposition in the provincial council, Mr Douglas Gibson, called for a fresh report from the commission so that it could spell out its proposals in detail.

"The present position should not be allowed to continue for a moment longer because an impression is being created that it is open season, and that companies and other interested parties can give gifts to provincial officers who can in turn accept them with impunity," Mr Gibson said.

The Administrator, Mr Willem Cruywagen, said it was not possible to reopen the commission for a further report, nor could the province reframe new regulations or guidelines, since they already existed.

All the administration could do, he said, was bring the regulations again to the attention of all officials.

"If there are then contraventions, nobody can complain they did not know about the regulations," Mr Cruywagen said.

● Gifts and benefits given to Transvaal officials according to documents before the de Kock commission, included TV sets, cars, cash retainers, commissions, discounts on TV sets, washing machines and other goods, cases of champagne and other liquor, expensive perfume, weekends at hotels for officials and their wives, dinner and nights at the opera for officials and their families, and overseas trips for officials and their wives.

(93) 11/8/83

# Wits issues guidelines on gifts to medical staff

By HELENE ZAMPETAKIS

GUIDELINES for staff who are offered gifts have been sent to academics at the University of the Witwatersrand, in the wake of the recent furore over "sweeteners" to medical lecturers.

Circulars sent to Wits academics last week stressed that any gifts extended to staff should benefit the university as a whole and any donations should be paid into a university fund.

The dominant guidelines were that staff should consider the example they set to students and take into account the impression that was created as well as the legality of their actions.

The circular says "The council assumes that a member of staff acts honourably and would not jeopardise his academic or personal integrity by accepting gifts which are tantamount to bribes."

"In the university sphere,

the concern is whether commercial gifts to academics might have the appearance, the potential, the outright intention or the actual effect of influencing the recipient's scientific and critical judgment of the donor's wares."

It added that members of the joint medical and dental staff were not permitted to undertake private work for personal gain.

When testing new drugs or equipment by commercial organisations, gifts of gratitude should be "properly motivated", budgeted and recorded on a contractual basis.

The tests should have the approval of the relevant hospital authorities, the Senate's research committee and the relevant ethics committee.

Guidelines included:

- Donations of money should be paid into a university fund to be used at the discretion of the dean of the faculty.

- Donations routed through the University Foundation and research division should be credited to the department, not to an individual staff member.

- Financial assistance to enable an academic to attend a conference should be sanctioned by the head of department or the dean of the faculty and the staff member should report back to colleagues on the conference.

- Gifts in kind "of real intrinsic value" should not be accepted for individual personal gain but rather for the benefit of the university and should be installed in an appropriate university area.

"It is clearly unacceptable that a member of staff should attempt to exert any pressure to elicit such donations and great care should be exercised by those in positions of influence not to become obligated to a particular company", the circular says.



# Stabbing: Doctors ask for protection

C. T. S/8/83

Staff Reporter

(93) ~~93~~

SOME doctors working at day hospitals and clinics in the crime-ridden areas of the Cape Flats have called for better protection, after a doctor was stabbed in Manenberg last week.

Two men stabbed a doctor on the staff of the Cape Town City Council's health department in the back twice and robbed him of cash and two credit cards last Monday.

Speaking from his home last night, the doctor said he and some of his colleagues felt more should be done to protect doctors in certain areas.

"I realize the police are understaffed and have many problems, but I called them immediately after the stabbing, and by 4.30 pm, when I had already been driven to hospital and stitched, they had not put in an appearance," he said.

# Dr Asvat bent on staying put

03  
By ZWELAKHE  
SISULU  
*Soweto*

2/8/83

DR ABU-BAKER Asvat, who was supposed to have vacated his surgery on Sunday, has stood by his vow not to move voluntarily from the Mochaeneng complex.

Dr Asvat was admitted to the Coronationville Hospital late on Sunday evening with a kidney complaint, but he left instructions with his staff not to vacate the surgery he has been practising from for the past 10 years.

He was given an eviction notice to vacate the premises by Sunday by

the Soweto Community Council who refused to grant him an extension until he found a suitable alternative.

The Mochaeneng complex was tense yesterday as residents spent anxious hours waiting to see what would happen.

Residents were planning to hold a meeting that would make representations to the Soweto Council to give Dr Asvat an extension.

Businessmen operating from the area were also baffled by the eviction notice served on Dr Asvat as none of them had received a similar notice.

One of the residents, Mrs Roseline Rakomane, broke down and wept as she recounted how helpful Dr Asvat had been to the community: "He not only helped us with medication but with practically everything. Only two weeks ago he saved my granddaughter from certain death," she said.

Some of the businessmen at the Mochaeneng complex said although they had received notices last year informing them that they would have to vacate the premises in six months, they had heard nothing further from the council.

"In fact I have even extended my business. As far as I know none of the people here have received notices similar to Dr Asvat's," said Mr Ronnie Ho who runs a thriving butchery in the area.

He said he believed the council treated businessmen in the area sympathetically and was surprised at the action against Dr Asvat.

Mr J Mussolini of a motor spares business said they had not received any eviction notice. When told that Dr Asvat was being evicted, he said he thought there was a misunderstanding.



WOMAN

# A sickening blow . . .

By ZODWA MSHIBE

The Mochoeneng shack dwellers are preparing for another heavy blow — the loss of their community doctor and friend, who has been served an eviction notice by Wrab.

Dr Abu Baker Asvat had until yesterday to vacate the surgery he has occupied for the past 10 years — a deadline set by Wrab.

His destination is not yet known because it may take months to find another surgery, and Dr Asvat said he was unable to move by yesterday.

He told **THE SOWETAN Woman** that he would sit out the deadline:

"If they are determined they will use a court order and break

my doors and windows, as I was promised. But they surely cannot find fault with me, for I will pay my rent as usual," he said.

Dr Asvat said the White City Jabavu township manager had broken a promise.

He said "the manager promised me alternative accommodation two months ago, talking the language I was familiar with. Now he is the person, who, together with

superintendent Mr Vosloo, served the vacation order."

Doctor Asvat said this was after he had received a letter from the Wrab's chief executive officer (dated 13 September 1982) to the effect that he should "remain in occupation until the planning of the area has been completed. But in the meantime, you should negotiate with the senior township manager of the area in

which you would prefer to have your consulting rooms, for suitable premises."

"Doctor Asvat's leaving hurts us more than anything," said one of the shackdwellers, Mrs Emily Mhloki who has also lived in the area for more than 10 years.

"If he goes, we are doomed. He has been more than a doctor to us. Whether we had money or not, he would attend to us. Where, say a child was critically ill, he would take him personally to hospital.

Mr Edward Mogatsoa stays in shack number 43. He can't remember his exact age but thinks he could be about 60.

He has eight children and has been living in his shack with his family for many years.

When **SOWETAN Woman** approached him, he shrugged his sagging shoulders and said: "Nngwanaka re latlhetsetwe". (My child, it is a great loss).

He sadly added: "We have lived with him for so many years. Now he is forced to go."

The Mochoeneng families are also faced with pending eviction.

Wrab officials have moved a number of families to Fred Clark, some kilometres away, where they have been accommodated in tin shacks.

Dr Asvat said: "I am very sad about moving from Mochoeneng. For the past 10 years I have come to know almost every family here and we have developed a kind of extended family. We have all shared the sorrows and happiness. To know people so closely happens once in a lifetime."

He sadly recalls an incident he says he will never forget. He said it

happened shortly after the June 16, 1976 uprisings when vandals broke into his surgery. A number of local youngsters joined the vandals, "took as much as they could from the surgery, only to bring it back to me when I re-opened. I will always be at their beck and call, wherever they are or I will be. This bond of brotherly relationship will continue," he said.

● The fate of Dr Abu Baker Asvat is at the moment uncertain. He is presently in hospital suffering from kidney problems. At the time of going to press, his surgery had not been pulled down.



DR ASVAT: Ordered to vacate his surgery.

WOMAN



# A question of ethics

93  
183  
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ST  
S-ex/mess  
14/8/83

INTEGRITY cannot be legislated for — but the pitfalls in maintaining it can be illuminated. And that's what the University of the Witwatersrand's new guidelines to staff members about accepting gifts from outsiders seek to do.

The guidelines are the result of several months' consultation within the university following the resignation earlier this year of Professor Saul Zwi as dean of Wits' medical faculty. Prof Zwi resigned after acknowledging that he had received credit card payments from a drug company.

Described by one senior academic as a "gentle and enlightened document", the three-page guidelines provide a broad framework for the acceptance or refusal of gifts by the several thousand academic, administrative and part-time staff of the university.

It lays down few rigid rules, points no fingers and assumes that university staff wish to act 'honourably' and do nothing that would jeopardise their academic and personal integrity. It follows the tack of "be aware of the potential dangers of gift taking" rather than "be wary of all gift-givers".

Businessmen may regard it as a naive attempt to elucidate an area of free enterprise filled with traps for the unwary and point to its lack of definitions. What, for example, constitutes "real intrinsic value"?

Less scrupulous companies may brush it off as only a flimsy obstacle in their attempts to influence people in pursuit of profit, for it lays down no machinery to enforce the guidelines or to monitor them.

But the guide's very flexibility and basic premises may be the reason it will succeed where lengthier, more detailed and more rigid directions would not. It has the attraction of being relatively brief. It is clear, and resists the temptation to be dogmatic or to deliver sanctimonious lectures on moral behaviour.

It also has the advantage of placing the onus where it belongs: on the individual staff member in consultation with his colleagues.

While reminding staff that many companies offer a

wide range of gifts as part of their public relations and marketing techniques, the guidelines exhort staff to be aware that "the purport of the gift may not always be patent" and that the giver may expect a favour in return.

There are two central concerns for the university:

- Gifts to staff may have the appearance, potential, outright intent or actual effect of influencing a recipient's scientific and critical judgment.

- Staff always bear in mind the example they may give to students and the impression their actions may create.

In attempting to clarify the most appropriate behaviour when offered gifts, the guidelines divide such donations into several categories:

Firstly, there are gifts or fees paid to a staff member for services rendered. These may include things such as drug trials or equipment testing. Such money should be paid to the University Foundation and not to the individual. It may then be credited to his department.

Secondly, there are gifts made when no service has been rendered but as gestures of support or interest or to create "a sense of goodwill, gratitude or even obligation".

## A Wits student reports on the university's new code of ethics

By JILL McILRAITH

Again, if it is money that is offered, this should be paid to the University Foundation and not to individual staff.

The money may then be allocated for that person to attend a conference and he would be expected to report back on it to his colleagues. Gifts in kind should not be accepted personally "but for the benefit of the university".

Such acceptance should have the approval of the dean of that faculty and should become university property. It is a sensible formula that still permits academics to accept sponsorship to attend conferences or congresses to enable them to remain abreast of learning in this field.

Thirdly, while cautioning staff about accepting gifts of "real intrinsic value", the university sees nothing wrong in staff accepting trivial gifts at Christmas time or where offered to many members of staff.

Fourthly, the guidelines place an obligation on staff not to exert any pressure in eliciting sponsorship for conferences or social functions and that such commercial aspects be kept to a discreet minimum.

Fifthly, gifts made by grateful patients, students or parents are acceptable, but staff should not accept them

if there may be an ulterior motive. Their acceptance remains a matter of "good sense and courtesy".

Implicit in the guidelines is the attempt by Wits to clarify the university's links with the business community and to balance two, potentially conflicting, desires.

While wishing to protect the integrity and independence of staff, private enterprise must not be discouraged from making donations to the university for research, taking part in genuine academic pursuits, or, indeed, from taking a healthy, general interest in the university.

There cannot be complete separation of a university and the society it is part of — that would deny some of the basic tenets of why a university exists.

But such guidelines as laid down by Wits last week do seek to limit the undue influence some sectors of the commercial world may seek to gain in a university, thus helping to keep the relationship between the institution of higher learning and the community on a symbiotic footing.

Ultimately such an arrangement must be in the mutual long-term interest of both Wits and the business world — and regularising the getting of gifts is just one step in this ongoing interaction.

But one aspect that the guidelines do not mention, is that between commercial companies and students. Particularly in faculties such as medicine, students are offered a range of gifts — from ones of little intrinsic value, to more substantial presents such as books, journals and stethoscopes.

Students, in turn, also do their share of begging for sponsorship for social functions and conferences.

Student organisations have often taken the lead in controversial areas — this time they may have fallen a bit behind.



D. Dispute 7/8/83

# Doctor warned after hearing <sup>93</sup>

PORT ELIZABETH — A doctor here was found guilty yesterday of improper conduct by a disciplinary committee of the South African Medical and Dental Association and warned after he performed the incorrect operation on a woman who later died.

Dr H. P. Jordaan was found guilty of doing the incorrect operation according to his diagnosis and of thus exposing his patient to unnecessary risk.

Four years ago Dr Jordaan incorrectly diagnosed a patient, Mrs Klara Tarentaal, 33, as being 18 weeks pregnant. He thought the foetus was dead and feared infection would set in.

He tried to abort the foetus by emptying the uterus through the cervix.

Two witnesses at the hearing said this was the incorrect procedure according to Dr Jordaan's diagnosis as the emptying of a uterus

through the cervix could only be attempted when a patient was up to or less than 14 weeks pregnant.

According to Dr Smulian the acceptable procedure under the circumstances would have been to attempt to empty the uterus through an incision in the abdomen.

An East London medical practitioner, Dr S. E. Terblanche, was found guilty by the committee yesterday of failing to register with the council before practising.

Dr Terblanche told the committee that he moved from Bloemfontein to East London and forgot to inform the council. He said during the seven months in 1982 that he was not registered he did not receive any correspondence from the council informing him of his omission.

When he finally became aware that he was not registered, he stopped practising, he said.

— DDC.

# Pay probe as psychiatrists desert courts

By TONI REYNEKE and CHRIS OLCKERS

A RAND SUPREME COURT judge yesterday ordered an inquiry into the payment of accounts submitted by private psychiatrists appointed by the courts to examine accused people.

This followed a decision by private psychiatrists not to accept court appointments because of laxity in the payment of accounts.

Mr Justice P J van der Walt heard that the Department of Police was responsible for the accounts. He was told the police either delayed payments, sometimes for as long as five months, or did not pay the accounts in full.

But it was later established that the Department of Justice paid the bills. Psychi-

atrists are paid expert witness fees and receive R30 an hour.

Mr Justice Van der Walt made this order when he appointed Dr Z Wolf, a private psychiatrist, to examine Mr Christiaan Pretorius, a 19-year-old Boksburg man accused of battering his stepson to death.

According to Section 79 of the Criminal Procedure Act, the courts must appoint private psychiatrists who, with State psychiatrists, examine accused persons referred for psychiatric observation.

Mr Justice Van der Walt said that should private psychiatrists refuse to accept such cases, they would make it "impossible" for the court to adhere to Section 79.

He asked the court registrar to conduct an immediate investigation.

Dr Wolf yesterday refused to discuss the matter and referred the Mail to the secretary of the Association of Psychiatrists, Dr E Oberholzer.

Dr Oberholzer said there had been problems with payments and a senior member of the psychiatry profession had been appointed to negotiate with the department nearly two years ago.

"But the situation is still the same. Many colleagues have complained that it either took months for them to be paid and, in many instances when they did get paid, it was less than the amount asked for.

"It was not a concerted effort on behalf of Johannesburg psychiatrists to refuse appointments," he said.



Illness will cost even more

# Medical aid subscriptions likely to rise

22/8/83  
20/11  
27/11  
28/11

By GERALD REILLY  
Pretoria Bureau

DOCTOR'S fees and private hospital tariffs will rise sharply from the beginning of next month, forcing many medical aid schemes to raise members' subscriptions.

Doctors and dentists' fees are set to rise by 15% and ward charges at private hospitals by 20%.

Medical aid patients also now have to pay for medicine at provincial hospitals. This was at one time part of the total service. A continual increase in the prices of medicines and drugs have also sent the cost of illness spiralling.

The president of the Representative Association of Medical Aid Schemes (RAMS), Mr John Erntszen, said increases in medical and hospital costs would mean aid societies would have to raise subscriptions.

"Some schemes have already decided to increase their subscriptions. Those who don't raise them this year will find they will have to impose substantial increases next year."

Mr Erntszen, who is a member of the tariffs committee of the "central council of medical schemes, said that in the past four years private hospital fees had risen by more than 150%.

However, theatre and other fees were not affected by the increase.

The increase in the total bill for a patient in a private hospital can be as little as 4% or as much as 11%, depending on the length of the patient's stay in the hospital.

Nurses pay, he said, was a big component in private hospital costs. In the past three years nurses had been given three special increases to keep them in line with nurses in provincial hospitals.

"The increase of 20% in ward fees is as reasonable as it could be, taking into account all the circumstances."

Mr Erntszen said, however, he was strongly opposed to the present system of determining tariffs, including those of doctors and dentists.

RAMS had made representations to have the present system reviewed.

# Doctors lash out

## as tax bites

W/E ARGUS 27/8/83

93

By BRUCE CAMERON  
Political Staff

DOCTORS and dentists are up in arms about tax measures which they claim could lastingly retard medicine and proper health care.

And the Government has been accused of taking the steps without consulting the professions.

The new Income Tax Act takes away a concession which allowed doctors and some other professions to claim expenses against tax for attending "approved postgraduate study courses and congresses".

### Condemned

In a special insert in the latest edition of the South African Medical Journal, the secretary-general of the Medical Association of South Africa has condemned the measure.

His organisation regards the repeal of the concession as a retrograde step which will, without doubt in the long term, not only have extremely deleterious effects on the health services in this country, but will also adversely affect South Africa's international relations and image.

He assured members that the association would "leave no stone unturned in its efforts to rectify what it perceives as a disservice to the

professions concerned and the community".

The Progressive Federal Party health spokesman, Dr Marius Barnard, said his party had opposed the measure in Parliament without success.

He warned that South Africa could find its health services retarded as a result, as had happened in communist-bloc countries.

"I have been to Russia and Poland and have seen the bad effect the isolationist policies of those countries has had on medical care," said Dr Barnard.



# Doctor's orders

Mercury Reporter

A LADYSMITH Indian doctor faces eviction because his surgery is in an area zoned for whites.

Dr R S Narrandes, who has a large following of black patients, has been served with a summons to appear in the Ladysmith Magistrate's Court on September 6 for allegedly contravening the Group Areas Act.

He has been charged for practising in premises in Illing Road which his family have occupied for more than half a century.

The property was expropriated by the Department of Community Deve-

lopment after the predominantly Indian-owned area was declared for white ownership and occupation.

The Narrandes family, who were among the pioneer Indian business community in Ladysmith, continued to run a boarding house there on a lease.

Dr Narrandes returned

to his home town after qualifying as a doctor in Ireland. Because of the lack of accommodation, he shared a portion of the building occupied by his family to set up his medical practice.

The family, angered by the proposed court action, have sought the help of the South African Indian Council to have the

eviction stayed.

Mr Amichand Rajbansi, the council's executive chairman, yesterday confirmed that the executive committee was intervening in the matter.

'If necessary we will take it up with the Minister of Community Development, Mr Pen Kotze,' he said, adding that it was 'the height of pettiness

that a criminal charge in terms of the Group Areas Act should be made especially against a professional man providing a service to the community'.

Mr W J Henning, the regional representative of the Department of Community Development was not available for comment yesterday.

93 Mercury  
Indian summoned for

30/8/83  
practising in a white area

# Medical aid

## fees to rise

### 15 percent

93  
Mercury  
1/9/83 Mercury Reporter

NATAL'S largest medical aid scheme yesterday announced it would be increasing members' contributions from October 1.

The general manager of National Medical Plan, Mr R H Basson, said the scheme's 45 000 members would have to pay about 15 percent more for their medical aid.

In response to a report that some medical aid schemes would not be implementing increases this year, Mr Basson said it depended on each individual scheme's budget and claims rate.

'Some may have budgeted in advance for increases in doctors' and dentists' fees and hospital charges, and others might have waited for the actual increases to be announced before adjusting their rates.

'I know that most of the major schemes throughout the country have increased their premiums as from today,' he said.

The president of the Representative Association of Medical Aid Schemes, Mr J Ernstzen, yesterday said schemes which were not increasing members' contributions this year were in the minority.

'The general picture I have got is that most are looking at increases of between 15 and 20 percent.

'Those which aren't putting up their prices must have very substantial reserves or they introduced large price hikes at the beginning of the year,' he said.

Mr Ernstzen said those schemes which were able to put off price hikes this year would more than likely increase their premiums at the beginning of 1984.

Fees for doctors and dentists contracted into medical aid schemes go up by 15 percent today while private hospital ward fees rise by 20 percent.

**King's Daily**



82 Brief 93

reprise  
*Mercury*  
for  
2/19/83  
doctor

**Mercury Reporter**

A LADYSMITH Indian doctor, who faces eviction for having his surgery in the town's white area, was yesterday granted a reprieve by the Department of Community Development.

Dr R S Narrandes was served with summons to appear in the Ladysmith Magistrate's Court next Tuesday for allegedly contravening the Group Areas Act.

He told the Mercury yesterday that he received a letter from the Department of Community Development extending the deadline to move.

'I've been given until October 20 to vacate the premises,' he said.

He has been practising in the Illing Road premises which his family had occupied for more than half a century.

The property was expropriated by the Department of Community Development after the predominantly Indian-owned area was declared for white ownership and occupation.

His family leased the property from the department for a boarding house but allowed Dr Narrandes to open a surgery in part of the building.

21918 93 ~~93~~ Hansard  
Khayelitsha Q. Col. 2039  
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\*17. Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

(a) What is the (i) nature and (ii) extent of the health services provided at Khayelitsha, (b) how many (i) doctors, (ii) nurses and (iii) community health workers are there at this township and (c) since what date have these services been provided in each case?

The DEPUTY MINISTER OF CO-OPERATION:

- (a) (i) Clinic services.
- (ii) Nursing services daily by Day Hospital Organization the Child Health Unit of the Red Cross Hospital.
- (b) (i) Nil.
- (ii) Three nurses.
- (iii) Nil.
- (c) All services commenced on 16 May 1983. Every endeavour is being made to establish and adequate medical infrastructure in the shortest possible time.





93

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Tribune investigation highlights malpractices as stayaway  
workers cost companies thousands of rands in lost man hours

# Sick notes: Unethical doctors come under fire

By **BARNEY MTHOMBOTHI**

PEOPLE who stay away from work faking illness are costing companies thousands of rands in lost man hours.

And they are doing it legally because they have doctor's certificates.

Managements this week blamed doctors who issue sick notes or medical certificates to workers who approach them with the flimsiest of reasons in order to take days off from work.

The cost to companies is difficult to assess but it is estimated thousands of man hours are lost because by law an employer cannot turn down an employee's request for sick leave on production of a medical certificate.

A Durban company has resorted to keeping a list of doctors who it suspects are engaged in such malpractices and one doctor has been reported to the Medical and Dental Council.

A Sunday Tribune investigation has shown that it is easy to get sick notes from some doctors at the mere mention of a mild headache and, in one instance, a Tribune reporter was given a sick note by a doctor though he made it clear he was not sick but only needed the note because he was away from work for five days and feared being dismissed.

Personnel managers said this week they were aware the system was being abused but they had no way of proving, or stopping it.

A senior executive of a supermarket chain said this was a problem his company was facing nationally. "I'm not saying all doctors are doing it. Some doctors don't even examine a patient but simply give him a week off," he said.

"It would be very helpful if they would be more conscientious about it."

Mr Norman Swanepoel, personnel manager of a large soap and detergent conglomerate, said he believed the abuse happened all the time.

"It's a problem and there's nothing much we can do about it. You can't go to a doctor and tell him he's wrong."

Mr Roy Davies of Checkers, said: "All you see is the tip of the iceberg. We have grave suspicions about these sick notes but we can't prove it."

"If you go to a doctor as say 'look, I just can't believe this,' he is not going to like it. People suddenly become sick a day before a long weekend or after a public holiday. We just have to accept it if he produces a sick note from a doctor."

Mr Ken Hobson, general manager of the Durban Chamber of Commerce, said the Chamber was aware "a certain amount of abuse" was taking place but could not say how much it was costing members as this had not been investigated.

The Sunday Tribune investigation follows a complaint from a personnel officer who said some of the medical certificates received by his company from employees were false.

"It amazes me that a doctor is able to issue a certificate to a person he has not treated. In other words the person is "sick" from Monday to Wednesday without seeing a doctor, but then goes to the doctor on Thursday and gets a certificate covering him from the Monday."

I approached several Durban doctors, including those mentioned by the personnel officer, in each case making it clear I was not sick.

Many doctors said they could only issue a sick note if a patient told them he was not well.

But one doctor gave it to me after examining me although I told him I was not sick. I told him I had been away from work for five days and wanted the note to prevent being fired. He gave it to me and charged R25.

The doctor first handed me a notice which says sick leave was taken only by people who were sick and under medical treatment.

"If you go to the farms or elsewhere, and you're found out, you are maybe charged, fired, or lose your wages," it said.

The doctor asked whether I had notified my employer that I was sick and I said no. He wrote my name on a bundle of old calendar papers clipped together. The bundle had a lot of other names on it, apparently of people who had seen him about the same problem.

"I'll give it to you but it will cost you a lot of money," he said.

The doctor examined me. He wanted to give me an injection but I refused.

He gave me two sick notes, one backdated five days. This was the card to inform my employer that "this patient was here today and was unfit for duty for approximately one week."

"A detailed note will be given on discharge," the note said.

The second note said I had been ill with influenza. "Attended here 22/8/83, 24/8/83, discharged 26/8/83."

He made me recite after him the nature of my "illness". He also gave me an attendance card to show he had seen me three times that week and some tablets.

Another doctor gave me a sick note only after I said I had had a mild headache. He said in the note he had been "informed" I had not been well.

I paid R7,50 for it.

A spokesman for the Medical Association (Masa) said the association considered such malpractices in a very serious light and severe steps would be taken against any doctors found guilty.

ay, September 7, 1983 5

# Concern at loss of medical tax perk

Pretoria Bureau

THE medical profession has learned with "shock and concern" of the plan to repeal one of its tax perks.

The secretary general of the Medical Association of South Africa, Dr C E M Viljoen, said in the SA Medical Journal the Tax Act provided for medical practitioners, dentists, engineers and scientists to attend approved post-graduate study courses and congresses, and claim any expenditure as a tax deduction.

The association, Dr Viljoen said, had now learnt with "shock and concern" that this year's Income Tax Act provided for the repeal of the section from next year.

"What is more difficult to comprehend is that despite a long-standing agreement not one of the professions was officially notified or consulted."

Masa regarded the repeal as a retrograde step which would not only have extremely harmful effects on the health services but would adversely affect South Africa's international image.

"Where efforts to isolate South Africa internationally are increasing every day, we simply cannot afford to meekly surrender this extremely valuable source of international contact."

The high regard in which the South African medical profession was held internationally was largely due to personal contact.

This seemed more than adequate justification for extending the privilege to other professions.



# Court to hear action on Biko doctors

By Jo-Anne Collinge

Steps have been taken in the Rand Supreme Court to direct the South African Medical and Dental Council to hear complaints against two doctors who attended Mr Steven Biko in detention.

Legal representatives have lodged papers with the court, but it could take some months before the case comes before a judge.

The applicants complained to the SAMDC early this year about the professional conduct of Dr Ivor Ralph Lang and Dr Benjamin Tucker when they attended Mr Biko in Port Elizabeth before his death in detention in 1977.

The council decided that no further action should be taken.

The bid to overturn that decision has been instituted by Dr Yosuf Veriava, Dr Dumisani Mzamane, Dr Tim Wilson and three leading academics, Professor Frances Rix Ames of the University of Cape Town, Professor Trefor Jenkins and Professor Phillip Tobias, both of the University of the Witwatersrand.

The respondents are the SAMDC and its president, the Medical Committee of Preliminary Inquiry of the SAMDC and its chairman, Dr Lang and Dr Tucker.

Dr Veriava described the planned action as an attempt to press the medical profession "to behave in the manner expected of it".

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# BIKO

**Doctors**  
apply for  
inquiry



STEVE BIKO: Black Consciousness leader.

# PROBES

# CAVILL

*9/9/83*  
*93*  
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AN APPLICATION has been made to the Rand Supreme Court to get the South African Medical and Dental Council (SAMDC) to investigate the conduct of the doctors who handled the dead Black Consciousness leader, Steve Biko.

The application has been brought by a group of doctors and is supported by Professor Issy Gordon, who was one of the assessors at the inquest into Biko's death.

The SAMDC has turned down three previous attempts to hold an inquiry into the conduct of the doctors.

The application is for SA WDC and failed to

**By ZWELAKHE SISULU**

A spokesman for the Law Department at Unisa, Professor Edward Barker, a surgeon and lecturer at the Uni-

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# INQUIRY

# PROBE

# CALL



STEVE BIKO: Black Co

**AN APPLICATION** has been made to the Rand Supreme Court to get the South African Medical and Dental Council (SAMDC) to investigate the conduct of the doctors who handled the dead Black Consciousness leader, Steve Biko.

The application has been brought by a group of doctors and is supported by Professor Issy Gordon, who was one of the assessors at the inquest into Biko's death.

The SAMDC has turned down three previous attempts to hold an inquiry into the conduct of the doctors.

The application is for the setting aside of a decision by the Medical Council that no action be taken against the doctors and that the Medical Council should not hold an inquiry to investigate their handling of Biko.

The respondents cited in the application are the two doctors who attended Biko: Dr Ivor Lang and Dr Benjamin Tucker.

The other respondents are the president of the SAMDC, the SAMDC, the chairman of the Medical Committee of Preliminary Enquiry of the SAMDC and the Medical Committee of Preliminary Enquiry of the SAMDC.

The application was made by Dr Yusuf Variava. Dr Dumisani Mzamane. Dr Timothy Wilson. Professor Frances Ames. Professor Trevor Jenkins and Professor Phillip Tobias.

## By ZWELAKHE SISULU

A spokesman for the applicants, Dr Variava yesterday said the SAMDC had failed to institute disciplinary action against the doctors as it should have done.

"Any medical practitioner attending to detainees has a vital role in providing the best medical services and medical care

### Dangers

"It is well established that the detention of an individual as practiced in South Africa holds inherent dangers for the health and wellbeing of the detainee," Dr Variava said.

He said it was distressing that the SAMDC had refused to act upon separate complaints relating to the medical care of Steve Biko.

The others who have given affidavits in support of the application are Dr Jonathan Gluckman a Johannesburg pathologist, Professor A S Strauss, head of the

Law Department at Unisa, Professor Edward Barker, a surgeon and lecturer at the University of Natal and Dr Leslie Robertson, a general practitioner in Natal.

Some of the previous complaints that the SAMDC has received over the conduct of the doctors who attended Biko were from the Ombudsman of the South African Council of Churches (SACC), Mr Eugene Roelofse and from the Health Workers Association of South Africa.

Dr Variava said the court application would have a significant bearing on the future actions and attitudes of the SAMDC

Such an action, he said, would set an important precedent for the SAMDC to enforce measures relating to adequate health care and maintenance of ethical standards.

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**GOLDEN DUETS** - Peaches and Herbs  
**HART TIME LOVE** - Ann Peebles - Crazy  
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**PIECE OF ACTION** - Mavis Staple - Cf  
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## Renewed demand for inquiry

# Action sought over conduct of Biko medics

AN APPLICATION to compel the South African Medical and Dental Council to hold an inquiry into the behaviour of the doctors who attended the late Steven Biko will be made in the Rand Supreme Court today.

This was announced by the attorneys for the applicants in Johannesburg yesterday.

The application by two groups of leading medical personalities is supported by affidavits from Professor Isadore Gordon, one of the assessors at the inquest into the death of black consciousness leader Steven Biko, and four other leading academics and medical people.

Six respondents have been cited in the application. They are the president of the SAMDC, the SAMDC, the chairman and the medical committee of preliminary inquiry of the SAMDC, Dr Ivor Lang, and Dr Benjamin Tucker.

The SAMDC has, despite complaints on three separate occasions, refused to hold an inquiry into the conduct of the doctors who attended Mr Biko while he was being held by the Port Elizabeth Security Police before his death on September 12, 1977.

The complainants are Professor Trefor Jenkins, Prof Frances Ames, Prof Philip Tobias, Dr Timothy Wilson, Dr Yosuf Veriava and Dr Dumisani Mzamane.

The application is "for an order reviewing and setting aside the resolutions adopted by the SAMDC to the effect that no further action be taken and the SAMDC should not hold an inquiry or hearing either by itself or by a committee appointed by the executive committee".

The applicants complained to the SAMDC in February and in March this year, alleging improper conduct on the part of the SAMDC in not opening an inquiry and the application alleges "improp-

er or disgraceful conduct on the part of Dr Ivor Ralph Lang and Dr Benjamin Tucker".

The application also calls for "correcting the aforesaid resolutions and decisions and directing the SAMDC to hear complaints of improper or disgraceful conduct into the actions of the two doctors", and that the SAMDC hold an inquiry.

In a statement, the applicants said: "Any medical practitioner attending to detainees has a vital role in providing the best medical services and care. Such medical treatment should not be regarded as a privilege, but an absolute right."

The statement said "allegations of inferior medical treatment, of falsification of medical certificates, and of lack of autonomy of the treating doctors ... which emerged at the inquest, have never been properly and openly tested to the satisfaction of the medical profession and the public". — Sapa.



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**Summonses served on 'Biko' doctors**

**Pretoria Bureau**

THE South African Medical and Dental Council and two doctors who examined black consciousness leader, Mr Steve Biko, who died in detention in 1977, have 14 days to indicate whether they intend defending an action brought against them by a group of doctors.

Papers by the group of doctors were lodged with the Registrar of the Supreme Court yesterday.

According to a spokesman for the legal firm representing the group of doctors, the Medical and Dental Council, its president, the Medical Committee of Preliminary Inquiry of the council and its chairman, and two doctors,

Drs Ivor Ralph Lang and Benjamin Tucker, have 14 days to reply after being served with summonses.

The group of doctors are also to apply to the Supreme Court for an order directing the Medical and Dental Council to hear complaints against the doctors Lang and Tucker.



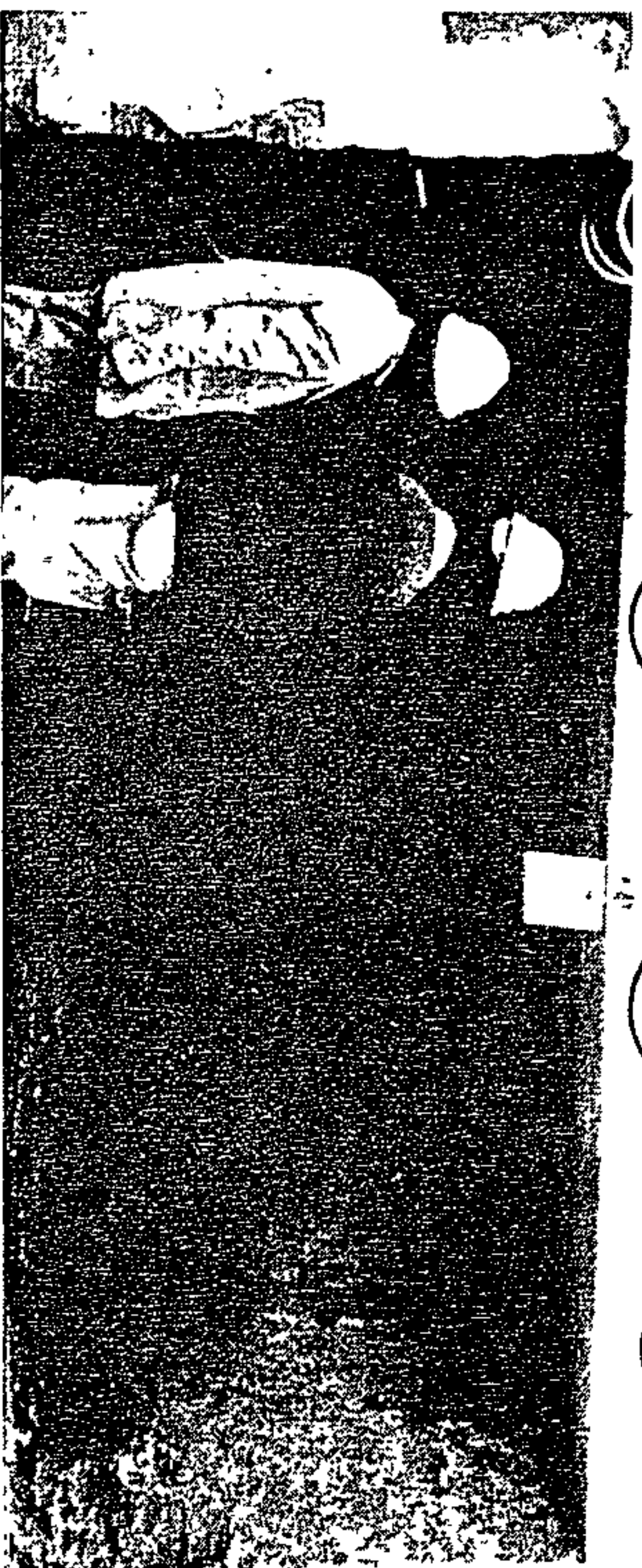
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# HORROR

# miners' medicine's



Tunnel of death . . . 64 miners went 3km down this pit, never to resurface alive again

# mercy

By SHAUN HARRIS

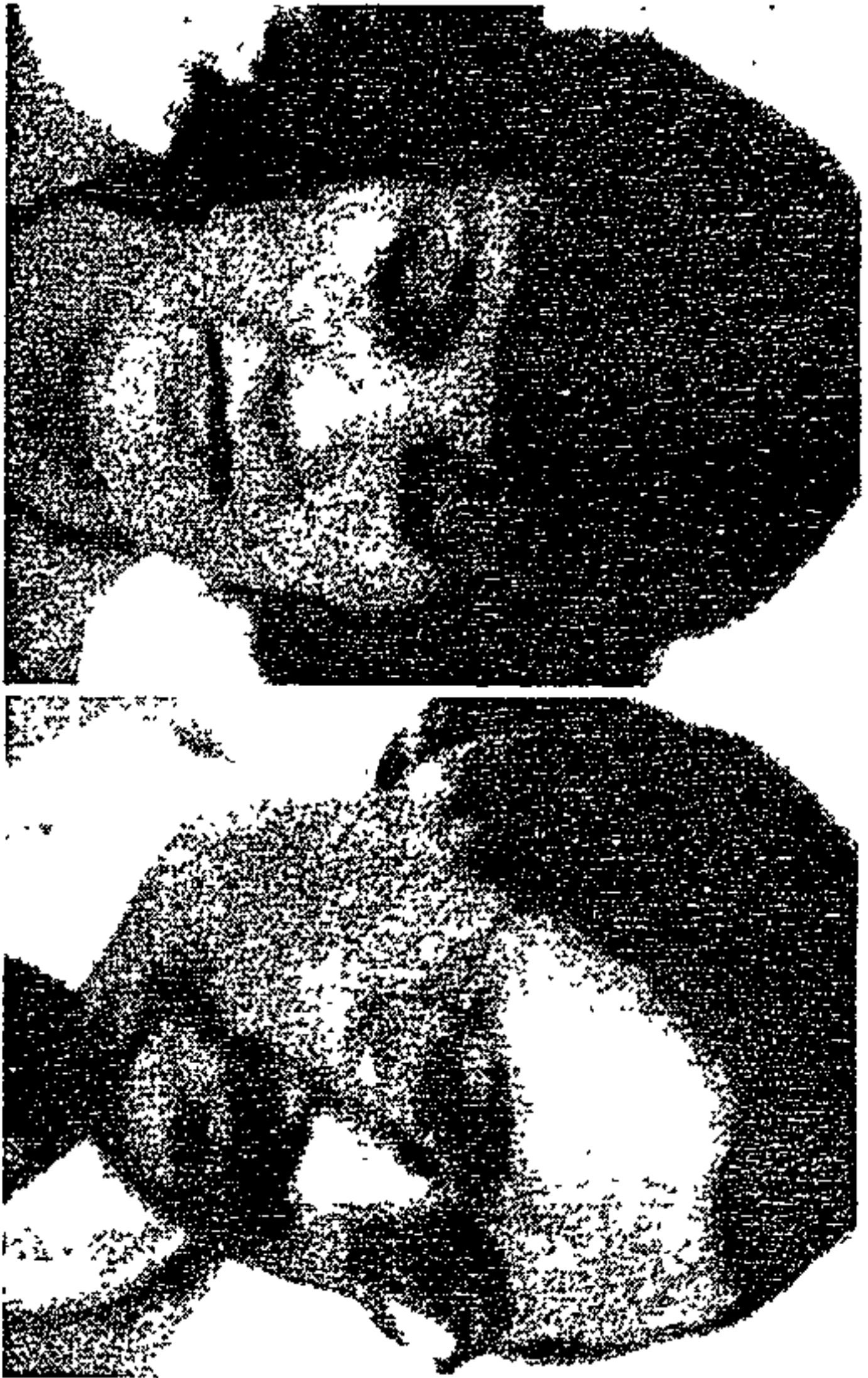
A MINE hospital's two medical staff emerged this week as the heroes of Hlobane, the ill-fated colliery where 65 have died after a methane gas explosion.

Hlobane mine hospital superintendent Fanle Venter and Sister Louisa van Rooyen treated the scores of injured men as they were brought to the surface.

They worked solidly for 36 hours on Monday and Tuesday as hundreds of miners injured in the blast — three kilometres inside the Boomlanger shaft — arrived at the hospital.

Afterwards, the medical staff told of the horror of seeing broken bodies, burned beyond recognition, and of the grim procession of miners who filed through the hospital on Monday night to try to identify their dead workmates.

Besides giving initial treatment to the men flown to Johannesburg, Mr Venter and Sister van Rooyen admitted more than 15 of the injured to the mine hospital with less serious burns and



Disaster hero . . . Hlobane's Sister Louisa van Rooyen  
Disaster hero . . . mine hospital superintendent Fanle Venter

## Hospital heroism

tims were brought to the surface. They were suffering from carbon monoxide poisoning and we began to give them oxygen immediately. "Then the seriously burned victims began to arrive.

them. They were resuscitated, bandaged and put on to drips," Mr Venter said. "At 3pm the first bodies were brought to the surface. Death had been caused by se-

vere burning or carbon monoxide poisoning," Mr Venter said.

Hospital staff also treated several miners for fractures, some who had been thrown several metres by the blast.

"I think the worst part of the disaster was on Monday night when the first of those killed had to be identified.

"Some of the men were burned beyond recognition, it was difficult even to tell what race they were," Sister van Rooyen said.

Miners who thought they might be able to help with identification filed to the hospital throughout the night, where a ward had been set aside for the dead.

The bodies were later taken to mortuaries in Vryheid and Newcastle.

Sister van Rooyen said if one thing could be learned from the disaster it was how well people could work together in an emergency.

"Miners I had never seen before arrived at the hospital and offered to help.

"They cleaned up, manned the phones and checked the oxygen tanks — we couldn't have asked for more help," she said.

Mr Venter said first aid was given to men inside the shaft by the rescue teams.

### Burns

"When they arrived at the surface we took over. Our main job was giving men oxygen and pain-killers before they were taken to the hospital."

When the Sunday Times arrived at the mine hospital four men were in the wards with first degree burns — minor cases had already been discharged.

Mine authorities allowed the victims to be photographed, but their names could not be used.



When methane gas

exploded in Hlobane,

three-year-old Sherri-

Lee Venter lost her

father, Mr J P Venter.

With her is a neighbour

Mrs Belinda Caukett





Hlobane mine hospital superintendent Fanie Venter and Sister Louisa van Rooyen treated the scores of injured men as they were brought to the surface.

They worked solidly for 36 hours on Monday and Tuesday as hundreds of miners injured in the blast — three kilometres inside the Boomlanger shaft — arrived at the hospital.

Afterwards, the medical staff told of the horror of seeing broken bodies, burned beyond recognition, and of the grim procession of miners who filed through the hospital on Monday night to try to identify their dead workmates.

Besides giving initial treatment to the men flown to Johannesburg, Mr Venter and Sister van Rooyen admitted more than 15 of the injured to the mine hospital with less serious burns and treated more than 200 men for suspected gassing and headaches.

Theirs was the success story of the disaster — they can proudly claim that not one patient died in their hospital during the rescue operation.

"This is the biggest disaster in which I have ever been involved," Sister van Rooyen said later this week when the hospital had returned to its normal routine of treating minor medical cases.

## Emergency

"I had been seeing to the injured for several hours when the dead began to arrive at the hospital.

"The bodies of people I had known were carried past me. "Luckily I was so busy that I didn't have time to think about them."

Sister van Rooyen said that at one stage there were hundreds of miners waiting on the lawn outside the hospital to be treated for suspect-



Disaster hero ... Hlobane's Sister Louisa van Rooyen  
Disaster hero ... mine hospital superintendent Fanie Venter

## Hospital heroism after disaster



Mr J P VENTER  
Blast victim

ed carbon monoxide poisoning and headaches caused by the blast's concussion.

Mr Venter was notified of the emergency shortly after 8am on Monday and went straight to the shaft head.

"I arrived as the first vic-

tims were brought to the surface. They were suffering from carbon monoxide poisoning and we began to give them oxygen immediately.

"Then the seriously burned victims began to arrive.

"I will never forget the first two men I saw — they had between 90 to 100 percent burns as well as fractured arms, legs and skulls," he said.

When the severity and extent of the fatal explosion was realised medical help was summoned from neighbouring mines and nearby Vryheid.

## Stabilise

"The assistance we received was terrific. Within half an hour doctors had arrived from Vryheid and medical personnel from other mines.

"The defence force was alerted and stood by to transport serious cases to Johannesburg," Mr Venter said.

Ten victims were later flown to Johannesburg's Rand Mutual Hospital, six of whom were first treated at the mine hospital.

"We had to stabilise their conditions before moving

killed had to be identified.

"Some of the men were burned beyond recognition, it was difficult even to tell what race they were," Sister van Rooyen said.

Miners who thought they might be able to help with identification filed to the hospital throughout the night, where a ward had been set aside for the dead.

The bodies were later taken to mortuaries in Vryheid and Newcastle.

Sister van Rooyen said if one thing could be learned from the disaster it was how well people could work together in an emergency.

# A sad birthday for a miner's daughter

TODAY, Neelie Cronje turns two, but her birthday won't be a happy celebration.

Her father, Awie Cronje, was one of the 65 men killed in the methane gas explosion which ripped through the Hlobane coal mine this week.

Neelie's mother, Judy Cronje, 26, spoke this week of the tragedy which had shattered her life.

She last saw her husband André, whom she calls Awie, on Monday when he left home for the early shift at the Hlobane mine, near Vryheid in Northern Natal.



MRS JUDY CRONJE

## Dangers

His last words were: "Goodbye — I'll see you this afternoon."

"I never saw him again, and learned of his death when one of the mine managers and a minister came to visit me in the afternoon with the news."

Mr Cronje had three daughters, Zonica, 6, Jaco-

lene, 4, and Neelie.

A deeply upset Mrs Cronje said her husband had sometimes spoken of the dangers of mining.

"He was scared of going underground — I think every miner is — but he didn't speak about it much."

Mrs Cronje said her husband had worked at the Hlobane mine since 1975.

"We married in 1976. I was born — and have always

lived — in Vryheid and met Awie here," she said.

Typical of the compassion between mineworkers at Hlobane mine and their families was Mrs Belinda Caulkett.

She and her husband, also a miner, were friends of Mr Ed Venter, killed in the blast, when they lived in Rhodesia.

Soon after the disaster Mrs Caulkett helped look after three-year-old Sherri-Lee.

Mrs Cindy Venter, who is pregnant, was too distraught to talk to the Press this week. Her husband Ed was one of the miners killed in the explosion.

## Identified

Mr P J Bezuidenhout also died in the explosion.

By late this week the names of the other 62 men killed in the fire and explosion had not been released.

Hlobane's mine manager, Mr David Watson, said the names would only be released when all the bodies had been identified and next of kin traced.

Charges  
against  
Mercury  
Indian  
doctor  
dropped

Mercury Reporter  
CHARGES against a  
Ladysmith Indian doctor  
for operating a surgery in  
a white group area in the  
town have been dropped —  
but he still has to move  
out.

The Indian Council,  
which intervened on be-  
half of Dr Rohitsingh  
Narrantes, had been as-  
sured by the Department  
of Community Develop-  
ment that the charges  
against the doctor would  
be withdrawn.

Mr Amichand Rajbansi,  
chairman of the SAIC's ex-  
ecutive committee, said  
the assurance had been  
given by Mr P D McEnery,  
Deputy Director-General  
of the department at a  
meeting in Pretoria.

Dr Narrantes, whose pa-  
tients are mostly black al-  
though his surgery is in a  
white group area, ap-  
peared in the Ladysmith  
Magistrate's Court last  
month charged with con-  
travening the Group Areas  
Act.

He was warned by the  
magistrate to appear in  
court again on October 20  
— the deadline given to  
him to move out of his  
surgery.

A family member said  
yesterday that although  
the charges had been  
dropped the doctor would  
still have to appear in  
court on October 20.

He said Dr Narrantes  
had still not found alterna-  
tive premises.

He had no option but to  
remain in the white area  
until a suitable surgery  
was found in an Indian  
group area.



# Call to Masa to support those in solitary

By ANTON HARBER  
Political Reporter

SECURITY Police detainee, Mr Carl Niehaus, is still in hospital and is in a satisfactory condition following his suicide bid last week.

Meanwhile, the Detainee's Parents Support Committee (DPSC) has called on the Medical Association of SA (MASA) to push for the implementation of its recommendations on the care of detainees in the light of his attempted suicide.

The DPSC also called on Masa to publicly oppose solitary confinement and to call for an end to this "inhuman form of treatment".

A spokesman for the police directorate of public relations said yesterday that Mr Niehaus was still in hospital and his condition was satisfactory.

Mr Niehaus has been held without charge by Security Police for 36 days under Section 22 of the Internal Security Act. Last week he attempted to take his life with an overdose of anti-depressant pills while in his John Vorster Square cell.

The call to Masa was made in a statement issued by the medical subcommittee of the DPSC after the incident.

The health subcommittee said Masa had recently recommended some changes in the health care of detainees.

"The two most important of these, access to private doctors and the establishment of a review committee, were refused.

"It is Masa's duty to press for implementation of these demands," the statement said.

The subcommittee also pointed out that in July an unnamed detainee in Port Elizabeth was committed to an unnamed mental institution for allegedly inflicting injuries on himself.

"These incidents confirm the scientifically proven evidence that severe mental stress results from solitary confinement and isolation.

"Masa should urgently review these two cases as examples of detention as a threat to health," the statement said

4/10/83 (93)

# Govt doctor refuses to *Mercury* tend wounds of rape victim

Mercury Correspondent

JOHANNESBURG—A Benoni district surgeon refused to attend the wounds of a 60-year-old unmarried rape victim who had been stabbed three times, it was revealed last night.

Dr M D Chapman said yesterday he conducted a medical-legal examination of the woman on Saturday but he had not treated her injuries because it had not been his duty to so.

'It is my duty to do a medical-legal examination on behalf of the Government. I informed the woman that she had wounds which needed stitching and that she should go to a hospital or private doctor,' Dr Chapman said.

Later on Saturday another doctor who works at the district surgeon's rooms treated the woman and stitched her wounds.

The woman, who lives alone on a plot in the Benoni agricultural holdings, was attacked at 1.30 a.m. on Saturday.

More than 14 hours later she received medical treatment from the second doctor who saw her.

She said an intruder stabbed her three times on the shoulder and back and raped her twice. She then lay on her blood-

soaked mattress, paralysed with fear, for four-and-a-half hours, not knowing whether the rapist was still in her house.

She telephoned the police at 6.30 a.m. and two policemen arrived and took her to the district surgeon's rooms, where she waited until 11 a.m. for Dr Chapman.

He examined her and told her two of her stab wounds needed stitches.

'But he did not dress my wounds or treat me for shock and when I told him that I had no transport he did not even bother to telephone an ambulance to take me to hospital,' she said.

## Stitches

Dr Chapman said he explained to her that she needed stitches and that she should be seen by her private doctor.

She was taken by a friend to the Glenwood Clinic in Benoni, where nurses applied disinfectant to her wounds. No one there would stitch her because she had not been referred by a private doctor.

The friend then took her back to the district surgeon's rooms where another doctor stitched

# Rape victim denied aid

FROM PAGE 1

her at 4 p.m. He said he did the stitching for her because she 'looked so upset'.

He said district surgeons were not obliged to treat cases unless they had suffered life-threatening injuries or there was serious blood loss.

The director of the Southern Transvaal region of the Department of Health, Welfare and Pensions, Dr W Lindeque, said yesterday he would take up the matter with Dr Chapman today.

'I expect every doctor to offer their cases some sympathy and whether a doctor is a district sur-

geon or in private practice he should do the basic things for a patient,' Dr Lindeque said.

It was the district surgeon's duty to document his examinations in the event of a court case.

'But if any people examined need urgent medical attention then they must be given it and

the formalities of evidence for court cases are of secondary importance,' he said.

The woman, who is now recuperating in the home of friends, said yesterday: 'I have been treated very casually. Nobody seemed to care that I had lost a lot of blood and was extremely shocked by the rape experience.'

TURN TO PAGE 2



# No action against <sup>(93)</sup> Benoni <sup>Ad</sup> doctor <sup>10/83</sup>

East Rand Bureau

The Department of Health, Welfare and Pensions will not be taking any action against a Benoni district surgeon who did not attend to the wounds of a pensioner (60) who was raped and stabbed on Saturday.

The woman was attacked in her home at about 1.30 am on Saturday by an intruder. The man stabbed her three times in the back and raped her twice.

Police took the woman to the consulting rooms of one of Benoni's district surgeons, Dr M D Chapman.

After examining her for sexual assault he referred her to the Boksburg-Benoni Hospital.

The woman went to a clinic where she was refused stitches as she had not been referred by a private practitioner.

Dr Chapman today refused to discuss the incident and referred all inquiries to the department.

A department spokesman said Dr Chapman had "acted in good faith".

The spokesman said the woman had not been in need of urgent medical attention and Dr Chapman had referred her to the local hospital as was normal departmental procedure.

# Crash project to train black doctors

Argus Correspondent

PRETORIA. — The Medical University of Southern Africa (Medunsa) will train about 200 doctors, 50 dentists, 50 veterinarians and 300 paramedical specialists a year in the next five years.

A spokesman for the university said that millions of rands have been earmarked for projects aimed at expanding and building facilities to cater for the growth of the institution. The university would accommodate about 4 500 students a year, he said.

## Phased out

"In a country where there is only one black doctor for every 90 000 black people, and black dentists and veterinarians are almost non-existent, we can be proud of the work Medunsa is doing," he said.

The university, comprising of faculties of medicine, dentistry and veterinary sciences, was established on August 21 1976 to train black doctors after black students were phased out at the University of Natal's Wentworth Medical School in Durban.

The university is located about 30 km north-west of Pretoria in Garankuwa on the border of

Bophuthatswana. It adjoins the Garankuwa Hospital which treats more than 20 000 outpatients and 3 000 admissions a month.

## Graduation

The first batch of medical graduates was capped last November. The second graduation ceremony will be held on November 26.

Mr Louis Vogel, chief public relations officer at Medunsa, said a number of major companies and distinguished personalities have been invited to tour the campus on October 26.

The guests will visit the lecture rooms, students' residences, laboratories and other facilities on the campus.



# Dentists want to increase fees by 33 percent

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93 Mercury Mercury Reporter 14/10/83

THE Medical and Dental Council is seeking Government approval for another increase in medical tariffs.

The council decided at its meeting in Parow to ask the Minister of Health to approve increases of 33 percent in dental tariffs and 8 percent in doctors' fees.

This follows a 15 percent increase in tariffs last month.

The Director-General of Health, Dr F P Rétief, told the meeting the minister might not approve the 33 percent increase for dentists because of the unfavourable economic climate, and because the public might feel such an increase was unreasonable.

If the 8 percent increase for doctors were approved it would cost medical schemes an additional R32 million a year. The average family paying R60 a month to a medical scheme would have to pay about R2 more a month.

Mrs Doreen Stevens, chairman of the Durban branch of the Housewives' League, said she felt dentists' fees were already extremely high.

'In this time of inflation, when people are pretty well at their lowest, a 33 percent increase is a bit much,' she said, sounding outraged.

Medical aid tariffs would increase and place an extra burden on already hard-pressed consumers.

## Greedy

Durban doctors said costs had risen considerably and therefore a substantial increase was appropriate, but more than one said doctors ought not to become greedy.

'I feel that our work, treating patients, comes first, and we should not be too conscious of fees,' said a doctor.

Another doctor said: 'I don't feel one needs to charge an exorbitant amount, but the costs of running a practice have risen faster than the tariffs.'

'One has to see more and more patients to cover one's costs.  
'But after the September increase this hike will be very hard to justify and I'm sure the minister won't approve it.'  
Dentists said they had been feeling the pinch as their costs soared faster than fees.  
Said one: 'The public has the impression that dentists are a wealthy bunch, but this is not so true any more.'  
'The costs of running a practice have risen out of all proportion, and we've been hard-pressed at the end of the month to find the money to settle our accounts.'

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# Army medics plan for SWA

By PETER KENNY  
Africa Bureau

WINDHOEK — The office of the Administrator-General of South West Africa has put forward a plan for the army to take over effective control of all medical services in war-torn Owambo. But the plan is apparently meeting stiff resistance from a number of quarters in the area, especially nursing staff.

The aim is for an army medical officer to take over the post of Director of Health in Owambo and as medical superintendent in the busy Oshakati Hospital. The medical services in the area would be supplemented by a further 16 doctors. The executive committee of the Owambo health authority, which controls health services at present, is understood to have reacted to the proposal, but has made no comment to the Press.

According to a report in the Windhoek Advertiser yesterday a memorandum of the proposal was given to the Owambo ethnic administrator chairman, Mr Peter Kalandula, and his MEC for Health, Pastor Heita, at a meeting with the Administrator-General, Dr Willie van Niekerk, last Tuesday.

The memorandum apparently threatened to cut off funds to the administration for Owambo, thereby relieving them of effective control of medical services. If they did not agree to the plan, One Owambo official is believed to have said that recent reports of bubonic plague in Owambo had been exaggerated to facilitate the army takeover.

A spokesman for the Owambo Administration said that of the 17 doctors in the Oshakati area seven were army doctors. The Air Force also provides a back-up ambulance service in the region so that the military already has strong effective control of medical services.

The Roman Catholic Church and the Finnish Mission with the Evangelical Lutheran Church of Owambo-Kavango (ELOC) have numerous hospitals and clinics in Owambo. A Roman Catholic spokesman in Windhoek said this was a matter for the bishop to comment on while the head of ELOC, Bishop Klempas Dumeni, said he could not comment at this stage. Some people fear this might be a step to force more missionaries out of the area. Many of the authorities believe RC and Lutheran churchmen are too favourably disposed to Swapo. A spokesman for Dr Van Niekerk said last night that he would be out of town until Wednesday.



# EXPRESSSCOPE LOOKS AT MEDICA

## Aid funds pay high price for doctors' frauds

By ANGELA GILCHRIST

MEDICAL fund administrators this week gave the Sunday Express copies of prescriptions and other documents which showed that unscrupulous doctors were endangering patients while defrauding medical aid societies.

One medical aid fund paid a doctor R1 851 in 1980, R4 311 in 1981, R47 046 in 1982 and has paid R85 632 so far this year. It received R560 worth of accounts from a family in one month.

One prescription shows more than R350 for drugs and treatment given to one patient during three house visits.

Out of 34 prescriptions submitted to a medical aid scheme by the same doctor, not one is for less than R72 and most are for more than R100 worth of drugs.

The doctor's conduct has been reported to the SA Medical and Dental Council.

Two doctors who were asked this week to assess the prescriptions said patients could be endangered if they took medicines in the amounts prescribed, and the medicines were in certain cases incompatible with the stated diagnoses.

But medical aid administrators do not believe patients are receiving all the medicines and treatment listed on the bills.

Said one doctor, an adviser to a medical aid scheme: "These unscrupulous types are taking advantage of people's ignorance.

"They are operating mainly among uneducated patients in rural areas and black townships.

"We know they are charg-

ing medical aid schemes for the most expensive drugs on the market, but are not providing anywhere near the amounts stated on their prescriptions — or alternatively, are supplying cheaper, generic substitutes."

The issue of over-prescription burst into the open last week when a meeting of the SA Medical and Dental Council in Parow heard that the problem had reached horrifying proportions.

The chairman of the council's tariff committee, Mr W M C Davidson, said he would

like to see the culprits behind bars.

"It's fraud. It's stealing money," he said.

Complaints made by medical aid schemes to the SA Medical and Dental Council include:

- Collusion between certain medical practitioners and patients to split medical aid 'reimbursement' cheques.
- Touting for business by a practitioner. He paid cash amounts to members of medical aid schemes who consult him.
- Touting for business by

telling patients they can claim amounts from medical aid reflected as paid on accounts in fact not paid by patients or dependants.

● Defrauding of medical aid schemes by claiming for expensive medicines stated on accounts and supplying similar but cheaper alternatives.

● Patients being asked to sign blank cheques for a doctor. A medical aid administrator believes this to be a tax dodge.

● Treating patients who are healthy and prescribing and supplying unnecessary

medicines to them.

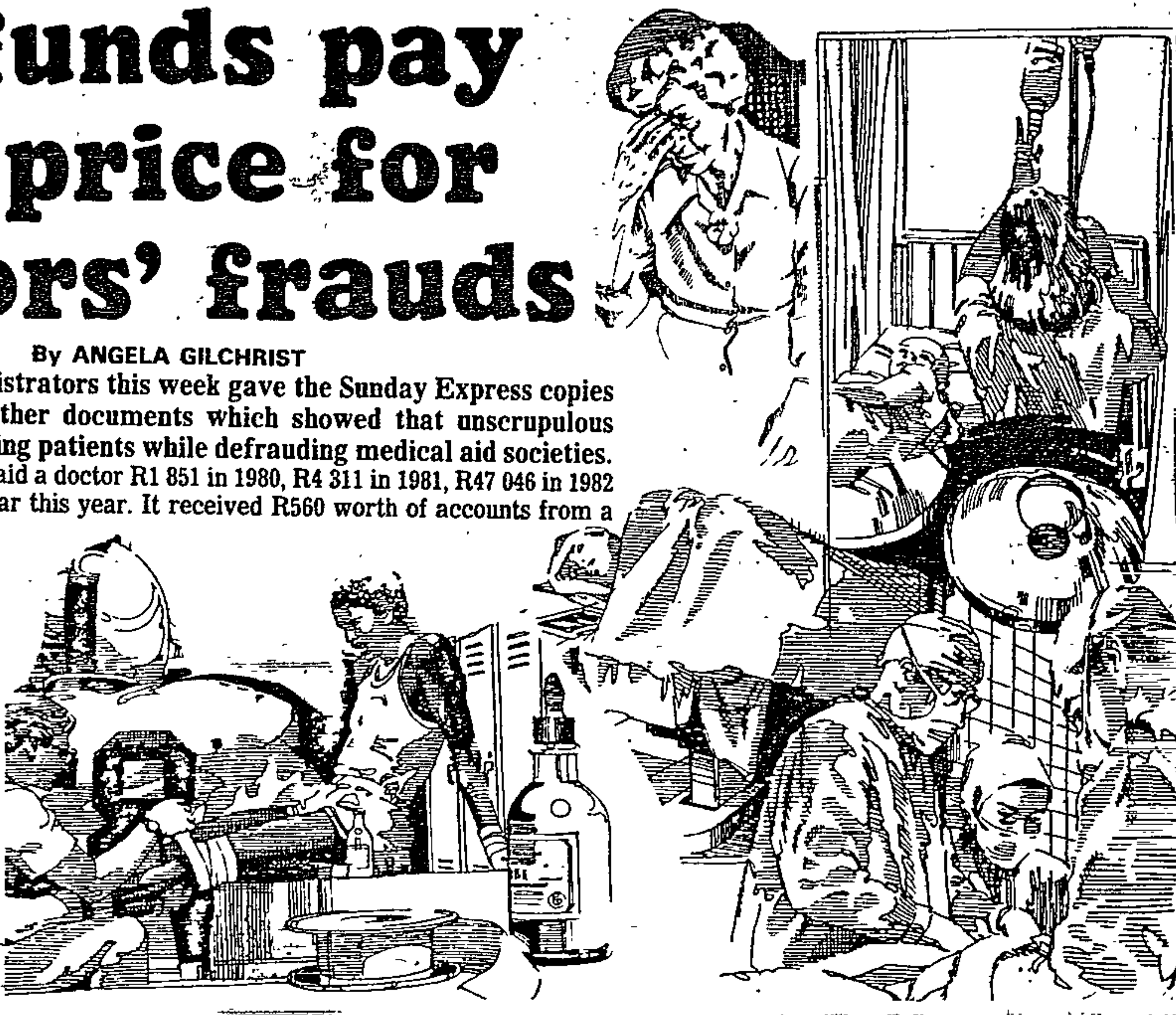
● Defrauding medical schemes by claiming for them for medicines not

plied. ● Defrauding medical schemes by stating on accounts that members of schemes paid cash deposits which the scheme has to fund to the member, when the member does not

any cash deposit. ● Charging full retail price for medicines, such as those dispensed in bulk, which doctors obtain at substantial reduced prices.

● Inducing patients to by affixing labels to mixture bottles (of the plastic, disposable kind) which state "Please return bottle collect deposit."

● Contraventions of Section 52 of the Medical and Dental and Supplementary Health Services Professions Act



## Experts compile list to simplify treatment

TWO doctors who have left practice, Dr S L Javett and Dr B R Briggs, have devised a system they believe could cut the country's drug bill by up to 25% — R500-million a year.

With the aid of 26 other doctors — each an expert in his field — they have drawn up a list of common disorders and their treatment. It suggests three drugs by trade name that could be used for each disorder.

The doctors believe it advantageous for practitioners to know and understand a small number of the drugs available.

"Simplified therapy may reduce iatrogenic disorders (secondary disorders produced by doctors' bad management) accounting for up to 18% of hospital medical admissions," said Dr Javett.

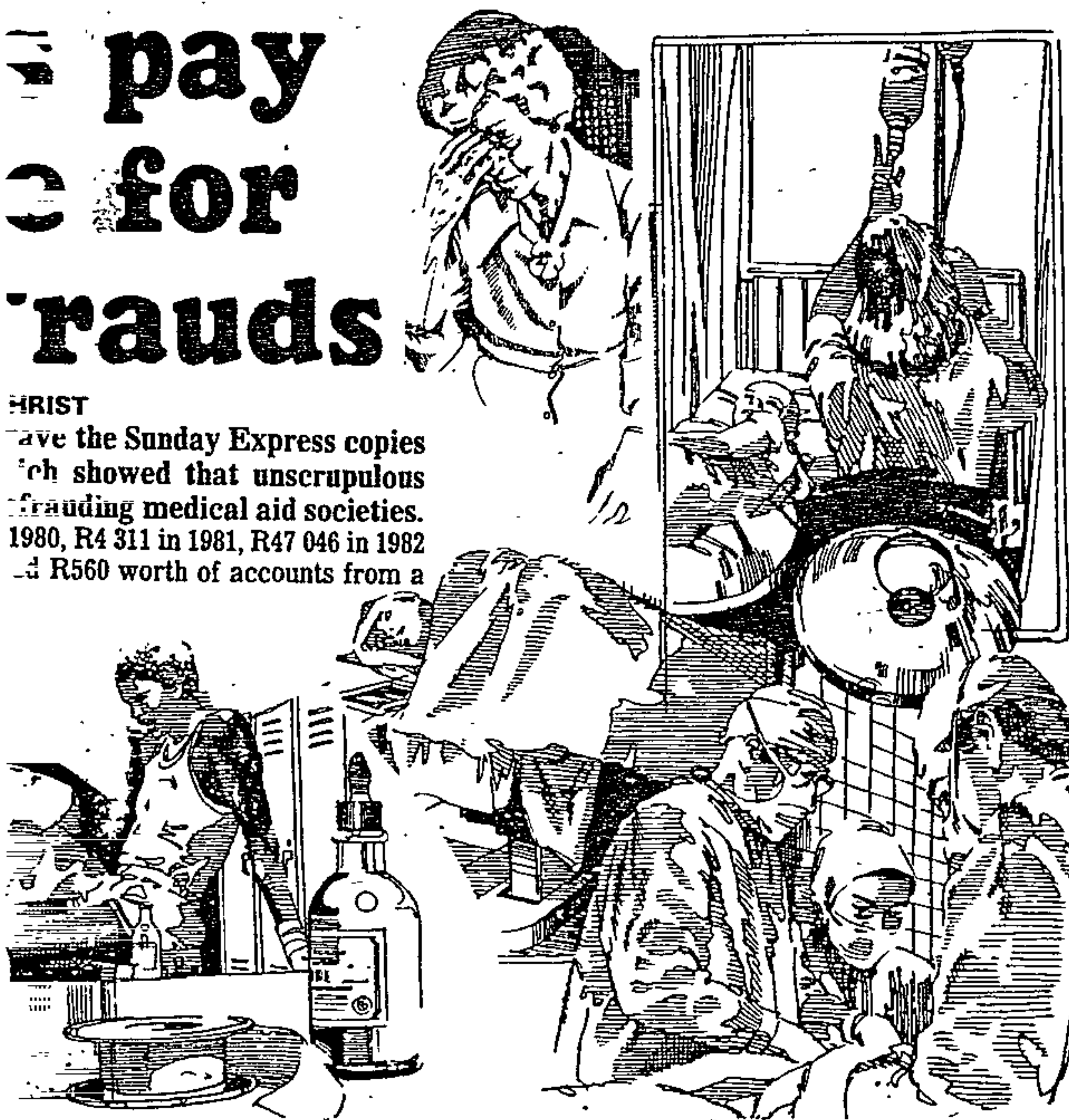


# SCOPE LOOKS AT MEDICAL RACKETS

## pay for frauds

CHRIST

ave the Sunday Express copies which showed that unscrupulous frauding medical aid societies. 1980, R4 311 in 1981, R47 046 in 1982 and R560 worth of accounts from a



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- Treating patients who are healthy and prescribing and supplying unnecessary

medicines to them.

- Defrauding medical schemes by claiming from them for medicines not supplied.

- Defrauding medical schemes by stating on accounts that members of the schemes paid cash deposits which the scheme has to refund to the member, when the member does not pay any cash deposit.

- Charging full retail price for medicines, such as those dispensed in bulk, which doctors obtain at substantially reduced prices.

- Inducing patients to visit by affixing labels to mixture bottles (of the plastic, disposable kind) which state: "Please return bottle and collect deposit."

- Contraventions of Section 52 of the Medical and Dental and Supplementary Health Services Professions Act by

## Prescriptions are criticised

TWO doctors were asked to assess the prescriptions given to the Sunday Express this week. This is a summary of their comments:

**SCRIP 1:**

- **Diagnosis:** Severe infection of both kidneys.

Doctors criticised the prescription because the powerful drug Keflin was given no fewer than nine times in amounts of 2gm.

"One gram would have been sufficient, 2gm was described as "very heavy medication".

The decision to use the drug in an intravenous drip was criticised, since it would be absorbed by the body within a few hours and would not cater for the patient all the time. It was not normal to set up drips on nine different house visits.

If the patient was ill enough to require an intravenous drip, he or she should have been admitted to hospital.

Keflin is one of the most expensive drugs available.

**SCRIP 2:**

- **Diagnosis:** Arthralgia, tinea hair, peptic ulcer and neuralgia.

Doctors criticised this prescription because the anti-

inflammatory Feldene was given in the presence of a peptic ulcer which was likely to be irritated by it.

Tagamet, also prescribed in this case, should only be used for peptic ulcers where all other methods have failed.

The doctor over-charged for Nizoral at R54,50. The proper price is R49,34.

**SCRIP 3:**

- **Diagnosis:** Bronchopneumonia.

The doctors criticised the prescription of the antibiotic Penbritten because it was absorbed by the body within six hours, meaning that the patient was not receiving the benefit of any drug for the remaining 18 hours of the day.

A patient as ill as this would probably be admitted to hospital and not treated by a doctor at home.

**SCRIP 4:**

- **Diagnosis:** Pneumonia of both lungs.

This prescription was criticised because the drug Cefril lasts for only six hours

in the body, meaning the patient did not receive the benefit of any medication for the remaining 18 hours of the day.

not personally dispensing the medicine prescribed.

The country's Health and Welfare budget for 1983/1984 has been increased by 14% to R1 330-million.

And in 1982 the value of the pharmaceutical market in this country was approximately R310-million — an increase of 19% on 1981.

South Africa boasts 100 pharmaceutical companies — more per capita than any other country — which spend R24-million a year to come to the attention of 5 000 general practitioners.

Said one doctor: "It's been suggested that over-prescribers be put behind bars. But how about putting

the pharmaceutical industry behind bars?"

"It's well-known that doctors are graded by the industry into high, middle and low prescribers. High prescribers are wooed by some pharmaceutical company reps willing to provide almost anything the doctor desires — provided he or she keeps prescribing their products."

Not everybody agrees that the solution is to forbid doctors to dispense medicines.

Last week the SA Medical and Dental Council turned down a proposal that doctors should not dispense their own medicines if there is a pharmacy within a 5km radius of his practice.

## to simplify treatment

Dr B The doctors believe it advantageous for practitioners to know and understand a small number of the drugs available.

in his "Simplified therapy may reduce iatrogenic disorders (secondary disorders produced by doctors' bad management) accounting for up to 18% of hospital medical admissions," said Dr Javett.

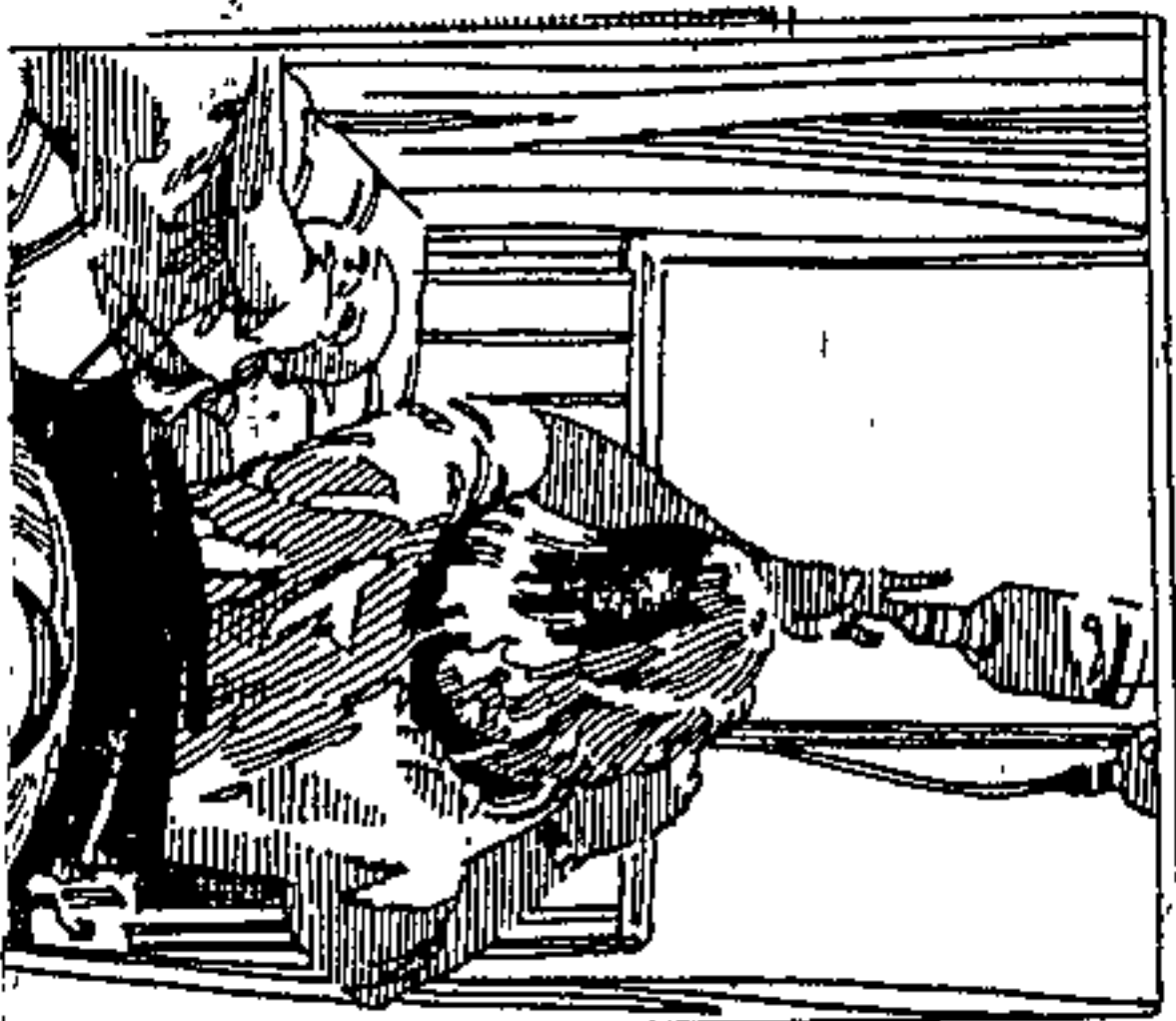


## EXPRESSSCOPE LOOKS AT MEDICAL RACKETEERS

# Aid funds pay high price for doctors' frauds

By ANGELA GILCHRIST

MEDICAL fund administrators this week gave the Sunday Express copies of prescriptions and other documents which showed that unscrupulous doctors were endangering patients while defrauding medical aid societies. One medical aid fund paid a doctor R1 851 in 1980, R4 311 in 1981, R47 046 in 1982



## Prescriptions are criticised

TWO doctors were asked to assess the prescriptions given to the Sunday Express this week. This is a summary of their comments:

### SCRIP 1:

● Diagnosis: Severe infection of both kidneys. Doctors criticised the prescription because the powerful drug Keflin was given no fewer than nine times in amounts of 2gm.

Inflammatory Feldene was given in the presence of a peptic ulcer which was likely to be irritated by it. Tagamet, also prescribed in this case, should only be used for peptic ulcers where all other methods have failed.

The doctor over-charged for Nizoral at R54,50. The proper price is R49,34.

### SCRIP 3:

**A TOP doctor convicted of performing abortions said this week he was betrayed.**

Dr Brian Karstadt, 58, a former Springs Medical Officer of Health, was fined R3 000 (or 28 months' imprisonment) this week.

In an interview after his trial, Dr Karstadt said he had lost faith in human character.

"I did my best to help women in a predicament, without charging them, and somebody squealed on me.

"More and more women will resort to backstreet abortions as a result of this."

Dr Karstadt is now trying to put the trial behind him.

"I will concentrate on getting back on my feet, I have turned my back on those who need help with an abortion as a result of this," he said.

Dr Karstadt, who for years has been involved in community health and civil defence, said he had now lost sympathy with causes.

During the hearing, psychiatrist Dr Lucas Steenkamp told the court Dr Karstadt had great empathy with the pregnant women and had become emotionally involved with their problems.

He said he did what he thought was in the patient's best interest.

Dr Karstadt's conviction this week revived the controversy over abortion.

Legal experts and women's organisations have slammed South Africa's anti-abortion laws.

**Morals**

But some church officials have spoken out against abortions, saying that only God had the right to decide on the life of a being.

An attorney, who cannot be named for professional reasons, said the abortion law was one which enforced morals, not legal principles. She said ordinarily in law life was regarded as only starting after birth.

She said many of the divorces she handled occurred as a result of a couple being pressurised into marriage.

"They are not allowed free choice. They feel they have to get married and as soon as things don't work out they want to get divorced. It is always the children who suffer most."

Cardinal Owen McCann of Cape Town said the Catholic Church was totally against abortion.

"It is wrong, it is taking life and we hold that life is there from the moment of conception.

I was trying to help



DR BRIAN KARSTADT  
Empathy with patients

says  
abortion  
doctor

"Every being has a right to live. Almighty God is the creator of children and parents are the instruments of this," he said.

The Reverend Robert Samson, deputy general secretary of the Presbyterian Church said his church had recently debated the issue.

It was decided that the church should take a stand against any attempt to legalise abortions on demand or as a means of birth control.

He said the church was not against abortions where there were sufficiently strong psychological and medical grounds for them.

BY RUTH GOLEMO and SARAH SUSSENS

**Somebody squealed!**

5/1/83  
23/1/83  
C93



# Squatters: Appeal to doctors

Cape Times 24/10/83

Staff Reporter

THE dean and executive committee of the faculty of medicine at the University of Cape Town and the head of the university's department of medicine have called on medical practitioners to take a stand against the destruction of shelters at Crossroads because of the deleterious effect of this on the health of the people there.

In letters to the South African Medical Journal, they point out that the health of a person means more than just the absence of disease.

"We teach our students that health, which is a right and not a privilege, is dependent on housing, nutrition, education and employment," says Professor R E Kirsch, head of the department of medicine.

"We speak of the sanctity of life and warn that a disease or a patient suffering from a disease cannot be seen as isolated from his home, his family and his place of employment.

"Surely it is time that we as a profession expressed in clear and unambiguous terms our abhorrence of these inhuman practices for which we must assume responsibility for they affect the health of citizens of this country," he says.

The letter from the dean and executive committee of the faculty says they "cannot countenance such summary eviction, with shelter destruction, without provision for alternative accommodation, especially in bad weather conditions".

They state that the guiding principle of the World Health Organization has always been that health is a state of complete physical, mental and social well-being.

In South Africa, the fundamental objectives of the Health Services Facilities Plan (HSFP) of 1980 related to the provision and protection of a safe environment where it would be possible for people to reach this ideal.

The HSFP specifically addressed the issues of the development, provision and protection of a safe water supply, appropriate sanitation and acceptable housing, says the letter.

The letter calls on doctors to use whatever influence they have to prevent the destruction of shelters "and the resulting deleterious effect on the health of those deprived of such cover".

In reacting to the problem, practitioners would be supporting the philosophy of the Health Act, it says.

# Doctors urged to act on squatters

93

~~2/10/83~~

2004

25/10/83

By HELENE ZAMPETAKIS

THE National Medical and Dental Association (NAMDA) and the University of the Witwatersrand's department of community medicine are backing a recent call for doctors to take a stand against the destruction of shelters at Crossroads squatter camp.

And the Medical Association of South Africa (MASA) will discuss the call, made by doctors at the University of Cape Town, at its executive committee meeting next week.

The call, made by the executive committee of the faculty of medicine at the

University of Cape Town and the head of the university's department of medicine, Professor R E Kirsch, appeared in the South African Medical Journal this week.

The medical academics argued that physical and mental health could not be isolated from the patient's home, family or place of employment.

It was time that doctors expressed their abhorrence of practices which jeopardised people's health, they wrote.

Commenting on these observations yesterday, Dr E Jassat, publicity secretary of NAMDA, commended the doctors for their "courage and foresight in raising problems which medical person-

nel usually try to shy away from".

Doctors, and especially black doctors, should work on a voluntary basis in communities to ease medical problems caused by South Africa's apartheid laws.

Already, Transvaal doctors belonging to the Hospital Workers' Association — mainly from Baragwanath and Coronationville hospitals — provided medical services, tents and food to squatters in Katlehong and Kliptown.

Professor John Gear, head of the department of community health at Wits, said doctors' knowledge of the causes of ill health gave them a responsibility to speak out against the demolition of squatter camps.

As responsible members of society, they should protest against inhuman practices which destroyed family life and broke down an individual's physical and mental health.

Responsible doctors should provide voluntary health care and speak out against conditions which fragmented the "sacrosanct" family-unit and deprived people of the basic amenities of a water-supply, shelter, and sanitation, he said.

Mr N Prinsloo, registrar of the South African Medical and Dental Council, said yesterday the call "did not fall within the purview of the council" and declined to comment.

T



# Natal medical students face 30 percent fee hike

93 Mercury  
Pietermaritzburg Bureau

28/10/83  
ACADEMIC fees for most undergraduate courses at the University of Natal will rise by 15 percent next year — but medical students face a stiff 30 percent fee hike.

Residence fees on the Durban campus are

set to go up by a similar percentage, depending on how many meals students take in their halls during the year, but at the campus here a flat-rate increase of 10 percent on accommodation is to be imposed.

Releasing these figures yesterday, a spokesman pointed out that tuition and residence fees at Natal University remained below those of many other universities.

Academic fees covered registration, tuition, laboratory fees, lecture notes, examination fees, library subscription, student facilities and personal accident insurance. No additional fees were payable during the year.

## Most expensive

The most expensive undergraduate courses are agriculture, architecture, building, chemical technology, engineering, pharmacy, quantity surveying, science and land surveying, which are to cost R1495 a year against this year's figure of R1300.

Arts, fine arts, commerce, some education and law courses, music, social science and theology courses weigh in at R1265 for 1984 against R1100 for 1983.

Medicine will cost students R1260 in spite of the 30 percent increase on this year's figure.

It is understood that a higher percentage increase for the university's black medical students is as a result of a five-year programme imposed by the Government to bring the Medical School's fee structure into line with those of other universities.

## Residence fees

Tuition for BEd and LLB courses will cost R910 a year instead of R790 from January, according to the spokesman.

Post-graduate courses now fall into two categories at R910 or R1100 a year.

Residence fees on the Durban campus go up by 12 percent and meals by 19 percent, with the overall cost of a year — assuming the student has every meal in the dining room — being R1840 instead of R1585.

On the Pietermaritzburg campus a consolidated residence fee of R1850 includes all meals and represents an increase of R170 over the 1983 figure.

The Alan Taylor residence for black medical students in Durban is to charge R540 a year against R397 this year.

# Health services — access for poor is difficult

**Medical Reporter**  
MANY of the poorer areas of Cape Town have two or fewer general practitioners and no hospitals, and many working class people have "problems of access" in reaching medical help.

This emerges from a working paper produced by the Southern Africa Labour and Development Research Unit (Saldru) at UCT on Access to Health Services in the Greater Cape Town Area.

The highest concentrations of general practi-

tioners are in the wealthier suburbs such as Bellville, Claremont, Rondebosch, Sea Point and Wynberg.

The poorer areas named in the paper are Bishop Lavis, Facreton, Guguletu, Langa, Steenberg and Nyanga.

"Problems of access are created since people have to undertake inconvenient journeys to reach general practitioners, adding transport costs to the costs of consultation."

This was also a problem in the case of specialist referrals, since more than 50 percent of the private specialists worked in the city centre, the rest working mainly in other medical centres in the wealthier white suburbs.

Using 1980 figures the paper states that of the Peninsula's 936 private practitioners, 397 are specialists and 151 of these are surgeons.

This concentration was not related to the major health problems in the area — preventable diseases such as gastro-enteritis, pneumonia and under-nutrition among children, and TB among adults — but to areas of maximum profitability.

All of the 22 private hospitals in the metropolitan area of the Peninsula, with the exception of one convalescent home, were in the white areas.

Only one curative clinic, Empilisweni SACLA clinic, run by church organisations, provided primary health care facilities to a population of about 30 000 people at Crossroads.

Limited access to the services of general practitioners was a problem particularly for workers since general practitioners, apart from provincial hospital casualty departments, provided the only primary health care services available after working hours.

Provincial hospitals, with the exception of one convalescent home and one orthopaedic hospital, were all located in white group areas.

New day hospitals have been opened in three areas in the past three years, but others have been closed. Bonthuvel closed after the 1976 unrest, and areas with large populations far from the city, such as Mitchell's Plain, have no day hospitals.

"The day hospitals in Langa and Guguletu (two areas with the highest rates of TB and infant mortality) have needed extending for more than four years."

The paper concludes: "What has been found is that areas with the greatest need are areas in which there is least access to health services."



# Her spirit kindled help for thousands

By Lynne Cornfield

Dr Mamphela Ramphele has turned a personal disaster into a public triumph.

What this courageous young doctor achieved in her six years' bannishment to a remote settlement in the Northern Transvaal became public knowledge only in July this year when her banning order was lifted.

She built a clinic to serve 50 000 poverty-stricken people, and she established a library, an education project, a creche and a brick co-operative.

When Dr Ramphele arrived in Lenyenye in May 1977 — her promising life shattered — she decided she had a choice: to fold her arms and cry, or to do something worthwhile.

She chose to do something worthwhile.

Her own health was in jeopardy with a threatened miscarriage of the unborn child of Black Consciousness leader Steve Biko, so her plans to provide medical facilities to the community were delayed.

But soon after Hlumelo was born, Dr Ramphele set about her task: to set up a clinic for the 50 000 people of Lenyenye and the community scattered 60 km around who had not had a doctor since 1963. They had had to travel far to the hospital or wait for the monthly visit of doctors to the clinic.



DR MAMPHELA RAMPHELE — built a clinic to serve 50 000 poverty-stricken people.

Today Dr Ramphele's Ithuseng Clinic is thriving.

It started as a makeshift clinic in a delapidated old shopping complex. Soon it was hopelessly overcrowded and not good enough for Dr Ramphele's purposes.

She worked hard to find sponsorship and soon Anglo American and the British Christian Aid helped financially.

Then an architect friend designed a clinic building for them. More financial aid was sought and found.

The work at the clinic revealed other needs in the community. A feeding scheme was started, then a day care centre for 102 children from destitute homes. They are not only fed but intellectual and emotional stimulation is also provided for them.

Dr Ramphele's interest in the health of the community has not been limited to the patients at the clinic. She has also initiated community health care programmes involving in-the-field lectures on sanitation, hygiene and dental care and a library and brick co-operative have been started under her influence.

In the six years, Dr

Ramphele has grown very attached to the people of Lenyenye and has stayed on at her clinic for several months since her banning ended. But she feels her job there is completed. "It just needs to be administered now," she said.

She is ready for other challenges but will stay on until another doctor replaces her. In the meantime she is completing a BCom degree.

# Call for women doctors to do army training

W/E ARGUS 5/11/83

93

~~2000~~

By ADA STUIJT  
Weekend Argus  
Reporter

**WOMEN** doctors should be required to do two years' national service as required of their male colleagues, a Grootte Schuur Hospital doctor has suggested in the SA Medical Journal.

Dr J W van der Spuy, a (male) doctor at Grootte Schuur Hospital's trauma unit in Cape Town, wrote in the November 5 issue that the percentage of female medical students in the country's faculties had risen to 30 percent — and was still on the increase.

## No protest

"Therefore it is becoming an important question how much longer we can explain why the white male doctor with a South African passport is required for two years of national service after his internship — but not his female counterpart," he wrote.

It was striking that his female colleagues did not protest against this particular form of inequality and discrimination, or try to correct it.

Dr van der Spuy suggested that military jobs

for female doctors could be restricted to non-operational or non-military fields.

## Rural areas

"Initiating national service for female doctors could also allow male doctors to be assigned more often to operational and military tasks."

Female doctors could

also be allocated to rural areas, which at present lacked medical services or had to be visited by male national service doctors.

"Thus the female doctors could counteract the present mal-distribution of doctors, especially once non-white doctors are also required to do military service after completing their medical studies."



14/11/23 (93) D. Dispathe

## Masa calls for action on forged sick notes

EAST LONDON — Medical authorities and industry have been urged to co-operate in curbing the practice of falsifying sick notes.

According to a recent survey carried out by the Border branch of the Medical Association of South Africa (Masa), 31,5 per cent of sick notes presented to employers are false.

Dr P. Matthews, chairman of the branch, said that this was indeed a grave situation and called for action from both medical authorities and industry.

"Part of the problem was that sick notes, up until now, could take any form whatsoever from a typewritten letter to a little scrap of paper with an illegible signature and stamp on," Dr Matthews said.

In an effort to combat this, the association is now issuing a standardised sick certificate which should be the only form acceptable.

The survey revealed that as well as employees forging their own sick notes, some were obtained fraudulently from a doctor and some bought from a doctor.

"In the case of the fraudulently obtained notes it is fairly obvious that employees concocted an illness, usually as undetectable as possible like backache," Dr Matthews said.

"Doctors should be adept at picking out the malingerers and rather than just signing a sick note and accepting the

ailment as genuine, they should make efforts to ensure that this type of person doesn't get away with it."

Dr Matthews conceded that there were doctors who did recognise the malingerers, but signed the sick note in order to collect their fee.

"I am afraid that there are doctors who are perhaps not as scrupulous as they should be in this respect. We seriously do as much as possible to rule out this sort of practice.

"The medical association has embarked on this project because we are not just a rapacious horde as some would contend. We have a duty to the public which we view very seriously and this exercise is to help clean up our public image."

Dr Matthews appealed to industry and commerce to co-operate as much as possible with the association in helping to stamp out the practice of falsifying sick notes.

"This project can only be effective if we have the backing of employers," he said.

Mr Frank Judd, personnel manager of a large textile company said that false sick notes were a cause for concern to all big employers.

"Our absenteeism rate is fairly low but we do

have incidents of blatantly forged sick notes from private practitioners. These cases we forward to the medical council.

"Forgeries by employees are dealt with under the company's disciplinary procedures. One of the main problems is that doctors book off employees for lengthy periods for apparently minor ailments without ever seeing the patient more than once.

"This results in lost production and increased overtime costs to make up for the absenteeism. It is essential for industry as a whole to take a strong stand on this issue," Mr Judd said.

Mr Gerrie Uys, personnel manager of a large electronics company here, said he doubted whether the figure of 31,5 per cent was entirely accurate.

"I've no doubt however that a large number of sick notes are false but this can be controlled to a large extent by employers by running random checks with doctors on suspect notes.

"We don't have a serious absenteeism problem but we have referred individual cases concerning certain doctors to the medical aid organisation and they deal with these cases," Mr Uys said. — DDR

(93) (32A) ROOM 18/11/83

# SA-Taiwan plan to exchange doctors

TAIPEI. — Dr Nak van der Merwe, Minister of Health and Welfare, indicated in Taipei yesterday that exchanges of medical specialists and training programmes would be the major focus in future medical co-

operation between Taiwan and South Africa.

Dr Van der Merwe met officials of the Department of Health yesterday and exchanged opinions with them on medical co-operation between the two nations.

The meeting was chaired

by the department's director general, Mr Hsu Tzu-Chiu.

The Taiwan government has sent some doctors and medical personnel to South Africa for training, but the language problem is a major obstacle in learning.

South Africa would send

medical specialists in kidney transplants, the cardiac catheterising technique, and nuclear medicine to Taiwan next June or July, the Minister said.

The efforts are to upgrade the level of medical research in Taiwan, he added. — Sapa.





# Law would curb doctors' dispensing

93

30/11/85 Mercury

## Mercury Reporter

DRAFT legislation to tighten controls on the dispensing of scheduled drugs by medical doctors would probably become law next year, the secretary of the Medical and Dental Council, Mr N M Prinsloo, said yesterday.

Reacting to allegations by the Pharmaceutical Society that more than 1 000 doctors nationwide were 'trading' by dispensing drugs, Mr Prinsloo said there was confusion over the term 'trading'.

'Every doctor is allowed to dispense drugs by law, but trading involves the buying and

selling of drugs other than to patients. If a doctor buys medicine in vast quantities and dispenses this to his patients he is not breaking the law.'

The secretary of the Medical Association of South Africa, Dr Marais Viljoen, agreed that the proposed legislation would go a long way towards solving the problem.

According to the draft legislation submitted to the Minister of Health, Dr Nak van der Merwe, the council will have the power to investigate the books of any doctor who is the subject of a complaint, requiring him to furnish details of his drug

transactions including prices paid for drugs and prices charged.

'We accept that there are some doctors who don't play the game and overstep the mark in selling drugs. We are sympathetic to the pharmacists, but I don't believe the matter should have been debated through the media.'

## Adamant

'The association agrees that specific complaints should be investigated, but the implication that 1 209 doctors are acting illegally or unethically by selling drugs is a sweeping statement,' said Dr Viljoen.

But the Pharmaceutical Society is adamant that the problem is rife and that many doctors are stepping over the finely-drawn ethical line.

'According to our investigations, doctors are prescribing 15 percent of drugs dispensed. That amounts to between R30 million and R35 million a year.'

'We have the names of 1 209 doctors who we believe are dispensing. We do not deny that some of them might be supplying socially sub-economic patients. But there are many cases where medical aid societies are being charged for these drugs.'

'If a doctor is seeing 40 to 50 patients a day he cannot fulfil the function of a dispenser as well as a medical doctor.'



# Call for doctors to help ease plight of squatters

By Pamela Kleinot,  
Medical Reporter

The director-general of Health, Dr FP Retief, has called for suggestions from University of Cape Town doctors to ease the plight of people living in Old Crossroads and other squatter communities.

"My department and I personally would welcome them for further consideration," he said in a letter to the South African Medical Journal.

Dr Retief's comments follow a call to the medical profession to take a stand against the destruction of shelters at Crossroads squatter camp.

The call was made by the executive committee of the faculty of medicine at UCT and the head of

the university's department of medicine, Professor RE Kirsh, who said health was dependent on housing, nutrition, education and employment.

In a letter to the SAMJ in October, Professor Kirsh said he found it "strange" that the medical profession, which had witnessed the constant destruction of shelters at Crossroads, had remained so silent.

"We cannot plead ignorance since the Press has carried vivid descriptions as well as photographs of infants and children exposed to the Cape winter.

"Surely it is time that we as a profession expressed our abhorrence for these inhuman practices for which we must assume responsibility

since they affect the health of the citizens of this country."

In a second letter, the faculty's dean and executive committee argued that the demolitions were contrary to the philosophy of the Health Act.

In the latest SAMJ, Dr Retief said it was gratifying to note that the dean and committee had invoked the Health Act in expressing their concern about conditions at Crossroads.

"The Department of Health and Welfare was instrumental in formulating this Act," he said.

Dr Retief said squatters were a fact of life in most countries and South Africa was no exception.

Dr Retief said the funding of health care in the future had to shift from the provision of expensive and sophisticated curative services to the provision of housing and primary health care services.

These include safe water, sewerage and refuse disposal as outlined in the health care facilities plan formulated by the Department of Health.

PRINCIPLES OF MEDICAL ETHICS RELEVANT TO THE ROLE OF HEALTH PERSONNEL, PARTICULARLY PHYSICIANS, IN THE PROTECTION OF PRISONERS AND DETAINEES AGAINST TORTURE, AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

(Adopted by the U.N. General Assembly on December 18, 1982)

72 93



Principle 1:

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees, have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

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Principle 2

It is a gross contravention of medical ethics as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.

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Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

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Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians: (a) to apply their knowledge

and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments; (b) to certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

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Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, or his fellow prisoners or detainees or of his guardians, and it presents no hazard to his physical or mental health.

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Principle 6

There may be no derogation from the foregoing principles on any ground whatsoever, including public emergency.



12/12/83  
93 Mercury  
Call to abolish  
forced removals

Mercury Reporter

A NEW medical body has called for the abolition of forced removals and detention without trial because of their affects on health.

The body, known as the National Medical and Dental Association, was born out of disagreement with the M Association of South Africa's support of the Medical and Dental Council's verdict in the Steve Biko post mortem.

An association spokesman said at its first annual meeting that a forum should be established to discuss the negative affects of forced removals, detention without trial, and the new constitution.

With the recent deten-

tion of three doctors, and at least three others from the Pietermaritzburg area, the association urged its colleagues to work for a just and democratic society where the detention system was abolished.

It recognised forced removals as a contributory factor in ill health and suffering in South Africa through its harmful effects on health-care service, provision and planning, the spokesman said

The meeting agreed that a national campaign should be implemented to inform local, national and international bodies of the health implications of the new constitution

# 'New deal' may harm health — doctors

ROOM 93 ~~307/A~~ 78

12/12/83

## Mail Correspondent

DURBAN. — The Government's new constitution came under fire at the National Medical and Dental Association's annual conference in Durban at the weekend.

Delegates said that as health was regarded as "own affairs" to be considered separately by the white, coloured and Indian chambers of Parliament, it was being fragmented along ethnic lines.

They feared the future of health services would be further racial fragmentation, deterioration of the quality of services, possible collapse of services due to inadequate administrative and financial support and potential loss of medical manpower.

The conference proposed the forma-

tion of a national action committee to co-ordinate and implement a campaign to reject the new constitution.

The conference, held at the University of Natal, also rejected forced removals and uprooting of families.

More than 3 500 000 people had been forced to move from their settled areas and a further two million people were at present under threat of removal, delegates heard.

There were "obvious effects" that forced removals had on health and health services, the conference was told.

The gathering decided that the association must "openly and actively" recognise forced removals as a "causative factor" of ill health and suffering in South Africa.

Opening the conference, Dr Essop Jassat, who heads the Transvaal Indian Congress, said the need for the association was seen more than a year ago because of the concern among doctors and dentists at what he called the "deterioration of the health of our people and the total lack of a national forum to discuss the health needs of this country".

He said the "controversial handling" of the "Steve Biko affair" by the Medical Association of South Africa had also prompted many dissatisfied doctors and dentists to form a separate association.

"Since it (Masa) identifies itself closely with the State, it therefore cannot vigorously take up issues which result from apartheid and racial discrimination and which adversely influence the health of our people."



# One doctor for 91 000

93 By SAM MABE *Sowetan*

THERE is one doctor for every 91 000 blacks in South Africa, while there is one doctor for every 330 whites, according to Professor A N Boyce, former Rector of the Johannesburg College of Education.

Speaking at the graduation ceremony held at the University of Witwatersrand last night, Prof Boyce said the supply of doctors for blacks in South Africa was comparable to that of most underdeveloped countries in the world.

Quoting figures supplied by the South African Institute of Race Relations, Prof Boyce said the figures also showed that the position in the homelands and independent national states was "critical".

In Transkei there was one doctor for every 14 000 people, in Bophuthatswana, one doctor for every 16 000 people and in Gazankulu, one doctor for every 19 000 people.

Prof Boyce said the incidence of disease and suffering was among the African majority; yet the major part of the medical profession devoted its attention to the white minority. Suffering was intense in rural

areas, yet most of the doctors practised in the towns. 14/12/83

"It should be remembered, however, that there are several factors which have an inhibiting influence on the supply of medical personnel in the homelands. There are legal and other restrictions which do not serve to attract doctors," he said.

South Africa's universities were not truly representative of society because of artificial racial and language divisions. Universities in South Africa must prepare their students for life in a multiracial society.

Prof Boyce went on to say that no one would deny that whatever expedients the Government adopted to keep races apart in South Africa, whites and blacks will remain inter-dependent.

On education in South Africa, Prof Boyce said the De Lange report two years ago had raised many hopes but the most important recommendations had not been adopted by the cabinet; fundamental changes were therefore unlikely.

## Major crackdown on drunker-

# YOU' WAR!

By MONK NKOMO and  
NKOPANE MAKOBANE

THE country's police, traffic departments and the emergency services are on full alert as the country enters the festive season.

A major crackdown on drunken drivers has also been launched by all peace officers.

Senior officials of various departments spoken to yesterday made it clear that although their staff was always ready for emergencies, extra measures had already been put into action in view of the usual Christmas period.

The security police are also on the alert following the recent outbreaks of bombings according to the most recent statement by the Commissioner of Police, General Johan Coetzee.

General Coetzee said this when he warned that this period was traditionally one in which the African National Congress launched its attacks on the establishment.

A few days after this statement the offices of the Department of

## Have a holiday, Omega

Meals are available  
Free sleeping  
accommodation  
free bedding is  
provided every  
at a top class hotel  
There are show  
each coach and  
security has been  
arranged

HEALTH AND DISEASE — DOCTORS

1984

JANUARY — DEC



# Surgeon joins the exodus of SA's teaching doctors

By Pamela Kleinot,  
Medical Reporter

The departure of Dr Frank Gottschalk, a Johannesburg orthopaedic surgeon who left for the United States this week, highlights the frightening medical brain drain from South Africa's universities and teaching hospitals.

His name can be added to the long list of doctors who have been lured by the greater earning power overseas. Others have gone into private practice to improve their incomes.

Numerous letters have appeared in the South African Medical Journal (SAMJ) showing the alarming brain drain of specialists from teaching hospitals because of inadequate remuneration.

The deans of two medical schools warned last year that the standard of medical education in South Africa would deteriorate if defections were not halted by salary increases and improved service conditions.

In September alone 250 South African doctors sat an exam to qualify them to work in the United States, according to a report in a Sunday newspaper.

Salaries in South African teaching hospitals and medical schools are so far below America that it is difficult to recruit top medical men.

Professor Don Moyes, former acting

dean of the University of the Witwatersrand Medical School, wrote in a letter to the SAMJ that there were no applications for 10 advertised professorships in the faculty.

Some of the chairs, he said, had been vacant for more than five years and "we are in danger of seriously impairing the quality of our teaching and research in many areas".

Professor Moyes said most of the recently qualified specialist anaesthetists at the university had left full-time service for private practice.

In another letter to the SAMJ, Professor L Solomon, head of the department of orthopaedic surgery at Wits, said he believed full-time teaching and research staff should receive the same income as a private practitioner.

He said 50 percent of surgeons in the public sector received an income of R30 000, and a quarter received R31 810 — "top earners" brought in R1 810 a year more than the average. For a surgeon in private practice the respective figures are R44 000 and R60 000.

"Present salary scales make it impossible for even the biggest and most talented hard-working expert in the public sector to earn appreciably more than 'Mr Average', and this constitutes a serious deterrent to young people contemplating a career in academic medicine."

## Why medical man is going

Dr Frank Gottschalk has outlined his reasons for resigning from the full-time service of the Transvaal Provincial Administration (TPA) and the University of the Witwatersrand in a memorandum to the South African Orthopaedic Association.

Points he made in the memorandum include:

- "Lack of adequate secretarial staff severely limits efficient running of my unit.
- "Bureaucratic red

tape, whether for ordering new equipment or initiating changes, make working conditions in the full-time service frustrating.

- "Inconsistencies within full-time service: certain full-time doctors, because they have joint TPA, university and state health appointments, have as part of their service benefits been given motor vehicles and a travelling allowance.

- "Tax incentives: differentiation between the

way full-time doctors and private practitioners are taxed, leaves the doctor in full-time service at a major disadvantage.

"Not only are certain expenses lost to full-time doctors, but if he entertains visiting academics, he may not claim an entertainment and travelling allowance, which is allowed to private practitioners.

- "The full-timer is not allowed to augment his salary by undertaking limited private practice"

93

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## Doctor in the dock 'for political activities'

93 ~~97~~  
THE impact of politics on such professions as teaching, law and the church is an accepted part of the South African — and especially the Afrikaner — way of life. But it must be something of a novelty for a doctor to find himself facing a disciplinary inquiry on the grounds of his political activities.

This prospect, according to Die Volksblad, confronts Dr Harold Pauw of the Universitas hospital in Bloemfontein. The inquiry, which is

S. Express 22/1/84  
to be held later this month behind closed doors, concerns alleged breaches of the hospital service regulations.

Dr Pauw is accused of commenting on the administration of hospitals in a letter to voters, participating "improperly" in a Conservative Party congress, making a disparaging reference to the MEC in charge of hospitals in the Free State and encouraging civil servants to take an active part in politics.

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~~29~~ 93 Hansard 3/2/84  
Detention: visits by State doctors  
Q. 601.35

57 Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) Whether any visits were made by State doctors in 1983 for the purposes of examining persons detained in terms of security legislation; if not, why not; if so,
- (2) whether records were kept of these visits; if not, why not; if so, how many visits were made in 1983;
- (3) whether any reports on such visits were submitted by State doctors to his Department in 1983; if so, how many such reports were submitted;
- (4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) in how many cases, (b) for what reasons and (c) by whom?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
- (2) yes, 448
- (3) yes; 448

- 
- (4) no; no steps were deemed necessary; (a), (b) and (c) fall away.

983 Hammond Q 61 198  
Medical doctors

15/2/84

198. Mr F J LE ROUX asked the Minister of Constitutional Development and Planning †

How many medical doctors left the Re

public permanently during each of the latest five calendar years for which figures are available and (b) what in each of these years was the average period that elapsed in respect of such medical doctors since they had completed their studies in South African universities?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 1979 .....	128
1980 .....	55
1981 .....	53
1982 .....	33
1983 .....	36

(b) Data as requested not available, however, the following age distribution of medical doctors emigrating may serve as an indication:

Age	1979	1980	1981	1982	1983
20-24 .....	—	—	2	1	1
25-34 .....	56	27	28	14	17
35-44 .....	43	18	12	10	6
45-54 .....	15	7	4	3	4
55-64 .....	10	2	5	3	4
65+ .....	4	1	2	2	4



the medical schools falling under the Department of National Education, is as follows:

University	Cost per Student	
	Oversix years	Per annum
	R	R
Pretoria	31 836	5 306
Stellenbosch	34 782	5 797
Witwatersrand	31 578	5 283
Cape Town	32 424	5 404
Orange Free State	37 056	6 176
Natal	61 944	10 324

*Note*

During the period 1980-1984 the Medical School of the University of Natal is in a process of changing from budget financing to financing according to the subsidy formula.

**State departments: gratuities/pensions**

400. Mr J H VAN DER MERWE asked the Minister of Health and Welfare:†

What average amount did heads of State departments receive on retirement (a) in 1960, 1970 and 1980, respectively, and (b) at the latest specified date for which figures are available, in the form of (i) gratuities and (ii) annual pensions?

The MINISTER OF HEALTH AND WELFARE:

(a) and (b)(i) and (ii) The information is not available, but even if it had been available, it could not have been divulged, as information concerning pensioners is considered to be confidential and is treated as such.

**Drought-aid scheme**

421. Mr J H VAN DER MERWE asked the Minister of Agriculture:†

(a) What amount was spent by the State on (i) loans in terms of the long-term drought-aid scheme, (ii) incentives for stock withdrawal, (iii) subsidies on the purchase of stock feed and (iv) rebates on

the private transportation of stock feed, in each electoral division of the republic during the latest specified period of 12 months for which figures are available (b) how many farmers per electoral division were involved in each of these categories and (c) what was the average total subsidy per farmer in each electoral division?

The MINISTER OF AGRICULTURE:

The required particulars are unfortunately not readily available and it would require considerable time, possibly even months, of several officers of my Department to make the required calculations. Such a task would entail serious disruption of the normal administration of the various assistance schemes.

**State witnesses: rail warrants**

438. Mr K M ANDREW asked the Minister of Justice:

How many (a) White, (b) Coloured, (c) Asian and (d) Black State witnesses were issued with (i) first class, (ii) second class and (iii) third class rail warrants in 1981, 1982 and 1983, respectively?

The MINISTER OF JUSTICE:

The required information is unfortunately not readily available.

93 *Handwritten*  
 Medical schools: cost 1/3/84  
 Q. 401. 436  
 398. Dr W J SNYMAN asked the Minister of National Education:†

What is the present estimated cost to the State of the training per student for the MB Ch B degree at each of the medical schools in the Republic?

The MINISTER OF NATIONAL EDUCATION:

The estimated cost in 1984 per student to the State according to the subsidy formula (with exclusion of the *ad hoc* subsidies, e.g. on interest and redemption of loans) with regard to the training of students for the degree MB Ch B at each of

which they undertake in their private capacity.

93 Hansard Q. 61.769  
Edenvale Hospital: doctors  
28/3/84

6. Mr M A TARR asked the Minister of Health and Welfare:

- (1) Whether all the doctors employed at Edenvale Hospital in Natal are in the employ of his Department; if not, in whose employ are the other doctors;
- (2) whether the conditions of service for all doctors at this hospital are the same; if so, what are they; if not, (a) why not and (b) in what respects do these conditions of service differ;
- (3) whether he intends to take any steps in this regard; if not, why not; if so, (a) what steps and (b) when?

The MINISTER OF HEALTH AND WELFARE:

- (1) No, the kwaZulu Government Service;
- (2) (a) and (b) the conditions of service of the White doctors who are seconded by the Department of Health and Welfare are prescribed by the Commission for Administration. A territorial allowance is payable to White doctors, so seconded. It is not known whether the conditions of service, prescribed by the kwaZulu Government Service are the same as those applicable to doctors employed by the Department of Health and Welfare;
- (3) no, the conditions of service of the doctors employed by the kwaZulu Government Service do not fall within the ambit of the Department of Health and Welfare.





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# Doctors upset by colleague's Labour Party fundraising

By CLIFF FOSTER

SOME Indian doctors practising in Korsten were dumbfounded when one of their colleagues called, asking for sizeable donations to the Labour Party.

They said the impression they got was that their permits to practise in the coloured area could be in jeopardy unless they each subscribed R250 to the party, which controls the Northern Areas Management Committee.

(The management committee ratifies the permits issued annually by Pretoria.)

But the doctor who called for the contributions, Dr Adam Dhoodhat, said he never intended to give this impression and that he did not ask for specific sums.

He said he went collecting because some doctors in the past had supported the Labour Party, although he knew that only he was a member.

He carried with him a signed letter from the Rev Allan Hendrickse, leader of the Labour Party, authorising him to solicit funds.

In some consulting rooms in Korsten, heated words were exchanged when Dr Dhoodhat went looking for funds.

One dentist said he told Dr Dhoodhat: "You are going against everything you are supposed to stand for—no distinction between the races and no permits. And now you ask us to safeguard the system to ensure we get the permits."

Dr Dhoodhat's answer to this, when he was questioned by Weekend Post, was that the doctors themselves had raised the permit issue—because it was something they opposed—and he had told them they should support the Labour Party which would champion this cause.

Opinions conflicted. One Indian doctor said: "I was told supporting the Labour Party would help us because we get permits through the management committee... if I didn't give, my permit would be in jeopardy."

"He said we had to give to keep in the Labour Party's good books. We had a bit of an argument. I am here on a permit, but I can't see them using

this against me.

"I was told in no uncertain terms my permit would be under review."

A dentist said: "He came in here and he has got an official letter from Mr Hendrickse saying he is appointed to collect funds for the Labour Party."

"He told me, 'I am putting you down for R300.'"

"I said, 'You must be crazy.'"

"He said he had a directive to collect R250 from every Indian doctor practising in the coloured areas. He asked if I didn't realise I owed this for the permit. I said this was undemocratic and I was quite cross."

"I said: 'You are going against everything you are supposed to stand for—no

distinction between the races, no permits. And now you ask us to safeguard the system to ensure we have permits.'

"He got very cross and I said I would think about it. I told him to come back at the weekend."

"His approach is all cockeyed. He had a book or list of names."

Another dentist said Dr Dhoodhat didn't mention any amount to him.

"He told me he was asking for a fixed amount, but in my case he would accept any amount."

"When I refused he was obviously disappointed. He said that because we were being helped to get a permit we could show how we could help them in turn by contributing to the

Labour Party. I said I didn't see the relevance at all.

"I didn't want to cross swords with him. I complained to Mr Willie Dietrich, Chairman of the Northern Areas Management Committee."

A pharmacist said: "It was more of a demand than a request for a donation."

"I was taken aback. He said he wanted a donation so I said, 'OK, can I give you some cash?'"

"I was going to give him a very modest donation—R250. I nearly fell down. I said 'No.'"

"The most I would give him was R5. Unfortunately I did give him a donation of a very small amount. I

gave him R30.

"I gave him a cheque made out to the Labour Party."

"It was a postdated cheque and I've a good mind to cancel it. Yes, I think I will cancel it."

Dr Dhoodhat told Weekend Post: "They have always given money in the past. There is an election on, so I have approached people who are sympathetic to the Labour Party."

"One of the planks in the Labour Party platform is to get rid of the permit system and the way you get rid of it is to get the Labour Party into power."

He said it was not true to say he had suggested permits could be revoked unless the holder contributed

to Labour Party funds.

"We are trying to get rid of the permit system. If they want to make a contribution to the Labour Party it will help."

"They mentioned the permit system. They say they are under duress because of the permit system. These people in the United Democratic Front seem to blame the Labour Party or IMC for the permit system. I don't know if they (the doctors) are UDF. They aren't Labour Party supporters... well, they might have been years ago."

"They did give money. I would say three or four refused."

Asked if he had demanded or requested R250, he said: "This R250 is a round figure. I think it's a fair figure."

"I didn't try to browbeat anybody for R250. But if a doctor has been in practice 10 years and he offered, say, R50 I would say, 'Look, make it a bit higher.'"

Mr Hendrickse said Dr Dhoodhat had been authorised to collect funds "without any strings attached".

Asked if he knew about any mention of permits, he said he did not think it fair to be asked to comment on something unnamed people had said.

Mr Dietrich told Weekend Post: "It was just a matter of the wrong approach. We didn't tell him how to approach these doctors, but I think the problem is now resolved."

"It's not everybody who can approach people on political matters. There are certain things which are just taboo. Where he rubbed them up the wrong way was bringing the permit into the thing. We reject the permit system entirely. We believe every man has a right to trade and earn his living where he wants. To bring this into your approach is wrong. I have explained it to Dr Dhoodhat and he understands."

Mr Dietrich said certain doctors had refused to contribute money through Dr Dhoodhat, "but I have sent someone down and they have given substantial amounts."

By MAURITZ MOOLMAN

DOCTORS trained in Russia must first pass a South African Medical and Dental Council (SAMDC) examination before they can practise in South Africa — or the Ciskei — the registrar of the SAMDC, Mr N M Prinsloo, said yesterday.

Mr Prinsloo reacted to a report in the Rand Daily Mail this week that three Israeli specialist doctors contracted by the Ciskei Government are sitting idle at the Mdantsane Hospital near East London because their basic qualifications are not recognised by the SAMDC.

And doctors from countries in Eastern Europe and South America, as well as Germany and Portugal, could suffer the same fate should they be contracted by South Africa's "independent homelands" still under the jurisdiction of the SAMDC.

The council has authority

from 13/4/84 (93) (105)  
**Medics must first pass council exams**

# Thumbs down after Russian training

over appointments in the Ciskei.

Mr Prinsloo confirmed that the three Israeli specialists are not allowed to practise because they have not yet passed an examination prescribed by the council.

He said they had not applied to write the examination but had been informed about the requirement.

Mr Prinsloo said all three specialists involved in the Ciskei affair, Dr R Yusim, an anaesthetist, Dr Boris Vainshel, an internal medicine specialist, and his wife Dr

Luba Vainshel, an ophthalmologist, attained their basic qualifications at Russian institutions.

All three are barred from working in their fields because the SAMDC decided "a few years ago" that doctors with qualifications from Russian institutions would only be accepted after they had passed an examination of the medical council — even though they had specialised in Israel.

He said the council did not recognise their qualifications because it had no informa-

tion on the nature and syllabus of the Russian courses they completed.

And Mr Prinsloo said although the qualifications of German doctors were accepted, they first had to pass an English examination, to prove they were proficient in the language, before they were allowed to practise.

Doctors from Portugal and some South American countries will have their qualifications recognised if they apply for a position at a provincial hospital, but will also have to write the examina-

tion prescribed by the SAMDC should they decide to go into private practice, Mr Prinsloo said.

He said the qualifications of British and American doctors were accepted outright by the council.

Mr Prinsloo said all foreign doctors applying for work in South Africa should make sure of the SAMDC requirements before signing a contract.

"We definitely did not tell them that their qualifications were acceptable," Mr Prinsloo added.



Maj R SIVE: Mr Speaker, further arising out of the hon the Minister's reply, does he not believe that, in view of the new constitutional system, this law should be repealed before the system comes into operation?

†The MINISTER: Mr Speaker, I said during an earlier debate in this session that there are facets of this Act which are receiving attention, and I have now again indicated it in reply to the question. The new dispensation is fundamentally based on the recognition of the difference between the groups. It is also based on separate voters' lists, where persons from a particular population group must elect members of that own chamber. That is why I regard the existence of separate voters' lists and therefore also the existence of separate parties as a fundamental prerequisite for the new dispensation.

*Handwritten:* Howard Q. 6/1, 763  
Msinga area: Tribal clashes  
13/4/84  
20. Mr M A TARR asked the Minister of Law and Order:

- (1) Whether any persons died in tribal clashes in the Msinga area (a) in 1979, 1980, 1981, 1982 and 1983, respectively, and (b) from 1 January 1984 up to the latest specified date for which figures are available; if so, how many in each case;
- (2) whether the South African Police have taken any preventive steps in this regard; if not, why not; if so, (a) what steps and (b) when;
- (3) whether any further steps are contemplated; if not, why not; if so, what steps?

†The MINISTER OF JUSTICE (for the Minister of Law and Order):

- (1) Yes.
- (a) 1979: 55

- 1980: 7
- 1981: 20
- 1982: 16
- 1983: 43
- (b) 1 January 1984 to 3 April 1984: 35
- (2) Yes.

(a) and (b) Patrols, including special weekend patrols are being carried out in the area on a continuing basis, while use is from time to time also being made of helicopter support. Discussions with tribal heads are held regularly, the latest of which took place on 14 March 1984, but owing to the unpredictability of the warring impi's, it is not always possible to defuse an explosive situation or to avert the deep-rooted friction.

During the past four years approximately 2 400 arrests had been affected, while the special fire-arm squad operating in the area has already confiscated 2 169 fire-arms during the same period.

(3) Yes. During the past few weeks a comprehensive investigation into the policing of the area has been instituted. It is intended to establish a special unit in the area as soon as possible. In the meantime the Pietermaritzburg reaction unit has been deployed in the area.

†Indicates translated version.

For written reply:  
*Handwritten:* Howard Q. 6/1, 964  
Public servants: salary increases  
13/4/84  
450. Mr S S VAN DER MERWE asked the Minister of Internal Affairs:

(a) How many public servants received salary increases as a result of the salary adjustments effected in July 1983 and (b) what was the (i) average percentage of the increases received and (ii) highest percentage received by any public servant in terms of the said adjustments?

The MINISTER OF INTERNAL AFFAIRS:

(a) No general salary adjustment as such was effected on 1 July 1983. The service dispensations of certain occupational classes were however adjusted on a market related basis with effect from 1 July 1983 as a result of occupational specific investigations. The classes and the number of personnel involved are as follows:

Social Worker	2 691
Orthopedic Bootmaker	30
Clinical Technologist	50
Medical Technologist	1 231
Medical Orthotist and Prothetist	185

(b) (i) and (ii)

In order to give an accurate indication of what the actual average and highest adjustment were will mean that particulars in respect of individuals will have to be obtained from each file in each department.

The reason being that normative requirements for translation to the new dispensations were set by the Commission and implemented by the departments concerned.

Individual as well as average percentage improvements depend on the degree to which the officials concerned comply with the new requirements.

*Handwritten:* Howard  
Maize: consumer prices  
13/4/84  
559. Mr E K MOORCROFT asked the Minister of Agriculture:

(a) What were the consumer prices of

maize in the (i) Transvaal, (ii) Eastern Cape and (iii) Western Cape as at the latest specified date for which figures are available and (b) what is the breakdown of each of these figures in respect of (i) railage, (ii) storage, (iii) production and (iv) any other specified costs?

The MINISTER OF AGRICULTURE:

(a) (i), (ii) and (iii) Maize is sold by the Maize Board to all buyers (among others, millers, feed manufacturers, feed lots, dealers, farmers etc.) in the Republic (including the B.L.S and T.B.V.C.-countries, and South West Africa/Namibia) at fixed selling prices on a free on rail basis. The Maize Board's selling price was fixed at R187,05 per ton as from 1 January 1984 for the best grades of white and yellow maize in bulk quantities of 100 t and more.

(b) (i) Railage differs according to the distance from the production area to the buyer.

(ii) The Maize Board's storage costs on maize sold for local consumption is normally covered by a State subsidy and is consequently not recovered from buyers.

(iii) The cost of production is only one of several factors taken into consideration for the purpose of fixing the producer prices of maize and can therefore not be isolated from the other factors.

*Handwritten:* Howard  
National states: health services  
13/4/84  
758. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) (a) How many (i) doctors, (ii) dentists, (iii) physiotherapists, (iv) occupational therapists and (v) nurses are there in each specified national state



whose government has not yet taken over health services and (b) in respect of what date are these statistics furnished;

- (2) whether his Department keeps statistics on the above professions in respect of the other national states; if not, why not; if so, what are the relevant statistics in respect of each of these national states?

#### THE MINISTER OF HEALTH AND WELFARE

- (1) (a) (i) Doctors—22.  
(ii) Dentists—1.  
(iii) Physiotherapists—1.  
(iv) Occupational Therapists—0.  
(v) Nurses—565

these statistics are in respect of Kangwane, the only national state whose Government has not yet taken over health services.

- (b) As at 1-4-84;
- (2) No; no statistics are kept in respect of the other National States as they administer their own Departments of Health and Welfare.

#### Flat for General Manager

808. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

- (1) With reference to his reply to Question No 735 on 2 April 1984, (a) what is the address of the flat purchased by South African Transport Services for the General Manager, (b) from

whom was it purchased, (c) who was the agent in the sale, (d) who paid the agent's commission and (e) how many nights per annum is it estimated that this flat will be occupied;

- (2) whether any money has been spent on (a) alterations and (b) repairs to this flat; if so, (i) what amount, and (ii) what was the nature of the alterations or repairs, in each case;

- (3) whether rental is paid for this flat; if not, why not; if so, what is the monthly rental?

#### THE MINISTER OF TRANSPORT AFFAIRS:

- (1) (a) Flat 73, Milton Manor, Sea Point.  
(b) Bernini Holdings (Pty) Ltd, C.M. and L.G. Investments (Pty) Ltd, New Fairfield Village (Pty) Ltd and J. P. A. Investors (Pty) Ltd.  
(c) Pam Golding Properties, Sea Point.  
(d) The seller.  
(e) The flat is occupied for the full duration of the Parliamentary session, as well as during visits when Parliament is in recess.
- (2) (a) and (b) No.  
(i) and (ii) Fall Away.

- (3) Yes. In accordance with the rental structure for personnel performing sessional duties the direct rental is R120 per month. In addition, considerable savings which cannot be accurately assessed are effected by SA Transport Services as the flat is also utilized for the official reception and entertainment of guests.

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# 'Restructuring' of health system needed

CAPE TOWN 13/4/84

Staff Reporter

A FUNDAMENTAL restructuring of the entire medical system is needed to alleviate the current health-care crisis in South Africa, according to a study prepared for the Carnegie conference on poverty which opens in Cape Town tonight.

Mr Pundy Pillay, of the South African Labour and Development Research Unit at UCT, says the training of more doctors, nurses and dentists will not ease the chronic shortage and poor distribution of medical personnel in South Africa unless it is linked to the provision of an effective primary rural health-care system.

## Pyramid-shaped system

He says the rural sector economy is unable to support a primary health-care system based on professional personnel and proposes a "pyramid-shaped" system, in which a broad base of non-professional community health workers will deal with 40 per cent of the demand for care and refer the rest to progressively smaller layers of specialized institutions.

Mr Pillay describes the current health structure in South Africa as

fragmented and poorly distributed in relation to health needs".

## 'Third World' structure

One sector of the population (urban and largely white) has a First World health system while the other (the homelands and rural areas, largely black) has a typical Third World health structure.

"The main failure of the health system is its inability to provide an adequate service to the population as a whole."

He says that only 5,5 percent of South African doctors practise in the rural areas where 50 percent of the population live.

## Change in 'political control'

The situation is particularly bad in the homelands where, in 1976, the doctor-population ratio was about 1:174 000.

In his conclusion Mr Pillay concedes that it is unlikely that a more equitable distribution of resources will occur within the health sector without fundamental changes in the mechanisms of economic and political control in South Africa.

KOM 24/11/84

# Lebowa to get medical school

9/3

By CAMUEL DIKOTLA

SESHEGO. — The Chief Minister of Lebowa, Dr Cedric Phatudi, announced in Seshego yesterday that work would start in July on a R9-million multiracial medical school and hospital.

He said the building, expected to be completed within two years, would be situated about two kilometres from the University of the North. The centre would be known as Mankweng.

"My Government feels that Mankweng is an ideal place to build the medical school and hospital," said Dr

Phatudi.

Dr Phatudi said staff recruitment would start shortly, and added that if no suitable South African tutors were available, he would recruit overseas.

"I do not have the slightest doubt in my mind that the fringe benefits we will offer, will be attractive enough to allow us to have a highly trained staff.

"There is a terrible shortage of doctors in Lebowa and the limited number of our medics is unable to cope with the amount of work they are facing."



## Doctors seek new tariff increase

Pretoria Correspondent

The tariff increase which the South African Medical and Dental Council are to forward for the Minister of Health's approval, could coincide with increases made possible by new legislation.

At yesterday's meeting of the SAMDC, a motion was carried reaffirming the eight percent increase for doctors — plus an extra percentage at the Minister's discretion — and a 33 percent increase for dentists contracted to medical aid.

In terms of legislation, the SAMDC's tariff committees make recommendations on increases which have to be approved by the Minister. When the new legislation is passed, doctors and dentists will no longer be contracted in or out of medical aids, but will follow guidelines set down by their professional associations, such as the Medical Association of South Africa (Masa).

Those fees will not have to be approved by the Minister.

The latest increase request, if approved by the Minister, could come into effect at the same time the new legislation became law.

Under the new system there is more leeway for doctors to charge not only according to service, but also taking into consideration each patient's individual circumstances.

# Biko death: 'Masa did all in its power'

Argus Correspondent

PRETORIA. — The Medical Association of South Africa had done as much as it was able to do within the terms of its constitution regarding the death of black consciousness leader Steve Biko, the chairman of the council of the World Medical Association said today.

Dr Lionel Wilson, who is visiting South Africa, said he was concerned about continuing attempts, both within South Africa and internationally, to damage the standing and credibility of the medical profession of South Africa, and in particular the Medical Association of South Africa (Masa).

He said although he did not want to interfere in political events in South Africa he was still anxious to emphasise that the proper standing of the medical profession, and of Masa internationally, should be a matter of great concern to the South African community and Government.

"The main focal point continues to be the issues surrounding the unfortunate death of Steve Biko in detention in 1977, and the medical care of detainees in general."

## Discrepancy

There was also a continuing apprehension among international medical communities that there remained a significant discrepancy in South Africa between the medical care available to the white and the non-white populations.

During his visit from Australia, Dr Wilson said he had investigated the attitude of MASA, medical care of the non-white population, and the training of non-white medical students.

Dr Wilson said he was satisfied that there was widespread evidence that a serious effort was being made to eliminate existing discrepancies.

Referring to the death of Steve Biko, he said Masa had done much more than many medical associations might have done in other countries.

It was not a statutory body and the establishment of its own committee of inquiry to investigate the medical care of detainees was a demonstration of its deep concern.

There was no doubt that this action on the part of Masa played a considerable part in government measures to improve the regulation dealing with the medical care of detainees.

Dr Wilson said that during discussions with the Minister of Health and Welfare, Dr Nak van der Merwe, and the Director-General of Health, Dr Francois Retief, the Minister had agreed to consider implementing a system based on the proposals made last year by Masa's ad hoc committee.



# Concern over abuse of medical aid

Pretoria Correspondent

The exploitation of medical schemes by a small group of doctors was a "very thorny" problem, said Dr Rene le Roex, president of the Medical Association of South Africa (Masa).

Dr le Roex was delivering his inaugural address as chairman of the Federal Council and president of Masa in Pretoria last night.

There was a tendency for doctors and patients to disregard the costs of medical services and to forget there was a limit to funds available when a third party, namely medical aid, covered those costs, he said.

Educating doctors in the pharmaceutical field and

in laboratory services would contribute to cutting these costs, Dr le Roex said.

He also said Masa's first aim was to maintain and protect the honour and interests of the medical profession, which was not something apart from the society in which it existed.

"Unfortunately, we are now faced with a situation where there are voices clamouring for us to become a political force, or mini-political party," Dr le Roex said.

By the very nature of doctors' working circumstances, they became aware of bottlenecks in the provision of health services.

Doctors were not politicians, but it was their duty to express their opinions on these problems, he said.

**Doctors  
told: help  
to keep  
fees down**

Pretoria Correspondent

Doctors must accept responsibility towards the costs of patients' medical care and eliminate cases of "blatant exploitation", says the Minister of Health and Welfare, Dr Nak van der Merwe.

One of the many objectives of introducing the new method of determining medical fees was to make doctors more cost-conscious, he told the annual meeting of the Medical Association of South Africa in Pretoria last night.

"Doctors are the ones who decide to which hospital a patient should be admitted, for how long he should stay, and what treatment should be given. So it is essential for doctors to be aware of how they contribute to the total costs of a service.

"See the patient as a person who must also make ends meet."

## HEALTH TEAMS

The costs of health services were rising out of all proportion, he said. Of these, hospital costs were the most serious.

The emphasis should be shifted from curative services to preventive services. Experience had shown that more than 80 percent of patients could be treated by nurses outside institutions.

Doctors and pharmacists, such as those operating in areas like the Cape Flats, completed the health teams.

"The medical profession is conservative and sees any change or anything new as a threat to its practices. I must, however, say there is too much work for all of us," said Dr van der Merwe.

Decentralisation of medical services by means of health teams and health centres, where doctors were the leaders of teams of experts, evoked wide reaction and was one of the reasons for the poor distribution of doctors, he said.

# 8-25pc rise <sup>Aug 5</sup> in medical <sup>24/5/64</sup> dental fees <sup>23</sup>

Political Correspondent

MEDICAL and dental fees for members of medical schemes are to be increased by between 8,8 percent and 25 percent from July 1, the Minister of Health, Dr C V van der Merwe, has announced.

Medical fees will rise by 8,8 percent and dental fees by 10 percent, with an additional increase of 15 percent for general practitioners within the dental profession.

The minister said the Medical and Dental Council had proposed a general increase of 33 percent in dental fees, but he was not prepared to accept this.

This will be the last time the minister will have to determine a fee on the recommendation of the council.

In terms of the Medical Schemes Amendment Act, passed this year but not yet implemented, fees will in future be determined by the Representative Association of Medical Schemes after consultation with medical associations.



# 'Doctors must look at costs'

ARGUS  
24/5/84  
93

Argus Correspondent

PRETORIA. — Doctors must accept their responsibility towards the costs of their patients' medical care and eliminate cases of "blatant exploitation", the Minister of Health and Welfare, Dr Nak van der Merwe, says.

One of the aims in introducing the new method of determining medical fees was to make medical practitioners more cost conscious, Dr van der Merwe said at the annual general meeting of the Medical Association of South Africa, held in Pretoria on Tuesday.

"Doctors are the ones who decide to which hospital a patient should be admitted, for how long the patient should stay there and what treatment should be given.

"Thus it is essential for doctors to be aware of how they contribute to the total costs of a service," Dr van der Merwe said.

"Please see the patient as a person who must

also make ends meet."

Dr Rene le Roex, Masa president, told the meeting the exploitation of medical schemes by a small group of doctors was a "very thorny" problem.

Dr le Roex was delivering his inaugural address as newly elected chairman of the Federal Council and president of Masa.

He said there was an inevitable tendency for doctors and patients to disregard the costs of medical services and forget there was a limit to the funds available, when medical aid covered those costs.

Educating doctors in the pharmaceutical field and laboratory services would contribute towards cutting these costs.

The accent should be moved from curative services to preventative services, Dr le Roex said. Experience had shown that more than 80 per cent of patients could be treated by nurses outside institutions.

# Medical, dental fees up on July 1

Cape Times  
24/5/84

93

By PETER DENNEHY

**CONSUMERS** reeling from a barrage of cost-of-living increases are to suffer yet another blow when medical and dental fees rise from July 1.

The Minister of Health and Welfare, Dr Nak van der Merwe, announced in Cape Town yesterday that medical fees would increase

from July 1 by 8,8 percent and dental fees by as much as 25 percent in the case of general practitioners and by 10 percent for others.

July 1 also marks the rise in general sales tax to 10 percent.

Dr Van der Merwe said in a statement that it was on the recommendation of the SA Medical and Dental Council (SAMDC) that general practitioners would get an average 8,8 percent increase.

A report before the Representative Association of Medical Schemes (RAMS) when the increase was mooted in October last year — after a 15 percent rise in medical and dental fees on September 1 —

estimated the proposed medical increase would cost aid schemes R32 million a year.

RAMS president Mr John Ernstzen said at the time that aid schemes would have to raise subscriptions "substantially".

The SAMDC had proposed a 33 percent rise in dental fees, which Dr Van der Merwe said he was "not prepared to accept".

Instead, he approved a general rise of 10 percent with "an additional increase of 15 percent only to general practitioners within the dental profession".

The increases would be the last to be approved by the minister, as tariffs would in future be determined by RAMS, in terms of the Medical Schemes Act passed by Parliament this session, the statement said.

The latest increase comes in the wake of a wave of others.

● GST will rise to 10 percent on most items on the same day.

● Capetonians will pay 8 percent more in rates from July 1, electricity fees are to rise by an unspecified amount and water tariffs rose by 7 percent from April 1 this year.

● Suburban rail fares jumped 12,8 percent on average for third-class tickets on April 1, and domestic air fares rose 6 percent.

● A massive national maize price increase of 18,5 percent was announced on April 26.

● The budget seven weeks ago increased tax and duties on cigarettes and beer.

● Company tax was also raised in the budget to 50 percent of profits.

● Provincial hospital tariffs rose 50 percent from April 1.

● Postal tariffs, including the cost of telephone calls, rose 9 percent on April 1.

● Milk rose by 4c a litre from April 1 and the bread price rose 6c a loaf from February 20.

● The wholesale price of beer rose 5,5 percent in mid-February.

● Mortgage bond instalments rose in mid-February. At the beginning of the same month, GST rose from six to seven percent.



## Fees increase: medical aid will also go up

The rise in medical and dental fees on July 1 will result in an increase in medical aid rates, the chairman of the Representative Association of Medical Aid Societies, Mr John Ernstzen, said today.

The Minister of Health, Dr Nak van der Merwe, approved rate increases of 8,8 percent for doctors and 10 percent for dentists yesterday. An increase of 15 percent will come into effect on July 1 for general practitioners within the dental profession.

"We think the increase is high under present economic conditions and medical rates will rise by about 6 percent," said Mr Ernstzen.

"We are so used to increases that we have become anaesthetised against this sort of shock."

Mr Ernstzen said medical aid societies had also been affected by increasing medicine costs.

A medical plan representative said medical aid societies expected an increase in fees every six months.

Acute shortage of doctors for 30 000 Atlantis residents

# PEOPLE ARE DYING THERE

C. Herold 26/5/84 (93) (8)

By Gary van Dyk



● MR Andy van Aswegen — no doctor available

At weekends especially, casualties have to make the long trek to Cape Town to receive treatment.

Disgruntled residents have complained to the authorities regularly for a long time now but nothing appears to have been done to improve matters.

Mr Andy van Aswegen, former chairman of the Atlantis Civic Affairs Association, experienced the full weight of the doctor shortage when his young daughter, Vanya, was involved in an accident last year.

He said: "While my wife and I were at work one day we were told that my daughter had been knocked down by a car at about 3 30 that afternoon.

## TRANSFERRED

"At the hospital we were informed that there was no doctor available and that my daughter would have to be transferred to Groot Schuur Hospital for treatment. An ambulance was summoned and eventually left at about 4 pm."

He added that he had quickly borrowed a friend's car and arrived at Groot Schuur at about 4 45 that afternoon. But the ambulance had not yet arrived, he said, and repeated calls to Atlantis could not establish what had happened to it.

"Finally it turned up at 6 40 that evening," said Mr van Aswegen, "and I eventually got home at half-past-twelve that night."

Another family's encounter with the hospital resulted in a great loss for them.

## AFTER HOURS

When Mrs Florence Thysen, 60, complained of a pain in her leg on Saturday March 17 this year her family first tried taking her to a private doctor, but when they discovered that there was not one available after hours, they decided to take her to the hospital.

There, family members claimed, she was given an injection and

some pain pills by a nurse on duty. She was then told that if the pain persisted she should come back the Monday because a doctor was not at the hospital over the weekend.

But her family decided that a doctor's opinion was necessary and took her to Tygerberg hospital where doctors discovered that she had suffered an embolism (a clot) in her arm. Unfortunately an emergency operation was not enough to save her and she died the following day.

## IMPROVE

The distraught family was still recovering from their loss but felt that Wesfleur Hospital would definitely have to improve its services.

"A doctor is definitely needed here at all times," said a family member. "Atlantis is a growing community and desperately needs a fully operative hospital. Nobody can afford to travel long distances when a life is at stake."

Dr EH Erasmus, superintendent at the hospital, said he was unaware of any problems.

"People with complaints about the hospital must write to me. I can act only when complaints are in writing," he said.

## ALWAYS

"There is a 24 hr service here," he said, "and a doctor is always on duty, even if he is not at the hospital. The nursing sister on duty decides if the doctor should be called out over weekends."

Dr Erasmus also mentioned that the doctors lived in Melkbosstrand and were not called out frequently.

Atlantis residents have been complaining about the local hospital since 1981 when the matter was raised at a residents' association meeting. One

THE hospital serving the approximately 30 000 residents of Atlantis has an acute shortage of doctors and at least one family in this giant west coast township believes that this has led to the death of a relative.

of the speakers said then that "Atlantis must be the only place in the world where nurses decide whether an injury or illness warrants calling out a doctor after hours".



# Doctors' strike could hit patients

*Secretary 6/6/81*

WARDS at KwaZulu's Edenvale Hospital in Maritzburg will have to close and non-emergency cases will have to be turned away unless black doctors at the hospital received their arrear pay soon, according to senior medical superintendent Dr Derek Lawson.

The black doctors, who make up 15 percent of the medics at the hospital, have declined to work overtime since June 1 because they have not yet been paid money owed to them for increases in rates for professional allowances and overtime work.

## Whites

In the meantime white doctors have been working extra time to fill in the overtime duties of their black colleagues.

Black doctors are paid by the KwaZulu Government while the white doctors who are paid by the Department of Health received their increases several months ago.

Dr Lawson said the position was very difficult but under control at present.

## Wards

"If the problem is not resolved very soon, we will have to close wards and turn away all non-emergency cases," he said.

According to Dr Daryl Hackland, KwaZulu's secretary for health and welfare, the cheques are being processed.

# Doctors back on overtime

93  
Own Correspondent  
Stw

7/6/84

MARITZBURG — Black doctors at Edendale Hospital are to resume working overtime after receiving arrear payments yesterday from kwaZulu's Department of Health and Welfare.

This was decided at a meeting last night after an undertaking from the Secretary for Health, Dr Daryl Hackland, that the problems of salary increments and overtime would be solved by the middle of the month.

Although some of the cheques were not for the full amount of arrear payments, the doctors decided to go back to working overtime.

The hospital's senior medical superintendent, Dr Derek Lawson, said Dr Hackland had given his assurance that the awarding of correct salary increments was receiving attention.



1865

MONDAY, 2/TUESDAY, 3 JULY 1984

1866

MONDAY, 2 JULY 1984

†Indicates translated version.

*For written reply:*

*2/7/84*

*Haus and*

*Q. Col. 1865*

1093. Mr S S VAN DER MERWE asked the Minister of Internal Affairs:

- (1) (a) How many farm schools falling under the control of his Department were there in the Republic as at the latest specified date for which figures are available and (b) how many (i) pupils were enrolled and (ii) teachers were employed at these schools as at that date;
- (2) whether any of these schools have any facilities other than classroom and toilet facilities; if so, what specified facilities in respect of each school?

The MINISTER OF INTERNAL AFFAIRS:

- (1) (a) 989 as at 31 March 1984.
- (b) (i) 87 574.
- (ii) 3 765.

- (2) Yes. Taking into account the considerable number of schools involved, the information is not readily available.

TUESDAY, 3 JULY 1984

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

The MINISTER OF INTERNAL AFFAIRS:

(a) and (b) *Explanatory notes*

- (1) The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.
- (2) Salary scales for the different population groups are specified up to the point where posts exist.
- (3) List of abbreviations/symbols used hereafter:

PA — Pensionable Allowance  
 NPPA — Non-pensionable Professional Allowance  
 (W) — White  
 (C) — Coloured  
 (I) — Indian  
 (B) — Black

(a) *Salary Scales: Medical Staff (All population groups)*

*Intern (Medical)*  
R12 030 + 12% PA.

*Registrar*  
R18 288 x 849 — 25 080 + 12% PA + R11 037 NPPA.

*Medical Officer*

*Dentist*  
R18 288 x 849 — 25 080/24 231 — 25 080 x 1 035 — 27 150 + 12% PA plus NPPA of R11 037 (first leg of scale) and NPPA of R12 420 (second leg of scale).

*Deputy Director (Head- and Regional Office Personnel)*

†Indicates translated version

*Haus and*

*For written reply:*

*Q. Col. 1865*

*Doctors/paramedical personnel*

1060. Dr M S BARNARD asked the Minister of Internal Affairs:

*Medical Superintendent*  
*Senior Medical Officer*  
 Senior Dentist  
 R31 290 x 1 320 - 33 930 + 12% PA + R7 710 NPPA.  
 Senior Medical Superintendent  
 R33 930 x 1 320 - 35 250 + 12% PA + R7 425 NPPA.  
 Medical and Dentistry Specialists  
 R33 930 x 1 320 - 35 250 + 12% PA + NPPA of R8 745 payable at the notch R33 930 and NPPA of R9 495 payable at the notch R35 250.  
 Director (Head- and Regional Office Personnel)  
 Chief Medical Superintendent  
 R39 630 (fixed) + 12% PA + R4 080 NPPA.  
 Principal Family Practitioner  
 Principal Clinical Pharmacologist  
 Principal Stomatologist  
 Senior Specialist  
 R39 630 (fixed) + 12% PA + R9 255 NPPA.  
 Chief Director (Head- and Regional Office Personnel)  
 R44 850 (fixed) + 12% PA.  
 Chief Family Practitioner/Professor  
 Chief Clinical Pharmacologist/Professor  
 Chief Stomatologist/Professor  
 Chief Specialist/Professor  
 R44 850 (fixed) + 12% PA + R8 475 NPPA.

(C) (I) R3 135 x 249 - 4 131 + 12% PA.  
 (B) (Male) R2 301 x 195 - 2 886 - 3 135 + 12% PA.  
 (B) (Female) R2 106 x 195 - 2 886 + 12% PA.  
 Occupational Therapist  
 Physiotherapist  
 Speech Therapist and Audiologist  
 Radiographer  
 (W) (C) (I) R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600/11 460 x 570 - 16 020 + 12% PA.  
 (B) R6 846 x 312 - 8 406 x 414 - 10 890 - 11 460/10 476 - 10 890 x 570 - 14 880 + 12% PA.  
 Chief Occupational Therapist  
 Chief Physiotherapist  
 Chief Speech Therapist and Audiologist  
 Chief Radiographer  
 (W) (C) (I) (B) R16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 Control Occupational Therapist  
 Control Physiotherapist  
 Control Speech Therapist and Audiologist  
 Control Radiographer  
 (W) (C) (I) (B) R21 684 x 849 - 23 382 + 12% PA.  
 Occupational Class Chitropodist  
 Chitropodist  
 (W) (C) (I) (B) R16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 Occupational Class Medical Orthotist and Prosthetist:  
 Pupil Medical Orthotist and Prosthetist  
 (W) R4 380 x 249 - 4 878 x 276 - 6 534 - 6 846 + 12% PA.  
 (C) (I) R3 882 x 249 - 4 878 x 276 - 6 258 + 12% PA.

(B) R2 886 x 249 - 4 878 - 5 154 + 12% PA.  
 Medical Orthotist and Prosthetist  
 (W) (C) (I) R9 648 x 414 - 10 890 x 570 - 14 880/16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 (B) R8 820 x 414 - 10 890 x 570 - 13 740/14 880 x 570 - 16 590 x 849 - 17 439 + 12% PA.  
 Senior Medical Orthotist and Prosthetist  
 (W) (C) (I) (B) R18 288 x 849 - 21 684 + 12% PA.  
 Chief Medical Orthotist and Prosthetist  
 (W) (C) (I) (B) R21 684 x 849 - 25 080 + 12% PA.  
 Occupational Class Medical Technologist:  
 Pupil Medical Technologist  
 (W) R4 878 - 5 430 - 5 982 - 6 258 + 12% PA.  
 (C) (I) R4 131 - 4 629 - 5 154 - 5 706 + 12% PA.  
 (B) R3 135 - 3 633 - 4 131 - 4 629 + 12% PA.  
 Medical Technologist  
 (W) (C) (I) R9 648 x 414 - 10 890 x 570 - 12 600/13 740 x 570 - 16 020 + 12% PA.  
 (B) R8 820 x 414 - 10 890 - 11 460/12 600 x 570 - 14 880 + 12% PA.  
 Senior Medical Technologist  
 (W) (C) (I) (B) R16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 Chief Medical Technologist  
 (W) (C) (I) (B) R19 137 - 25 080 + 12% PA.

Control Medical Technologist  
 (W) R24 231 - 25 080 x 1 035 - 27 150 + 12% PA.  
 Occupational Class Oral Hygienist:  
 Student Oral Hygienist  
 (B) (Male) R2 301 x 195 - 2 886 - 3 135 + 12% PA.  
 (B) (Female) R2 106 x 195 - 2 886 + 12% PA.  
 Oral Hygienist  
 (W) (C) (I) R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600/11 460 x 570 - 16 020 + 12% PA.  
 (B) R6 846 x 312 - 8 406 x 414 - 10 890 - 11 460/10 476 - 10 890 x 570 - 14 880 + 12% PA.  
 Chief Oral Hygienist  
 (W) (C) (I) R16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 (B) R14 880 x 570 - 16 590 - 17 439 + 12% PA.  
 Control Oral Hygienist  
 (W) (C) (I) (B) R21 684 x 849 - 23 382 + 12% PA.  
 Occupational Class Optometrist:  
 Optometrist  
 (W) (C) (I) (B) R16 020 - 16 590 x 849 - 19 137 + 12% PA.  
 Occupational Class Dental Therapist:  
 Student Dental Therapist  
 (B) (Female) R2 106 x 195 - 2 886 + 12% PA.  
 (B) (Male) R2 301 x 195 - 2 886 - 3 135 + 12% PA.  
 Dental Therapist  
 (C) (I) R7 470 x 312 - 8 406 x



414 - 10 890 x 570 -  
12 600/11 460 x 570 -  
16 020 x 12% PA.  
(B) R6 846 x 312 - 8 406 x  
414 - 10 890 -  
11 460/10 476 - 10 890 x  
570 - 14 880 + 12% PA.

Chief Dental Therapist  
(C) (I) (B) R16 020 - 16 590 x  
849 - 19 137 + 12%  
PA.

*Handwritten:* 3/7/84  
Nursing staff

1061. Dr M S BARNARD asked the Minister of Internal Affairs:

- (1) What are the salary scales payable to (a) male and (b) female persons of each race group employed in provincial hospitals as (i) student nurses, (ii) staff nurses, (iii) professional nurses, (iv) senior professional nurses, (v) chief professional nurses and (vi) chief nursing service managers;
- (2) (a) what is the estimated annual cost of raising the salary scales applicable to African, Coloured and Asian nurses to those applicable to White nurses and (b) when is it envisaged that parity will be achieved in respect of these salary scales?

The MINISTER OF INTERNAL AFFAIRS:

(1) *Explanatory notes*

- (i) The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.
- (ii) Salary scales for the different population groups are specified up to the point where posts exist.
- (iii) The salary scales of male and female employees in the Public Service are the same.

- (iv) No rank or salary scale exists for a student nurse. Such nurses are employed against posts of Nursing Assistant and Senior Nursing Assistant. Student nurses on the salary scale of Nursing Assistant can progress to that of Senior Nursing Assistant by means of promotion after completion of the required period of time. After obtaining the required qualification a student nurse is appointed as a Professional Nurse.

- (v) List of abbreviations/symbols used hereafter:

PA Pensionable Allowance  
(W) White  
(C) Coloureds  
(I) Indian  
(B) Black

*Salary Scales: Nursing Staff*

*Nursing Assistant*  
(W) R2 691 - 2 886 x 249 - 4 878 x 276 - 6 258 + 12% PA.  
(C) (I) R2 496 x 195 - 2 886 x 249 - 4 878 x 276 - 5 982 + 12% PA.  
(B) R1 674 x 144 - 2 106 x 195 - 2 886 x 249 - 4 629 + 12% PA.

*Senior Nursing Assistants*

(W) R4 629 - 4 878 x 276 - 6 534 x 312 - 7 782 + 12% PA.  
(K) (I) R4 131 x 249 - 4 878 x 276 - 6 534 x 312 - 7 158 + 12% PA.  
(B) R3 135 x 249 - 4 878 x 276 - 5 982 + 12% PA.

*Staff Nurse*

(W) (C) (I) R5 982 x 276 - 6 534 x 312 - 8 406 x 414 - 9 234 + 12% PA.  
(B) R4 878 x 276 - 6 534 x 312 - 7 782 + 12% PA.

*Senior Staff Nurse*  
(W) (C) (I) R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600 + 12% PA.  
(B) R6 258 - 6 534 x 312 - 8 406 x 414 - 10 476 + 12% PA.

*Professional Nurse*  
(W) (C) (I) R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600 + 12% PA.

(B) R6 846 x 312 - 8 406 x 414 - 10 890 - 11 460 + 12% PA.

*Senior Professional Nurse*  
(W) (C) (I) R10 890 x 570 - 16 020 + 12% PA.  
(B) R10 062 x 414 - 10 890 x 570 - 14 880 + 12% PA.

*Chief Professional Nurse*  
(W) (C) (I) (B) R16 020 - 16 590 x 849 - 19 137 + 12% PA.

*Nursing Service Manager*  
(W) (C) (I) (B) R18 288 - 849 - 21 684 + 12% PA.

*Senior Nursing Service Manager*  
(W) (C) (I) (B) R21 684 x 849 - 23 362 + 12% PA.

*Chief Nursing Service Manager*  
(W) R24 231 - 25 080 - 26 115 + 12% PA.

- (2) (a) The estimated annual cost to adjust the salary scales applicable

to Black, Coloured and Asian Nursing Staff to that applicable to White Nursing Staff, is R56.7 million.

- (b) The implementation of a further phase of the programme to eliminate the salary gap will be considered in the light of available funds when occupational specific market related investigations are undertaken according to needs and/or general salary adjustments can be effected.

*Blue Train*

1065. Mr D J N MALCOMES asked the Minister of Transport Affairs:

- What are the (a) procedures and (b) regulations laid down by the South African Transport Services for travel agents making bookings for the Blue Train?

The MINISTER OF TRANSPORT AFFAIRS:

- (a) and (b) Travel agents may contract for all the accommodation on the Blue Train 18 months prior to the date of departure; make block bookings of 10 or more seats 15 months prior to the date of departure; or book up to nine seats 11 months prior to the date of departure, ie, when public bookings open.

Before 15 March 1984 the only condition was that payment for groups of 10 and more had to be made not later than one month before departure, and payment for smaller groups or individuals not later than 48 hours before departure.

As no cancellation fees were raised, the system led to abuse and conditions which include cancellation fees, as well as the furnishing of certain bank guarantees, were introduced with effect from 15 March 1984, after discussions with the organised travel trade.

It soon became clear that certain of the conditions would have an adverse effect on our overseas business in particular. Because of this problem we had extensive discussions with the organised travel trade as well as numerous private individuals.



RURAL HOSPITALS TAKE HEALTH TO THE PEOPLE BY TEACHING THE ART OF PREVENTION

# The barefoot doctor

IT WAS the first time the women of Zabeta village in Gazankulu had seen rice cooked without fire.

But the wonderbox in which the uncooked rice had been placed, was no magician's prop.

The women had seen the pot of rice brought to the boil on the fire.

It had then been placed between two cushions filled with insulating material inside a cardboard box. The wonderbox cooked the food slowly, safely and economically, retaining heat in much the same way a thermos flask does.

When the lid was lifted two hours later to reveal the fluffy white rice, there was much clapping and ululating.

But the final proof was in the tasting of the food and after sampling the rice, one of the women patted the wonderbox: "Easygas," she announced with a broad smile.

Her comment summed up the impact of appropriate technology in the rural villages of Gazankulu in the North-Eastern Transvaal.

## Upgrading

Under the guidance of local hospital staff, the village women have formed care groups and are taking the lead in upgrading their living conditions and developing their communities by whatever means at their disposal - including appropriate technology.

Across the way from the hut where care-group motivator Mrs Sellinah Maphorogo had just demonstrated fireless cooking, was the hut housing the village's first mud stove.

The home-made stove costs nothing to make and drastically reduces the amount of fuel used.

Behind the hut was a vegetable garden. It was a green island in a sea of grey dust in drought-stricken Gazankulu thanks to the trenching method of soil preparation.

Reports by  
**MARION WHITEHEAD**

The scheme to motivate the village women started in 1976 with a programme to treat trachoma, a common eye ailment that can lead to blindness.

Dr Erika Sutter, an ophthalmologist at Elim hospital, took up the 'barefoot medics' idea and adapted it to tackle the trachoma epidemic in Gazankulu.

The hospital provided the salaries and logistical support for care-group motivators who established groups of unpaid volunteers - called care groups - in every village.

The motivators worked with the care groups which shared their knowledge and skills with their communities.

The short-term aim was to tackle trachoma, the long-term aim to improve the general health of villagers and teach them how to take charge of their problems on a local level.

Nurse assistant Sellinah Maphorogo was one of those chosen to be trained as a care-group motivator at Elim hospital.

She is a cheerful, 'people' person, but it was tough going in the beginning when she tried to make friends in the villages.

She was chased away with knobkerries more than once and it was a year before she could start showing villagers how to diagnose and treat trachoma.

Within four years the village care groups, mostly comprising women wearing distinctive headscarves as their 'uniform', had cut the prevalence of trachoma from



© Mrs Sellinah Maphorogo shows village women how to sew a bag for a wonder-

33% down to 7% in some areas.

The attitude towards childhood trachoma changed from considering it a good thing to recognising it to be a threat to eyesight.

## Singing

"They found a lot of trachoma, especially in the schools," said Mrs Maphorogo. "Then we got on to prevention and hygiene. The women went from house to house explaining to people and singing songs about the

treatment." There are now 120 care groups with more than 5 000 members who are in contact with an estimated 20% of Gazankulu's population.

Venda has started its own scheme and has more than 50 care groups while Lebowa, KwaZulu and Qwa Qwa are also starting schemes.

After trachoma, many wanted to know more about gastro enteritis and malnutrition - two of the most common diseases in the children's ward at Elim hospital.

This in turn has led to vegetable garden projects and the fuel-saving wonderbox cooking demonstrations. Others began building pit latrines with cheap, homecast concrete slabs as it became clear that flies spread trachoma.

In a paper at the Carnegie Conference in Cape Town earlier this year, Dr Sutter listed lack of leadership and initiative, wrong expectations and resistance to new ideas as limitations within the communities.

The main constraint, however, is the socio-economic system.

"Care groups can do something to improve life within the given limits and boost their own and the community's morale and values

in developing countries was changing and the number of doctors practising was meaningless.

He is a firm believer in delegation putting the right person in at the right level. At his hospital nurse specialising in ophthalmology manage 85% of eye cases even doing minor operations.

They see 1 385 patients a month, compared with an ophthalmologist who could take care of only 215 a month.

Dr Jaques said that in this system the staff had to be well controlled the job well

## Science says a tot or two is fine

Own Correspondent

NEW YORK - American scientists claim to have discovered the key biological causes of alcoholism.

The findings of the Alcohol Research Centre at the University of California in Los Angeles are said to explain why some people become alcoholics while most do not, and why some drinkers stay friendly while others become hostile.

The researchers concluded that the positive effects of alcohol far outweigh the negative. Alcohol, taken in small doses, was better at

relieving tension and anxiety than any other known agent.

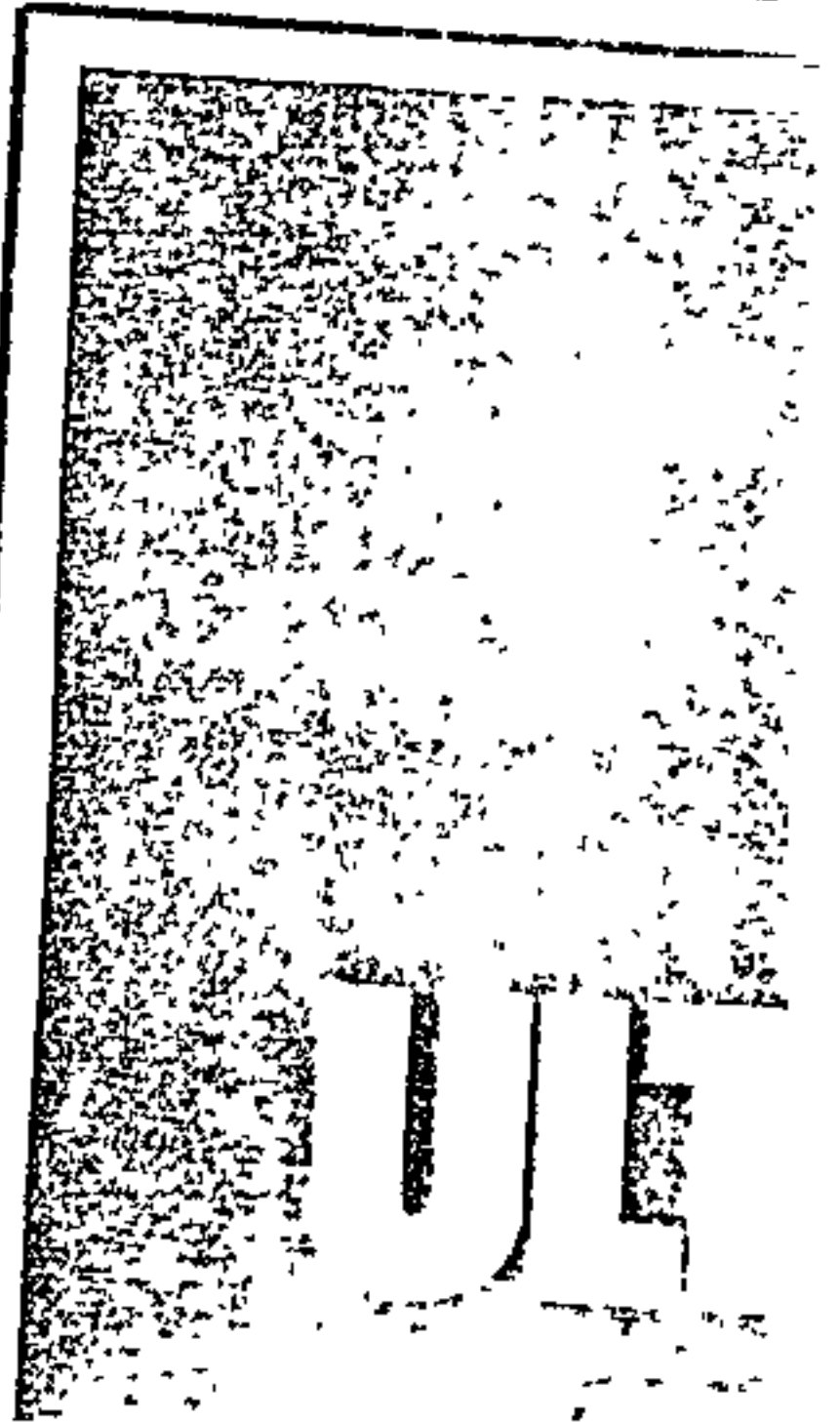
The research team is now proposing to investigate the possibility of developing a benign form of alcohol.

The effect of the alcohol molecule on the human body was once considered so complex that until a decade ago, scientists were reluctant to study it. But recent breakthroughs in molecular science have enabled them to make a far more detailed study of alcohol.

Dr Ernest Noble, director of the Los Angeles research team, said the vital breakthrough had been scientists' understanding of neurons

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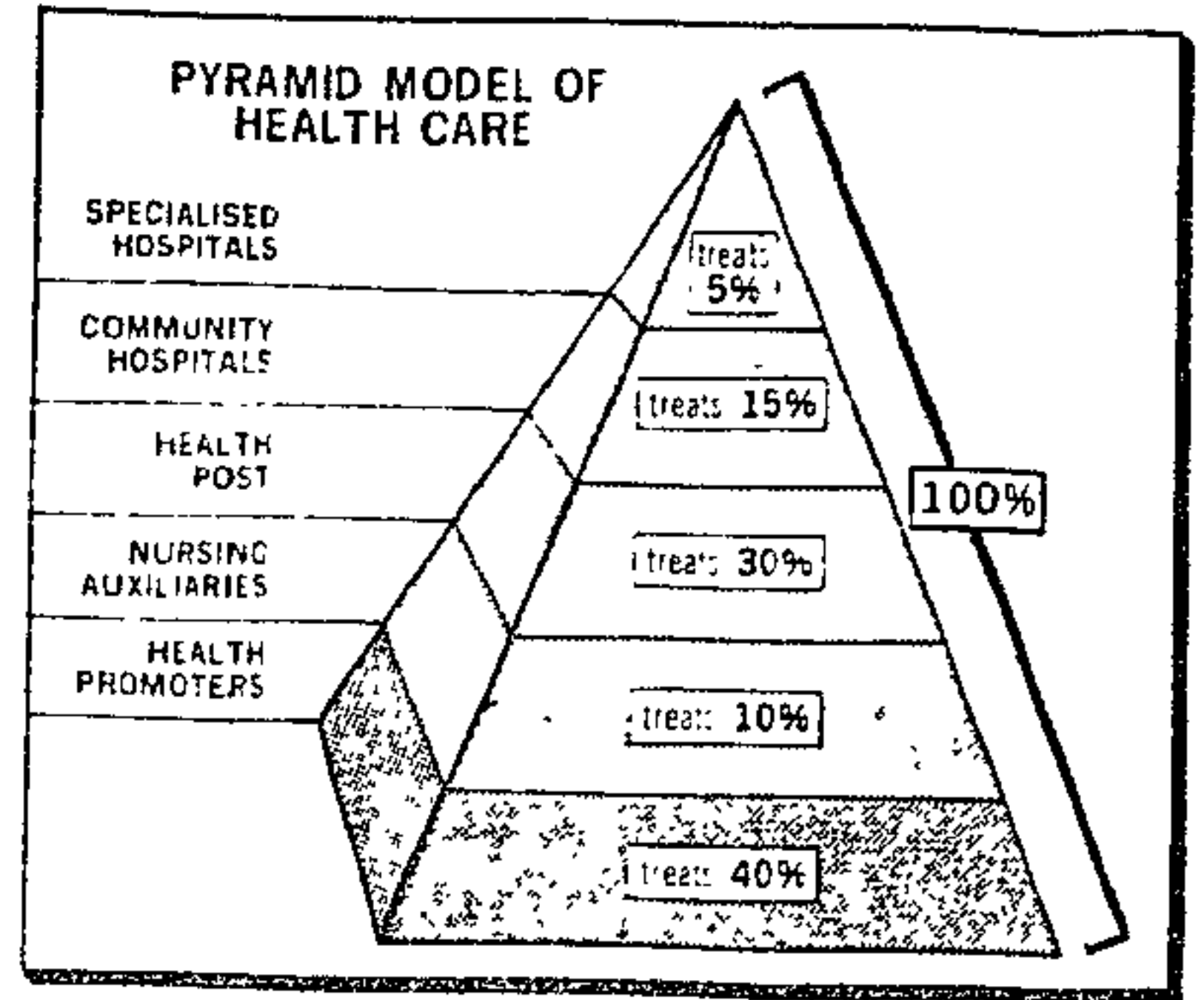


TEACHING THE ART OF PREVENTION

# It doctor's magic box



shows village women how to sew a bag for a wonderbox Picture: HERBERT MABUZA



## One doctor for 17 400 people

SOUTH Africa does not have enough doctors to go round. On top of this, the doctors are unevenly distributed with only 5,5% practising in the rural areas where 50% of the population lives.

Homelands account for only 3,5% of the country's total, giving a doctor-population ratio of 1:17 400.

These statistics are provided by Mr Pundy Pillay, a researcher at the University of Cape Town, in a Carnegie Conference paper entitled 'The distribution of medical manpower and health care facilities in SA'.

In Gazankulu the doctor-population ratio did not improve between 1976 and 1982, and stayed at 1:20 000.

To bring the South African ratio down to a more acceptable 1:1 300 would require 1 870 doctors to graduate every year until 1990 — but the average over the last few years has been only 748.

Mr Pillay's immediate solutions include incorporating indigenous healers into the rural health system where possible, and health teams

working on a preventative health basis.

A model of the system used in Colombia shows health promoters similar to Gazankulu's care groups at the bottom of the health pyramid. Health promoters in Colombia have two to three months' training in public health and simplified medicine and meet 40% of the demand for health care.

Nursing auxiliaries supervise six health promoters each and meet 10% of the demand.

Health posts are staffed by one full-time doctor each plus a small staff who treat 30% of cases and refer 20% to community hospitals. These hospitals meet 15% of the demand and refer 5% to specialised hospitals.

In Colombia, 25 auxiliary nurses can be trained for the cost of one doctor.

But Mr Pillay says a greater use of non-professional health workers does not eliminate the need to improve the supply, distribution and effectiveness of health professionals.

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He is a firm believer in delegation putting the right person in at the right level. At his hospital nurses specialising in ophthalmology manage 85% of eye cases even doing minor operations.

They see 1 383 patients a month, compared with an ophthalmologist who could take care of only 215 a month.

Dr Jaques said that in this system the staff had to be well controlled, the job well

defined and taught very specifically.

The potential of care groups in health promotion was superior to the impact conventional health services could have on the community. Dr Sutter said in the Carnegie paper.

This was because care groups defined their problems themselves and did not compartmentalise health away from the rest of life. This made their message more real than the often dull lectures given at clinics and hospitals.







iphorogo shows village women how to sew a bag for a wonderbox Picture: HERBERT MABUZA

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### Effective

"They have been effective where improvements were largely unrelated to money, such as cleanliness and individual face cloths. Their effect on nutrition, however, has so far been insignificant."

She concluded that their greatest strength was that they had learnt to work together as a group, sharing their skills.

Care groups have also to some degree broken the apathy that has reigned since the removals of the 1960s when the people were forced to leave their traditional homesteads, fields and livestock and move into villages to make way for agricultural development projects.

These projects did not materialise and the people were unable to support themselves off the land.

They ended up sending their men to the cities as migrants and waiting for the money to arrive from Egoli (Johannesburg).

The disease pattern in Gazankulu is typical of that of developing countries throughout the world, and closely linked to low socio-economic standards.

The limited health personnel cannot solve the problem alone and the six hospitals, five health centres and 40 clinics serving Gazankulu's population of 500 000 provide mainly curative services.

Dr Pierre Jaques, superintendent of Elim hospital, said the structure of health care

in developing countries was changing and the number of doctors practising was meaningless.

He is a firm believer in delegation: putting the right person in at the right level. At his hospital nurses specialising in ophthalmology manage 85% of eye cases, even doing minor operations.

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THE ULTIMATE INVESTMENT



**200 medical men say 'No'**

# Doctors reject the 'new deal'

OVER 200 Indian doctors and dentists in Natal have called for the rejection of the new constitution on the grounds that it does not satisfy the political aspirations of all the people of South Africa.

The doctors, who are members of the Natal Doctors Guild (NDG) have published their names — 210 of them — in a full-page advert in the Natal-based Sunday Tribune.

In another full-page advertisement in the same newspaper, the National Medical and Dental Association (Namda) says poor clinic facilities, rising hospital and medical aid fees, staff shortages and overcrowded hospitals will continue.

It adds: "Voting will not improve our health. Health and finance are general affairs and will therefore be in the hands of whites. Indian and coloured parliamentarians will be powerless to improve our health.

"African people, who suffer most from ill-health, are left out of the new constitution. Equal rights for all will bring complete health," says Namda, in an advertisement supported by concerned doctors from six Natal hospitals and a medical school.

In the newspaper's centrespread, an advertisement with transposed pictures of Mahatma Gandhi and Mr. George Sewpersadh, a Durban lawyer and President of the Natal Indian Congress (NIC), announces a mass rally to celebrate the 90th anniversary of the NIC on Wednesday at the Natal University.

The advert recalls the launching of the NIC on August 1894 by Mahatma Gandhi in Durban.

"Ninety years later, on August 22, 1984, we come together to remember our great leaders who have stood with us. Protected us. United us. Against passes, repatriation, unfair taxes, group areas and dummy bodies.

"We have come a long way, let us on August 22 this year pledge together to continue our proud struggle for truth, justice and equality for all."

Meanwhile, the United Democratic Front, launched in Cape Town last August specifically to oppose the new constitution, celebrated its first anniversary with mass rallies held at major cities of the country.

(Report by Sam Mabe, of 61 Com-mando Road, Industria West).



# Hospital chief demoted over letter to doctors

93  
Staw  
2/10/84

By Terry Friend,  
West Rand Bureau

The attempt of a Roodepoort provincial hospital superintendent to get private doctors to do hospital duty for one day a month, free of charge, led to his transfer and demotion at the weekend.

Doctors in the city were outraged when they received a circular from Dr P S Grobbelaar, superintendent of Discoverers Memorial Hospital, "requiring" them to do duty in the casualty section and as anaesthetists.

The doctors called a meeting, attended by Dr Annette van der Merwe, superintendent of the J G Strijdom Hospital in Johannesburg, who said the unofficial circular could be ignored.

Last night Dr van der Merwe confirmed she had assumed duty at Discoverers in a "caretaker capacity", and that Dr Grobbelaar had been immediately transferred to Leratong Hospital.

Dr H van Wyk, Director of Hospital Services in the Transvaal, said the superintendent at Leratong, Dr J B M Botha, would continue in that capacity.

Dr van der Merwe will remain superintendent of J G Strijdom Hospital.

The circular which caused the furore read: "As from 1st October all my vacant medical posts will be frozen. In other words, I will have no money

available to pay casualty sessions or anaesthetics or assistances.

"In view of the fact that you have been granted permission to treat your private patients in the hospital, I require from you one day a month to do casualty duty from 18h00 Monday to Fridays to 08h00 the following morning, and Saturdays and Sundays from 08h00 to 20h00 or 20h00 to 08h00 or anaesthetic sessions."

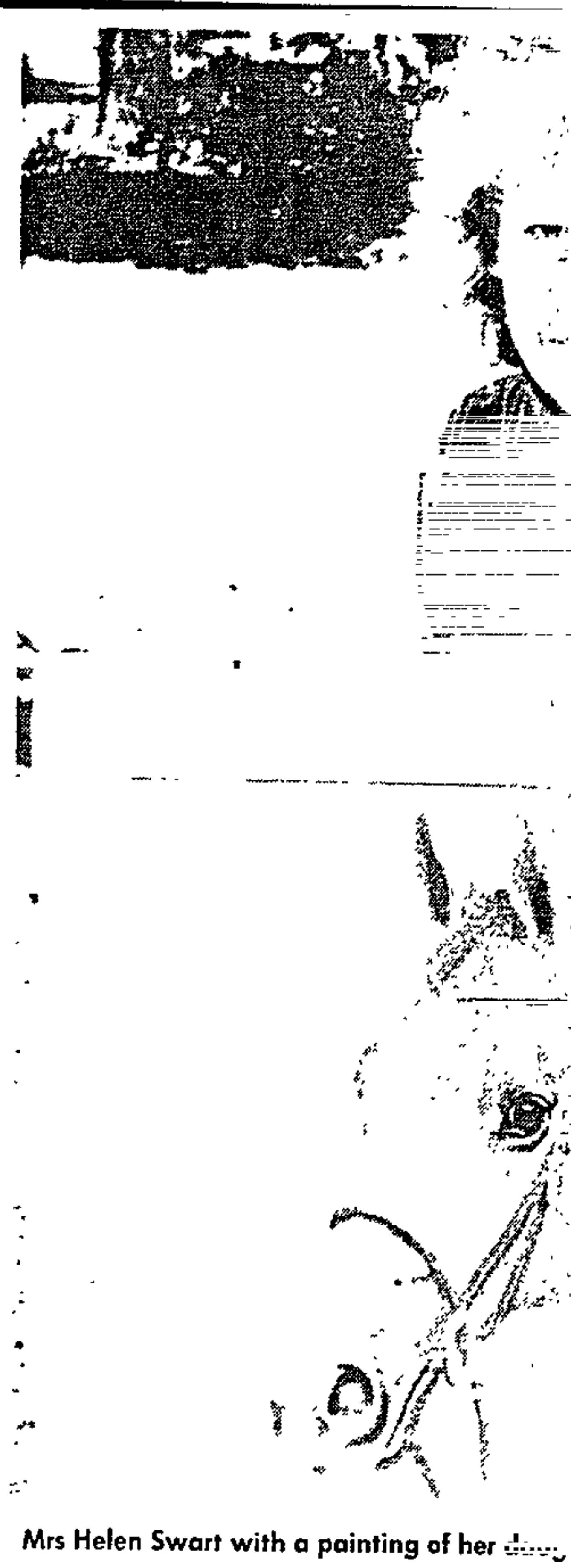
Discoverers is a "closed" hospital in that patients are treated by their own doctors and not by hospital doctors, unless they are hospital patients.

One general practitioner pointed out that doctors in private practice were not honour-bound to use Discoverers, and could transfer their support to other hospitals and clinics.

Another doctor said plans to expand the hospital were injudicious since there was not enough money to run the present hospital.

The deputy director, development, in the Department of Hospital Services, Dr A Theron, said: "With our financial position as it is at the moment, we have nothing in the pipeline.

"We have recommended, in the Hospital Facilities Plan, that the hospital be expanded. We need more beds there, but this will depend entirely on the future availability of funds."



Mrs Helen Swart with a painting of her daughter

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## Varsity PRO di-jogging

Northern Transvaal Bureau

PIETERSBURG director of public relations at the University of the North, Mr Bekker (43), collapsed and died while jogging yesterday.

Mr Bekker, who was survived by his wife Fela and two daughters, is believed to have died of a heart attack.

He was educated at Warmbaths High School, Heidelberg Teachers Training College and the University of South Africa.

Prior to his appointment as public relations officer at the university in 1977, he taught at laborwa Primary and Pietersburg



# DOCTOR'S NOTES FOR WORKERS 'IS SICK'

*C. Press 7/10/84*  
A DURBAN doctor who gave "sick notes" to workers who stayed home during strikes in 1983, has been found guilty of disgraceful conduct by the Medical and Dental Council.

The council's disciplinary committee has recommended that he be suspended for four months — but he has been given permission to make representations against the decision.

His suspension won't come into effect until the council ratifies it next year.

Dr S H Ismail has been practising for 25 years and has a long record of charity work.

He was charged with issuing a medical certificate for five people — knowing the notes were not totally true and correct, or that he did not qualify the certificates by adding the words "as I am informed by the patient".

According to his sick leave certificates, three of the workers had disc problems and two had ulcers.

An unemployment insurance official of the Department of Manpower asked two specialists

to examine the five for a second opinion.

One specialist said the workers suffering from ulcers should not have been booked off because he did not think the condition would have interfered with their lifestyle.

In one case, he said, he did not think there was an ulcer.

The other specialist said that, of the three back sufferers, he would have agreed to book off only one.

The five men were absent from work on dates which coincided with strikers last year.

**CP  
Correspondent**

93



## Pik gets set for Europe

Political Correspondent

The Minister of Foreign Affairs, Mr Pik Botha, starts a low-profile tour of Europe today after completion of talks in Cape Verde on Namibia.

There was no word on the outcome of the talks with an American team headed by US Africa expert Dr Chester Crocker.

Tonight Mr Botha is flying to Rome, where he will meet Italian leaders including the Foreign Minister, Mr Giulio Andreotti. From Italy Mr Botha goes to Israel for talks with his counterpart there, Mr Yitzhak Shamir.

## Medical Council to stand trial over Biko

Seven years after the controversial death in detention of Mr Steve Biko, and a magistrate's decision to refer evidence in the case to the South African Medical and Dental Council, the circumstances surrounding the Black Consciousness leader's death are to be unearthed again.

On November 20 and 21 the council is to appear in the Pretoria Supreme Court for allegedly neglecting to act in the case of the so-called "Biko doctors" — the two district surgeons caring for Mr Biko before he died in detention on September 14 1977.

The claimants are five South African doctors and the mostly black National Medical and Dental Association.

Representing them are Mr Sydney Kentridge SC and Mr David de Villiers QC (former managing director of Nasionale Pers who recently vacated

his post to return to law). In court for the defendants will be Mr Pierre Roux SC and Mr S J Mynhardt.

The hearing will take place almost seven years to the day after chief magistrate Mr M J Prinsloo decided in the Pretoria District Court that no one could be held criminally responsible for Mr Biko's death.

However, he added at the time, the two doctors had rendered themselves guilty of careless and/or unprofessional conduct.

This meant that if any action was to be taken against them it would have to have been done by the SAMDC. But the council took no action.

Now the claimant's charge apparently rests on the belief that the SAMDC's lack of action has damaged the image of South Africa's medical profession and reduced the high regard in which it was held overseas. — Sapa.

## Police confirm eight detentions

By Jo-Anne Collinge

Police have confirmed that eight people were detained during the recent Vaal Triangle unrest and four others are believed to have been released.

Nearly two weeks after their detention in pre-dawn raids on their homes, police in Pretoria have confirmed that they are being held under section 29 of the Internal Security Act.

They are: Mr Sankoela Peter Seale and the Rev Geoffrey Moselane, both of Sharpeville, Mr Tsietsi David Mphuthi, Mr Ra-

mathibela Joseph Masetle, Ms Ntekoane Paulina Mofokeng, Mr Malefetsane Samuel Dlamini and Ms Motlalekhomo Isobel Lethlake, all of Sebokeng.

Those who are reported to have been released are Johannesburg student Ms Barbara Creecy and Vaal residents Ms Elsie Nana, Ms Laurentia Maluka and Ms Nomabonga Cynthia Vilakazi. They were held for interrogation purposes under section 29 of the Internal Security Act.

Another Johannesburg student, Ms Lisa Seftel, was held briefly for questioning yesterday.

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Lyle Vaughan 3976

# VORTE Tomorrow's re today

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# Mndawe



# INQUEST DOCTOR TO FACE MEDICAL COUNCIL

By DERRICK LUTHAYI

A DOCTOR who examined a naked detainee in front of security police "escorts" because the man was "a suspected terrorist", is to be reported to the SA Medical and Dental Council.

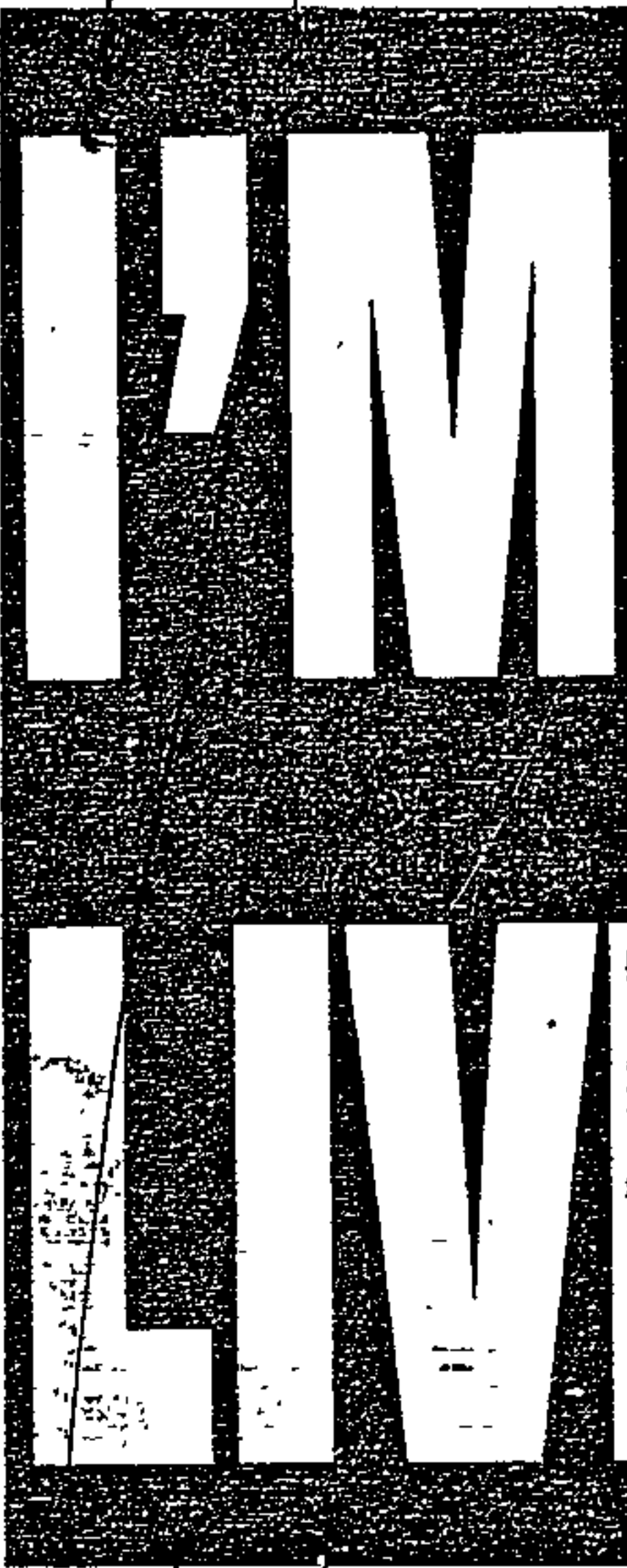
This ruling was handed down by Nelspruit Magistrate HP Strydom this week at the end of the marathon inquest case into the death of Tembuiye Simon Mndawe — the 57th detainee to die in police custody.

Mr Strydom found that Mr Mndawe's death was suicide — and that the security police are not to blame for his death.

Mr Mndawe was found dead in the Nelspruit police cells on March 8 last year, "apparently from hanging"

93  
C. PERS  
18/11/84

# Bishop betw



BISHOP Desmond returns to Soweto Bishop of Johannesburg — but he says he won anywhere near bishop's house Westcliffe, near the In an exclusive interview his seminary in New Bishop Tutu's old city

He was arrested on February 22 and was allegedly in possession of weapons and African National Congress documents.

At the last hearing, family representative George Bizos called on the magistrate to submit the doctor's written evidence to the Medical Council because of "gross negligence".

Mr Bizos had said the doctor had failed to form a proper doctor-patient relationship with Mr Mndawe.

He also failed to observe injuries — although they were seen by "ordinary people" — did not prescribe treatment for the detainee and examined him in front of the police.

Mr Bizos argued in court that Mr Mndawe hanged himself because he was being assaulted by the security police while in detention.

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# Black intern set to break into all-white Tara team

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STAR 26/12/80  
Own Correspondent

**DURBAN** — Former Robben Island prisoner Mr Saths Cooper is poised to break the all-white barrier at Tara psychiatric hospital in Sandton, Transvaal, next year.

He has just been told that he has been granted internship at Tara, which has had only white clinical psychologists up to now and treats mostly white patients.

Since his release from Robben Island two years ago Mr Cooper has achieved a BA degree. He immediately continued his studies at the University of the Witwatersrand and, within a year, secured his honours. This year he successfully completed the theory section of his master's degree in clinical psychology.

Mr Cooper, recently elected convener of the Black United Forum, was delighted at the news of his examination results and his internship.

"I got two first-class passes in group psychotherapy and community psychology. I got seconds in individual psychotherapy, psycho-diagnostics and psycho-pharmacology," Mr Cooper said.

He said he was looking forward to his internship at Tara and regarded it as a challenge.

Mr Cooper was convicted in the BPC-SASO trial and served six years on Robben Island, where he began studying.